Eastern Melbourne - NMHSPA Bilateral PHN Program 2025/26 - 2028/29 Activity Summary View

NAB-H2H - 1 - Adult Mental Health Centre and Satellite Network (Head to Health) - April 2026

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-H2H

Activity Number *

1

Activity Title *

Adult Mental Health Centre and Satellite Network (Head to Health) - April 2026

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description

Aim of Activity *

The aim of the activity is to provide mental health support via Head to Health mental health Hubs.

Description of Activity *

Head to Health Mental Health Clinics (Hawthorn, Box Hill, and Heidelberg West) continue to operate, including associated satellite services attached to these hubs.
These hubs:
- Facilitate the provision of timely and targeted mental health support to community members experiencing mental health difficulties associated with the impact of the COVID-19 pandemic.

- Particularly ensuring clinics provide culturally safe mental health services to those from vulnerable populations, such as:
• From LQBTIQA+ communities,
• People from Culturally and Linguistically Diverse (CALD) backgrounds,
• Asylum seeker / Humanitarian entrants,
• People experiencing socioeconomic disadvantage,
• Aboriginal and/or Torres Strait Islander people,
• People with co-occurring disabilities or diagnosis,
• From rural or remote locations (outer regional postcodes as per ABS classification).

- Providing access to multidisciplinary teams of mental health workers, including psychologists, mental health nurses, social workers, and alcohol and drug workers.

- Providing on-site and telehealth mental health support, including referrals to more intensive mental health care or social supports as needed.
-Providing an integrated model of care with other mental health services (including Stepped Care), through colocation, shared staff and waitlists, and flexible pathways, enabling tailored, in-depth support and ensuring consumers can access the care that best meets their needs

As per the Medicare Mental Health Centers National Service Model, all Medicare Mental Health Centers aim to provide:
- immediate help and follow-up for people in distress,
- assessment and short to medium-term support for people with moderate to severe mental health concerns,
- support for carers and families of people experiencing mental health concerns,
- help connecting people with other services to support them in the future, from health to mental health, and social supports like housing and employment.

Learnings:
Recent work has been undertaken with providers to further integrate H2Hwith the Stepped Care program to align KPIs, reduce administrative burden and ensure a cohesion between the two programs for more seamless, integrated mental health service delivery within the catchment.

KPI alignment has included pivoting towards collection of service hours and increasing expectations around service delivery capacity, ensuring value for money. Significant focus has been given to paired outcomes, which has resulted in a marked improvement. This improvement will better support an understanding of the impact of the program (due to increased availability of data) and inform future innovation to ensure strong mental health outcomes for consumers.

Funds:
Carryovers from FY25 to FY26 have been put towards support services in the context of delayed rollout of the Medicare Mental Health Centres in line with departmental guidelines.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139

MH and SP - Strengthen data collection efforts to gather specific socio-demographic data for underrepresented groups to increase understanding of mental health needs and suicide prevention activities.	139

Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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

Collaboration

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

EMPHN engages with the National Community of Practice group and regularly communicates with some Head to Health managers in Victoria.

Activity Milestone Details/Duration

Activity Start Date

24/11/2022

Activity End Date

29/06/2026

Service Delivery Start Date

09/2022

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

Yes

Decommissioning details?

Services to conclude in FY27 as transition to MMHC occurs. DOV status for NAB is sitting at Government Decision Pending based on the update from the department on 27/02/2026 & 23/03/2026. If approved, the variation is expected in May-June 2026. Letter of Advice provided on the 23rd of March detailed an extension of funding till June 2027 for H2H.

Co-design or co-commissioning comments

NAB-PRCG - 1 - PHN Regional Commissioning and Governance (April 2026)

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-PRCG

Activity Number *

1

Activity Title *

PHN Regional Commissioning and Governance (April 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 8: Regional mental health and suicide prevention plan

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to work with other PHNs, commissioning bodies and stakeholders across the state and catchment to:

- continue to maintain and build momentum in joint regional planning and commissioning activities as specified in the Primary Mental Health Care (PMHC) Schedule.
- develop and/or strengthen, and implement, a joint regional mental health and suicide prevention plan.
- participate in regional commissioning and governance arrangements for initiatives under the bilateral schedule in line with the regional planning and commissioning framework at Annex C of the bilateral schedule.
- reduce fragmentation through improved integration between Commonwealth and State-funded services.
- address gaps in the system by ensuring community-based mh and sp services, and in particular ambulatory services, are effective, accessible, and affordable.
- Prioritise further investment in prevention, early intervention, and effective management of severe and enduring MH conditions.
- increase the efficiency and effectiveness of primary MH and SP services for people with or at risk of mental illness and /or suicide.
- improve access to and integration of primary MH care and SP services to ensure people with mental illness receive the right care in the right place at the right time.

