



**Child and Youth Mental Health Service Redesign
Demonstration Project**

Grampians Region

**Child & Youth Mental Health Services (CYMHS) Redesign
Demonstration Project,**

Grampians Region

**Reform Action Plan
2011 – 2012**

30/05/2011

Background

In accordance with the letter received from Department of Health, Mental Health, Drugs and Regions (MHDR) Division on 27th April 2011, a Reform Action Plan 2011-2012 has been devised for the Grampians Child and Youth Mental Health Service (CYMHS) Redesign Demonstration Project.

The Grampians CYMHS Redesign Demonstration Project aims to achieve systematic change across a number of sectors (mental health, primary care, education, family and welfare services, alcohol and other drug services, early childhood development and youth specific services). The project is supported by 16 Consortium member agencies along with a growing network of partners across clinical and non-clinical sectors. It is a region-wide endeavour spanning an area of 47,980km² with a total population of 216,626 residents. A great proportion of the region comprises of rural and remote communities that have limited access to health services. Many of these consist of a stand-alone health service which may include visiting specialist services.

The focus of the project is on early intervention that will progress a range of reforms in line with the Reform Area 2: Early in Life, of the Mental Health Reform Strategy 2009-2019, *Because Mental Health Matters*. The overarching priority areas include:

- Expanding assessment of and responsiveness to pre-school and primary school children who display early signs of social, emotional and behavioural problems.
- Improving the engagement of adolescents and young adults who have a broader range of moderate to severe mental health problems, including co-occurring drug and alcohol problems.
- Enhancing the service system and its capacity to effectively manage low prevalence disorders

To progress these priority areas, key initiatives have been devised to operationalise reform goals and objectives. Previous reform has often occurred on an ad hoc basis that has not enabled change to be sustained. The Grampians project has adopted a considered approach and will implement a sequential process to provide greater opportunity for sustainable reform.

Key Reform Areas

The Grampians project aims to achieve sustainable regional systematic change across of number of sectors and agencies. To facilitate this process, there are 9 action areas defined to provide structure to the various activities to be undertaken.

1. BHS-MHS Internal Redesign
2. Secondary Consultation Model
3. Interagency Service Coordination Model
4. Extension of CAST to kindergartens
5. Establish Complex Behaviour & Learning Difficulties Team
6. Workforce Development
7. Community Consultation
8. Partnerships
9. Research & Evaluation

Reform Initiative #1: Internal Redesign Ballarat Health Services – Mental Health Services.

Background

Ballarat Health Service – Mental Health Service (BHS-MHS) currently comprises of a Child and Adolescent team (0-18 years), Adult team (18-65) and Aged persons team (65+). The Child and Adolescent service is a multidisciplinary team providing clinical services to children, young people and their families up to 18 yrs of age who live in the Grampians region. The aim of the BHS-MHS internal redesign is to extend the existing CAMHS age cohorts from 0-18 to 0-25 years to form a Child and Youth Mental Health Service to better address mental health issues across the developmental spectrum. A key aim of the redesign is to deliver early detection and early intervention in a seamless way to address a greater range of problems and provided targeted response with a view to alter the trajectory of disorders. Increased scope for service delivery is available whilst formal structures are being implemented.

Planned Change

BHS-MHS will restructure the current service model to establish two teams across the age and stage continuum of 0-25 years in an integrated practice model. The Infant and Child Team (0-14 years) will focus on early detection and the mental health needs of infants and children. The Youth Team will increase service delivery for young people 15-25 years and focus on early psychosis, early intervention and prodromes. The teams will strengthen clinical interventions and support other agencies to enrich their capacity for early detection, early intervention and collaborative care for individuals with mental health problems. This redesign will include integration of programs, workforce development, ongoing education, consultation and community capacity building.