Description of Activity *

1. To reduce fragmentation through improved integration between Commonwealth and State-funded services.
EMPHN is active in work which addresses the integration of commonwealth funded areas of service under the National Mental Health and Suicide Prevention agreement including bereavement support and universal aftercare.
EMPHN continues to participate in the statewide HOPE (Victorian universal aftercare program) forums strengthening the relationship with HOPE services in the catchment. EMPHN is collaborating with SPaRO to provide lived experience of suicide workforce upskilling to the HOPE teams in the catchment, through an EMPHN commissioned lived experience of suicide project, offered more broadly to services across the region.

2. Enhancement of data sharing capability
EMPHN has been taking a leadership role in approaches to the use of data in suicide prevention and more broadly, regional cross sector coordination. Working with local partners and jurisdictional bodies, including SPaRO and the Coroners Court of Victoria (CCoV) Prevention Unit, EMPHN is continuing to strengthen its capacity to identify existing and emerging areas of vulnerability across the catchment. This work greatly assists our ability to identify pockets of need in terms of suicidal distress, mental health concerns and disaster recovery, directing resources with more immediacy to address such needs.
In addition, EMPHN is taking a key role in contributing to discussions with SPaRO around establishing a statewide postvention approach, including the development of postvention implementation guidance.

3. Conducting an integrated and aligned approach through collaboration with stakeholders to support the planning and commissioning of programs.

Eastern Mental Health Service Coordination Alliance (EMHSCA) and North Eastern Mental Health Service Coordination Alliance (NEMHSCA) are two existing and well established strategic regional mental health, AOD and suicide prevention networks. EMPHN provides funding for backbone support of both networks and are members, collaborating on activities undertaken by the networks.
Key developments include:
• The integration of a suicide prevention lens
• The establishment and maintenance of a growing lived and living experience network
• A complex needs collaborative care protocol
• A regional interagency workforce development program

4. Conducting joint capability building activities such as workforce training, secondary consultation, and communities of practice.

EMPHN is a participating member of a range of other networks including the Eastern Melbourne Region (EMR) Suicide Response and Recovery Committee and the Eastern Region Coordinators (ERC) group. EMPHN are also collaborating in a number of sub groups focused on capability building in areas such as workforce development, data and lived experience. Regional coordinators continue to build capacity and capability across the service system, identifying gaps and seeking to reduce fragmentation and duplication of services to increase the effectiveness and efficiency of service provision across the EMPHN region.

A key initiative, The Regional Outcome Review Initiative (RORI), 'Enhancing Care Together' is a project which promotes collaborative joint incident reviews amongst mental health, alcohol and other drugs (AOD) and suicide prevention services, so that learnings are shared, and harm is reduced. RORI resulted from a key cross sector need identified in EMPHN's Regional Plan. Five local hospitals and eight community health services along with people with Lived Experience and Eastern Melbourne Primary Health Network have united in this process of improvement, reform, and cultural change in our regional health system, in collaboration with mental health, AOD and suicide prevention services in the eastern and north-eastern region of metro Melbourne. . Drawing on principles from the Royal Commission into Victoria's Mental Health System and Safer Care Victoria, the shared principles ensure RORI provides safe learning environments, is connected and collaborative, and organised for safety and quality. With EMPHN's continued support, the initiative was presented at the Suicide Prevention Australia (SPA) conference and won the Victorian SPA award for Innovative Practice and Research. The initiative plays a central role in collaboratively identifying learnings from critical incidents.

5. Participating in regional commissioning and governance arrangements.

During this financial year EMPHNs relationship with SpaRO has strengthened significantly in a number of areas:
• Regular discussions regarding the enhancement of suicide postvention capability across EMPHN and the state
• Attended the launch of an EMPHN commissioned Lived Experience program
• SPaRO supported EMPHN in undertaking targeted postvention activity. This included authorizing the coroners court to communicate directly with EMPHN in a data analysis regional mapping exercise
• Continued collaboration with the state department on the HOPE sites, fostering closer relationships. This includes the integration of an EMPHN commissioned lived experience program with the HOPE sites in the region

6. Collaboration and partnership with LHNs.
EMPHN has considerable engagement with LHN's across the catchment through the various established networks. EMPHN is also collaborating with LHNs in mental health and suicide preventative work. This includes:
· Enhancing support and referral pathways for those with complex trauma histories who are in suicidal distress.
· There is also considerable collaboration with LHNs related to postvention responses to those bereaved by suicide.
· EMPHN and a local LHN are currently partnering to proactively address heightened vulnerability in one LGA.

Activity for FY27
EMPHN has yet to receive the NAB deed and is waiting to begin planning in accordance with the Deed.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
AOD - Improve integrated care at the community level to reduce the risk of co-occurring mental health and AOD issues.	137
Aged Care - Improve data quality and collection processes to address gaps in knowledge relating to demographic diversity, intersectional data, program effectiveness, and lead indicators.	136
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Access to community-based specialist mental health care for at-risk cohorts to provide early intervention and management and	139

reduce need for hospital care for high-prevalence episodes.	
MH and SP - Strengthen data collection efforts to gather specific socio-demographic data for underrepresented groups to increase understanding of mental health needs and suicide prevention activities.	139
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140

Activity Demographics

Target Population Cohort

Primary mental health and suicide prevention services for people with or at risk of mental illness and /or suicide.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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

EMPHN's regional planners are members of numerous networks with the aim to understand gaps, support needs analyses, service system integration and the reduction of duplication of services in order to reduce system complexity. These networks include:

- Eastern Regional Coordinators (ERC) Group

- Eastern Homelessness Network
- Statewide Childrens Resource Program
- The Regional Outcome Review Initiative (RORI)
- Eastern Melbourne Region (EMR) Suicide Response and Recovery Committee
- Mental Health Service Coordination Alliance (MHSCA) Governance Committee

Collaboration

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

EMPHN is directly engaged in collaboration with numerous networks, primary mental health, community-based mental health and suicide prevention services for the purpose of influencing strategies, plans and policy. Similarly, ongoing collaboration is occurring with new and existing service system components to maximise local stakeholder input and involvement in regional systems reform. Liaison is continuing for example with local councils, education providers, postvention services as well as more recently established services being established as actions of the Mental Health Royal Commission.

Activity Milestone Details/Duration

Activity Start Date

24/11/2022

Activity End Date

29/06/2026

Service Delivery Start Date

25/11/2022

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

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Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No

Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

DOV status for NAB is sitting at Government Decision Pending based on the update from the department on 27/02/2026 & 23/03/2026. If approved, the variation is expected in May-June 2026. Further detail will be provided in the ADHOC AWP submission for NAB.

Co-design or co-commissioning comments

NAB-HE - 1 - Headspace Enhancement - Greensborough Centre (April 2026)

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

1

Activity Title *

Headspace Enhancement - Greensborough Centre (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 enhancement of headspace services is intended to increase access to coordinated, multidisciplinary care for cohorts of young people, as well as to improve workforce attraction and retention. Additional, and ongoing, funding will be provided to headspace services to bolster the existing service delivery grant funding.

Description of Activity *

headspace is the Australian Government's flagship youth mental health program for people aged 12–25, delivering holistic, multidisciplinary care across mental health, physical health, alcohol and other drugs, and social/vocational support. Recent service enhancements aim to improve access to coordinated care and strengthen workforce attraction and retention through additional ongoing funding.

For FY26, enhancement funding was contracted in line with deed allocations, including Greensborough, despite it reaching the funding floor. This reflected increased youth mental health demand in the Whittlesea LGA, identified in EMPHN's Health Needs Assessment. While the centre was not yet meeting its unit cost KPI, EMPHN supported service growth to meet regional need. EMPHN consulted headspace National on FY26 enhancement funding.