Location: Grampians Region, BHS-MHS

Target Group: Client group (0-25 years), Carers/Family, Other service providers/agencies

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
For BHS-MHS to develop a service delivery model that will facilitate improved access to services for infants and children, youth and their families	Establishment of two new teams: <ul style="list-style-type: none"> • Infant & Child Team (0-14 years) • Youth Team (15-25 years) 	BHS-MHS, Executive Director	Two teams operational and providing services	September 2011 <i>(dependent on change management processes)</i>	Infant & Child Team Manager appointed (March 2011) Youth Manager appointment by June 2011 Recruitment process underway to fill current vacancies Change management process to commence June 2011	5 clinical staff <i>(Funding received 10/11 RAP \$448,395)</i>
	Recruitment of 5 additional clinical staff	BHS-MHS, Executive Director	Recruitment completed	August 2011	Recruitment underway	

To ensure the routine delivery of family orientated, client centred, evidence-based clinical service deliver	Develop and deliver targeted training program that supports the clinical model of care	BHS-MHS, Executive Director	Ongoing training program delivered (existing and new staff)	September 2011- ongoing		
	Infant & Child Team and Youth Team operational and responsive to identified community needs	BHS-MHS, Executive Director	30% increase in service delivery for the 0-14 year cohort. 30% increase in service delivery for the 15-25 year cohort.	June 2012 June 2012		
	Monitor and Review	Project Team (reporting to the Consortium Executive Group)	Snapshot #1: Oct –Dec 2011 comparison to Oct- Dec 2010 Annual Data Analysis July 2011- June 2012	January 2012 July 2012		Component of Research Officer salary

Reform Initiative #2: Secondary Consultation Model

Background

A theme emerging from consultation with service providers across the region is the need for greater access to mental health expertise to support their work with children, youth and their families/carers. In responding to this need, an enhanced and measurable secondary consultation model will be implemented within BHS-MHS to ensure access to timely mental health expertise. This will provide access to specialist knowledge for practitioners across the region to better support the clients in their care.

Planned Change

The aim of this project initiative is to formalise a secondary consultation model that provides access to timely mental health expertise. Phase 1 will incorporate the up-skilling of BHS-MHS to provide secondary consultation and formal process. Phase 2 will investigate the potential opportunities for a cross-sectoral secondary consultation model for relevant Consortium member agencies to enable access to shared expertise across various sectors that work with groups that are vulnerable to developing mental health issues.

Location: Grampians Region

Target Group: Service providers/agencies

Secondary Consultation Model cont'd

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
To provide access for practitioners from agencies across sectors to timely mental health expertise	To establish secondary consultation model and necessary clinical guidelines for use and application	Executive Director, BHS-MHS	Model established	September 2011- June 2012	Proposal completed	Component of Mental Health Liaison Leader salary
	To deliver training to existing BHS-MHS staff in the use application of secondary consultation and embed in orientation processes for new staff	Executive Director, BHS-MHS	BHS-MHS Staff trained		Draft training module devised	
	To implement monitoring and reporting mechanisms via targeted auditing	Executive Director, BHS-MHS	Monitoring and reporting mechanisms in place			
	Implement enhanced secondary consultation model with BHS-MHS	Executive Director, BHS-MHS	Model implemented			Component of Child Psychiatrist position (non-recurrent budget item)
	Promotion of availability of enhanced secondary consultation and pathways to access to external providers	Project Team & Consortium Executive Group	Promotion strategy delivered			
	To embed within BHS-MHS service delivery	Executive Director, BHS-MHS	Measure increase in access to secondary consultation			
To increase capacity of relevant consortium member agencies to provide cross-sectoral secondary consultation	Investigate the potential of implementing a secondary consultation model within relevant consortium member agencies	Project Team & Consortium Exec Group	Documentation of options and potential implementation	June 2012		

Reform Initiative #3: Formulation of Inter-Agency Service Coordination Model

Background

Service delivery in many cases is crisis driven and reactive limiting opportunities for early intervention and planned collaborative coordinated care. It has been well established that an effective wrap-around service for children, youth and their families with complex needs include: the capacity of service providers to effectively communicate and share information; a formalised service system to support ongoing collaborative care planning; and a understanding of referral, assessment and interventions provided by the various service providers.