Planned for FY27
Building on FY26 enhancement funding, EMPHN will maintain a needs-based commissioning approach informed by the Health Needs Assessment, particularly in areas of sustained demand such as Whittlesea LGA. While Greensborough reached the funding floor in FY26, EMPHN supported continued service growth to respond to identified local need and workforce pressures. With the centre now meeting its unit cost KPI, EMPHN will continue to monitor performance, demand and cost efficiency in FY27, working in consultation with headspace National to ensure funding is appropriately targeted and services remain sustainable, accessible and responsive to regional youth mental health needs.

Governance, compliance and integration
• Clinical governance and quality assurance: Quarterly incident and complaints reporting, annual governance attestations, and hMIF accreditation for all enhancement-funded centres.
• COVID-safe services: Compliance with Victorian Government requirements, including infection prevention and control expectations for face-to-face staff.
• Co-commissioning and integration: No current co-commissioned approaches with state services.
• Data sharing/IAR: No data-sharing agreements in place to support IAR integration with state services.

Evaluation and performance
• Evaluation: No specific evaluations detailed; EMPHN contributes required information where requested and engages with department-appointed evaluators when applicable.
• Innovation and impact: Targeted enhancement funding to priority growth corridors and active support for service expansion.
• KPIs and deed objectives: Progressing delivery against objectives; ongoing support is in place where KPIs (e.g., unit cost) are not yet met, with a focus on demand-led growth and service sustainability.

Local needs analysis informing distribution of surplus headspace enhancement funding
Consistent with the AWP Guide requirements, the distribution of headspace enhancement funding (including any surplus arising

once a service reaches the funding floor) is informed by a local needs analysis drawing on the PHN's most recent Health Needs Assessment, headspace service performance data, and regional service capacity considerations. This analysis considers factors such as population growth, youth mental health demand, service utilisation and wait times, workforce capacity, and identified service gaps across the PHN region.

Where a headspace service reaches the funding floor through a combination of core service funding and enhancement funding, any surplus enhancement funding is redistributed to other commissioned headspace services with demonstrated unmet need and capacity to absorb additional funding.

Example:
In 2024-25, headspace centre X will receive $1,097,000 in core service funding and $205,000 in enhancement funding. Based on the local needs analysis outlined above, headspace centre X will be funded to the new floor of $1.25 million. The resulting surplus enhancement funding of $52,000 will be reallocated to headspace centre Y, reflecting higher relative demand and service pressures identified through the needs analysis.

Engagement with headspace National
The PHN engages with headspace National to advise of, and seek alignment on, the intended redistribution of surplus enhancement funding. This engagement ensures transparency, consistency with national funding parameters, and shared understanding of how redistribution decisions are informed by local needs and system pressures prior to finalisation and reporting in the AWP.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139

Activity Demographics

Target Population Cohort

Young people aged 12-25 experiencing, or at risk, of mental illness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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

EMPHN actively consults with the consortia for each headspace centre on a quarterly basis. This involves attending consortia meetings, which include LGA funded youth mental health providers.

Collaboration

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

EMPHN collaborates with headspace National on a regular basis to share information regarding health needs assessments, service evaluations and funding plans. EMPHN leads a bi-monthly Victorian PHN Community of Practice (CoP) to share learnings and facilitate greater consistency across PHNs.

Activity Milestone Details/Duration

Activity Start Date

30/04/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2025

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

DOV status for NAB is sitting at Government Decision Pending based on the update from the department on 27/02. If approved, the variation is expected in May-June 2026.

Co-design or co-commissioning comments

NAB-HE - 2 - Headspace Enhancement - Plenty Valley (Whittlesea), Greensborough Satellite Centre (April 2026)

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

2

Activity Title *

Headspace Enhancement - Plenty Valley (Whittlesea), Greensborough Satellite Centre (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 enhancement of headspace services is intended to increase access to coordinated, multidisciplinary care for cohorts of young people, as well as to improve workforce attraction and retention. Additional, and ongoing, funding will be provided to headspace services to bolster the existing service delivery grant funding.

Description of Activity *

Enhancement funding has been used to extend opening hours and increase direct service delivery FTE to respond to high and growing demand in Melbourne's urban fringe. The satellite services the Whittlesea LGA—identified in EMPHN's Health Needs Assessment as a corridor of increasing youth mental health need—and currently offsets service limitations at headspace Plenty Valley, with overflow supported by headspace Greensborough and Craigieburn. As a satellite site, combined FY26 core and enhancement funding remained below the funding floor.

Planned for FY27
EMPHN will maintain this activity into FY27 by continuing to prioritise enhancement funding to sustain extended opening hours and increased direct service delivery FTE at the satellite service, ensuring ongoing responsiveness to high and growing demand in Melbourne's urban fringe. The service will remain targeted to the Whittlesea LGA, which has been identified through EMPHN's Health Needs Assessment as an area of increasing youth mental health need, and will continue to play a critical role in alleviating capacity pressures at headspace Plenty Valley, with coordinated overflow support from headspace Greensborough and

Craigieburn as required. EMPHN will monitor demand, utilisation and workforce capacity to ensure the satellite model remains fit for purpose, acknowledging that combined core and enhancement funding is expected to surpass the funding floor. Headspace National will be consulted to advise of, and seek alignment on, the intended redistribution of surplus enhancement funding.

Governance, compliance and integration
• Clinical governance and quality assurance: Quarterly incident and complaints reporting, annual governance attestations, and hMIF accreditation for all enhancement-funded centres.
• COVID-safe services: Compliance with Victorian Government requirements, including infection prevention and control expectations for face-to-face staff.
• Co-commissioning and integration: No current co-commissioned approaches with state services.
• Data sharing/IAR: No data-sharing agreements in place to support IAR integration with state services.

Evaluation and monitoring
• No discrete evaluation was undertaken during the reporting period.
• Service performance is monitored through routine headspace and EMPHN reporting processes to inform commissioning and service planning.
• EMPHN is not currently engaged with a department-appointed evaluator for this activity.
• Standard activity and performance data have been provided to support broader monitoring and evaluation requirements.

Innovation, performance and outcomes
• Enhancement funding supported targeted workforce and access improvements to increase local service capacity in a high-demand catchment.
• This approach strengthened system responsiveness and improved access for young people in the Whittlesea LGA.
• Service delivery remained aligned with deed objectives, supported by increased capacity and improved availability.

Local needs analysis informing distribution of surplus headspace enhancement funding
Consistent with the AWP Guide requirements, the distribution of headspace enhancement funding (including any surplus arising once a service reaches the funding floor) is informed by a local needs analysis drawing on the PHN's most recent Health Needs Assessment, headspace service performance data, and regional service capacity considerations. This analysis considers factors such as population growth, youth mental health demand, service utilisation and wait times, workforce capacity, and identified service gaps across the PHN region.

Where a headspace service reaches the funding floor through a combination of core service funding and enhancement funding, any surplus enhancement funding is redistributed to other commissioned headspace services with demonstrated unmet need and capacity to absorb additional funding.

Example:
In 2024-25, headspace centre X will receive $1,097,000 in core service funding and $205,000 in enhancement funding. Based on the local needs analysis outlined above, headspace centre X will be funded to the new floor of $1.25 million. The resulting surplus enhancement funding of $52,000 will be reallocated to headspace centre Y, reflecting higher relative demand and service pressures identified through the needs analysis.

Engagement with headspace National
The PHN engages with headspace National to advise of, and seek alignment on, the intended redistribution of surplus enhancement funding. This engagement ensures transparency, consistency with national funding parameters, and shared understanding of how redistribution decisions are informed by local needs and system pressures prior to finalisation and reporting in the AWP.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139

Activity Demographics

Target Population Cohort

Young people aged 12-25 experiencing, or at risk, of mental illness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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

EMPHN actively consults with the consortia for each headspace centre on a quarterly basis. This involves attending consortia meetings, which include LGA funded youth mental health providers.

Collaboration

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

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

EMPHN collaborates with headspace National on a regular basis to share information regarding health needs assessments, service evaluations and funding plans. EMPHN leads a bi-monthly Victorian PHN Community of Practice (CoP) to share learnings and facilitate greater consistency across PHNs.

Activity Milestone Details/Duration

Activity Start Date

30/04/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

DOV status for NAB is sitting at Government Decision Pending based on the update from the department on 27/02. If approved, the variation is expected in May-June 2026.

Co-design or co-commissioning comments

NAB-HE - 3 - Headspace Enhancement - Hawthorn Centre (April 2026)

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

3

Activity Title *

Headspace Enhancement - Hawthorn Centre (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 enhancement of headspace services is intended to increase access to coordinated, multidisciplinary care for cohorts of young people, as well as to improve workforce attraction and retention. Additional, and ongoing, funding will be provided to headspace services to bolster the existing service delivery grant funding.

Description of Activity *

headspace Hawthorn used enhancement funding to employ an intake coordinator to reduce wait times, improve intake processes, and strengthen relationships with tertiary services. Additional clinical staff were recruited to support service demand and contribute to wait time reduction. As part of the additional funding, the service committed to delivering an additional 100 occasions of service per month, achieving 82% of the target in Q1 and 76% in Q2.

Distribution of FY26 funding was contracted in line with the deed allocation. While headspace Hawthorn reached the funding floor, it remained the highest-performing centre in the EMPHN catchment in terms of unit cost and continued to demonstrate sustained demand for services. EMPHN did not redistribute the allocated enhancement funding to other centres, as Hawthorn continued to demonstrate good value for money with clear evidence of ongoing demand.

Planned for FY27
Into FY27, headspace Hawthorn plans to maintain this activity by retaining the intake coordinator role and embedding improved intake processes as business-as-usual. The service will continue to monitor demand, wait times, and throughput to ensure capacity is aligned with community need. Workforce capacity will be reviewed regularly to support sustained delivery of additional occasions of service, with ongoing collaboration with tertiary services to maintain effective referral pathways and timely access to care.

Governance, compliance and integration
• Clinical governance and quality assurance: Quarterly incident and complaints reporting, annual governance attestations, and hMIF accreditation for all enhancement-funded centres.
• COVID-safe services: Compliance with Victorian Government requirements, including infection prevention and control expectations for face-to-face staff.
• Co-commissioning and integration: No current co-commissioned approaches with state services.
• Data sharing/IAR: No data-sharing agreements in place to support IAR integration with state services.

Evaluation and monitoring
• No discrete evaluation was undertaken during the reporting period.
• Service performance is monitored through routine headspace and EMPHN reporting processes to inform commissioning and service planning.
• EMPHN is not currently engaged with a department-appointed evaluator for this activity.
• Standard activity and performance data have been provided to support broader monitoring and evaluation requirements.

Local needs analysis informing distribution of surplus headspace enhancement funding
Consistent with the AWP Guide requirements, the distribution of headspace enhancement funding (including any surplus arising once a service reaches the funding floor) is informed by a local needs analysis drawing on the PHN's most recent Health Needs Assessment, headspace service performance data, and regional service capacity considerations. This analysis considers factors such as population growth, youth mental health demand, service utilisation and wait times, workforce capacity, and identified service gaps across the PHN region.

Where a headspace service reaches the funding floor through a combination of core service funding and enhancement funding, any surplus enhancement funding is redistributed to other commissioned headspace services with demonstrated unmet need and capacity to absorb additional funding.

Example:

In 2024-25, headspace centre X will receive $1,097,000 in core service funding and $205,000 in enhancement funding. Based on the local needs analysis outlined above, headspace centre X will be funded to the new floor of $1.25 million. The resulting surplus enhancement funding of $52,000 will be reallocated to headspace centre Y, reflecting higher relative demand and service pressures identified through the needs analysis.

Engagement with headspace National
The PHN engages with headspace National to advise of, and seek alignment on, the intended redistribution of surplus enhancement funding. This engagement ensures transparency, consistency with national funding parameters, and shared understanding of how redistribution decisions are informed by local needs and system pressures prior to finalisation and reporting in the AWP.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139

Activity Demographics

Target Population Cohort

Young people aged 12-25 experiencing, or at risk, of mental illness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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

EMPHN actively consults with the consortia for each headspace centre on a quarterly basis. This involves attending consortia meetings, which include LGA funded youth mental health providers.

Collaboration

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

EMPHN collaborates with headspace National on a regular basis to share information regarding health needs assessments, service evaluations and funding plans.EMPHN leads a bi-monthly Victorian PHN Community of Practice (CoP) to share learnings and facilitate greater consistency across PHNs.

Activity Milestone Details/Duration

Activity Start Date

30/04/2023

Activity End Date

29/06/2026

Service Delivery Start Date

14/11/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

DOV status for NAB is sitting at Government Decision Pending based on the update from the department on 27/02. If approved, the variation is expected in May-June 2026.

Co-design or co-commissioning comments

NAB-HE - 4 - Headspace Enhancement - Lilydale, Knox Satellite Centre (April 2026)

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

4

Activity Title *

Headspace Enhancement - Lilydale, Knox Satellite Centre (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 enhancement of headspace services is intended to increase access to coordinated, multidisciplinary care for cohorts of young people, as well as to improve workforce attraction and retention. Additional, and ongoing, funding will be provided to headspace services to bolster the existing service delivery grant funding.

Description of Activity *

headspace Lilydale utilised enhancement funding to strengthen clinical capacity in response to sustained high and complex demand. This included the recruitment of an additional 1.1 FTE intake and brief intervention workforce and 0.8 FTE psychologist capacity.

Demand at Lilydale remained particularly high due to the geographical catchment, the complexity of client presentations, and the closure of other local services. The Lilydale satellite serviced the Yarra Ranges LGA, which EMPHN's most recent Health Needs Assessment identified as a corridor of increasing youth mental health need. Following the closure of the Yarra Ranges headspace centre, Lilydale represented the sole headspace service for this region. The Knox headspace centre, inclusive of the Lilydale satellite, demonstrated strong value for money, with favourable unit costs per occasion of service. On this basis, and in line with the deed, ongoing enhancement funding was allocated to Lilydale despite the satellite reaching the funding floor.

Planned for FY27
EMPHN will continue to maintain this activity into FY27 by sustaining enhanced clinical capacity at headspace Lilydale and monitoring service performance against agreed throughput targets. Ongoing funding allocations will be informed by demand trends, performance data, and value-for-money considerations, with continued prioritisation of service access for the Yarra Ranges catchment. EMPHN will work closely with the provider to ensure workforce stability, responsiveness to continuing need, and alignment with broader regional youth mental health planning.

Governance, compliance and integration
• Clinical governance and quality assurance: Quarterly incident and complaints reporting, annual governance attestations, and hMIF accreditation for all enhancement-funded centres.
• COVID-safe services: Compliance with Victorian Government requirements, including infection prevention and control expectations for face-to-face staff.
• Co-commissioning and integration: No current co-commissioned approaches with state services.
• Data sharing/IAR: No data-sharing agreements in place to support IAR integration with state services.

Evaluation and monitoring
• No discrete evaluation was undertaken during the reporting period.

• Service performance is monitored through routine headspace and EMPHN reporting processes to inform commissioning and service planning.
• EMPHN is not currently engaged with a department-appointed evaluator for this activity.
• Standard activity and performance data have been provided to support broader monitoring and evaluation requirements.

Local needs analysis informing distribution of surplus headspace enhancement funding
Consistent with the AWP Guide requirements, the distribution of headspace enhancement funding (including any surplus arising once a service reaches the funding floor) is informed by a local needs analysis drawing on the PHN's most recent Health Needs Assessment, headspace service performance data, and regional service capacity considerations. This analysis considers factors such as population growth, youth mental health demand, service utilisation and wait times, workforce capacity, and identified service gaps across the PHN region.

Where a headspace service reaches the funding floor through a combination of core service funding and enhancement funding, any surplus enhancement funding is redistributed to other commissioned headspace services with demonstrated unmet need and capacity to absorb additional funding.

Example:
In 2024-25, headspace centre X will receive $1,097,000 in core service funding and $205,000 in enhancement funding. Based on the local needs analysis outlined above, headspace centre X will be funded to the new floor of $1.25 million. The resulting surplus enhancement funding of $52,000 will be reallocated to headspace centre Y, reflecting higher relative demand and service pressures identified through the needs analysis.

Engagement with headspace National
The PHN engages with headspace National to advise of, and seek alignment on, the intended redistribution of surplus enhancement funding. This engagement ensures transparency, consistency with national funding parameters, and shared understanding of how redistribution decisions are informed by local needs and system pressures prior to finalisation and reporting in the AWP.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139

Activity Demographics

Target Population Cohort

Young people aged 12-25 experiencing, or at risk, of mental illness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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

EMPHN actively consults with the consortia for each headspace centre on a quarterly basis. This involves attending consortia meetings, which include LGA funded youth mental health providers.

Collaboration

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

EMPHN collaborates with headspace National on a regular basis to share information regarding health needs assessments, service evaluations and funding plans. EMPHN leads a bi-monthly Victorian PHN Community of Practice (CoP) to share learnings and facilitate greater consistency across PHNs.

Activity Milestone Details/Duration

Activity Start Date

30/04/2023

Activity End Date

29/06/2026

Service Delivery Start Date

15/11/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

DOV status for NAB is sitting at Government Decision Pending based on the update from the department on 27/02. If approved, the variation is expected in May-June 2026.

Co-design or co-commissioning comments

NAB-HE - 5 - Headspace Enhancement - Box Hill Centre (April 2026)

Activity Metadata

Applicable Schedule *

NMHSPA Bilateral PHN Program

Activity Prefix *

NAB-HE

Activity Number *

5

Activity Title *

Headspace Enhancement - Box Hill Centre (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 enhancement of headspace services is intended to increase access to coordinated, multidisciplinary care for cohorts of young people, as well as to improve workforce attraction and retention. Additional, and ongoing, funding will be provided to headspace services to bolster the existing service delivery grant funding.

Description of Activity *

headspace Box Hill, as a newly established service anticipating enhancement funding, submitted an initial budget proposal inclusive of enhancement funds. It was identified that these funds were required to support sufficient service delivery given the high cost of rent in central Box Hill. The enhanced budget comprised a larger premises, additional co-design consultation, increased outreach-specific costings, and additional nursing FTE.

Funding for the new Box Hill centre was provided in accordance with the deed, with enhancement funding allocated as detailed in the NAB. As a new centre, no reallocation of funds occurred. As an emerging service, headspace Box Hill demonstrated a gradual increase in performance over time. While unit costs did not initially represent good value for money, this continued to improve quarter-on-quarter. headspace National was consulted on several occasions and recommended the continued provision of enhancement funding to support the embedding of the service.

Planned for FY27
In FY27, EMPHN will continue to support headspace Box Hill through targeted enhancement funding to consolidate service delivery and improve value for money as the centre matures. This will include ongoing monitoring of activity, unit costs, and workforce utilisation to ensure incremental performance improvements are sustained. It is anticipated that Box Hill will reach the funding floor. EMPHN will engage with headspace National to advise of, and seek alignment on, the intended redistribution of surplus enhancement funding., while supporting Box Hill to transition towards greater efficiency as demand stabilises and the model becomes fully embedded within the local service system.

Governance, compliance and integration
• Clinical governance and quality assurance: Quarterly incident and complaints reporting, annual governance attestations, and hMIF accreditation for all enhancement-funded centres.
• COVID-safe services: Compliance with Victorian Government requirements, including infection prevention and control expectations for face-to-face staff.
• Co-commissioning and integration: No current co-commissioned approaches with state services.
• Data sharing/IAR: No data-sharing agreements in place to support IAR integration with state services.

Evaluation and monitoring
• No discrete evaluation was undertaken during the reporting period.
• Service performance is monitored through routine headspace and EMPHN reporting processes to inform commissioning and service planning.
• EMPHN is not currently engaged with a department-appointed evaluator for this activity.
• Standard activity and performance data have been provided to support broader monitoring and evaluation requirements.

Local needs analysis informing distribution of surplus headspace enhancement funding
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Example:
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Engagement with headspace National
The PHN engages with headspace National to advise of, and seek alignment on, the intended redistribution of surplus enhancement funding. This engagement ensures transparency, consistency with national funding parameters, and shared understanding of how redistribution decisions are informed by local needs and system pressures prior to finalisation and reporting in the AWP.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
MH and SP - Increase community-based and lived experience workforce capacity and availability to	139

provide equitable early assessment and ongoing management of mental health	
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139

Activity Demographics

Target Population Cohort

Young people aged 12-25 experiencing, or at risk, of mental illness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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

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Collaboration

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

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

EMPHN collaborates with headspace National on a regular basis to share information regarding health needs assessments, service evaluations and funding plans. EMPHN leads a bi-monthly Victorian PHN Community of Practice (CoP) to share learnings and facilitate greater consistency across PHNs.

Activity Milestone Details/Duration

Activity Start Date

30/04/2023

Activity End Date

29/06/2026

Service Delivery Start Date

15/11/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Final Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

DOV status for NAB is sitting at Government Decision Pending based on the update from the department on 27/02. If approved, the variation is expected in May-June 2026.

Co-design or co-commissioning comments