Planned Change

The aim of this project initiative is to develop a model of inter-agency collaborative service delivery across sectors including clinical mental health, education, family services, child protection and other welfare related services. A key outcome of this initiative is to create the environment in which inter-agency collaborative-care becomes standard practice. The introduction of the model will be completed in 3 phases on a sub-regional level (Phase 1 Stawell/Ararat; Phase 2 Wimmera Sub Region; Phase 3 Central Highlands).

Location: Pilot in Stawell – future roll out across Grampians Region

Target Group: 0-25 years

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
	PHASE 1					
To formulate an interagency service system to support ongoing formalised collaborative care	Develop and support collaborative partnerships within the sub-region to enable interagency service coordination	CEO of GCH & Mental Health Liaison Leader	Regular Interagency participation in meetings	Ongoing (measure quarterly)	Interagency Group meeting fortnightly.	Component of Mental Health Liaison Leader salary
	Establish an interagency service coordination model and collaborative care process, which includes the practical aspects required to pilot and incorporate the model into routine service provision in the region	CEO of GCH & Mental Health Liaison Leader	Interagency service coordination model completed	June / July 11	Interagency Mental Health Service System: Collaboration Document devised	Component of Child Psychiatrist position (non-recurrent budget item)
	Training to implement the interagency service coordination model (service coordination and collaborative care)	CEO of GCH & Mental Health Liaison Leader	Training Implemented			
	Implement the interagency service coordination model and collaborative care planning process	CEO of GCH & Mental Health Liaison Leader	Interagency Service Coordination model implemented			

	Develop subjective and objective data	Project Team	Establish base line data for monitoring and evaluation (quantitative and qualitative measures)	July & Oct 2011.		
	Monitor and review	Project Team	Pilot evaluation report	October 11		
To adapt and replicate formulated interagency service system across the Grampians region	PHASE 2 WIMMERA	CEO of WUC Mental Health Liaison Leader	KPIs as devised for Phase 1 pilot	Feb-June 2012		
	PHASE 3 CENTRAL HIGHLANDS	CEO of BCH Mental Health Liaison Leader	KPIs as devised for Phase 1 pilot	Feb-June 2012		
	Monitor and review	Project Team	Evaluation report	July 2012		

Initiative #4: Extension of CAMHS and Schools Together (CAST) to Kindergartens

Background

CAMHS and Schools Together (CAST) is an evidence-based early intervention, primary prevention program for children in the early years of primary school (Prep-Grade 2) who are at risk of or are currently presenting with disruptive behaviours disorders. The CAST program is provided to children, their parents and teachers, and has been extensively evaluated with regard to its efficacy. Emotional and behavioural problems are often evident by three years of age and can cause long-term difficulties for children and families. Early identification and intervention with these children helps to protect the health of these children and reduce the risk of them developing long-term emotional and behavioural disorders. During early childhood parents have more influence in managing and shaping their children's behaviour and may be more open to advice and assistance. The earlier the intervention the more positive the outcome is likely to be for the family.

Planned Change

To provide early detection and improve children's psychological well-being and enhance their school readiness (with particular regard to emotional maturity, behavioural regulation and pro-social skills) along with supporting parents/carers and kindergarten teachers, the CAST program will be piloted in 4 kindergartens across the Grampians region. Following evaluation, it is anticipated that further rollout will occur within 4 kindergartens in 2012. Each kindergarten is selected for participation based on identified need and population vulnerability factors.

Location: Grampians Region

Target Group: 3-4 years (Kindergartens)

Extension of CAMHS and Schools Together (CAST) to Kindergartens cont'd

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
<p>To provide early identification of children and their families with emerging or previously unidentified mental health difficulties and create greater access for:</p> <ul style="list-style-type: none"> kindergarten aged children to social and emotional learning their families/carers to targeted parenting programs kindergarten teachers to education around social-emotional learning and behavioural management 	Modify and adapt the primary school CAST program to pilot kindergarten settings	Infant & Child Manager, BHS-MHS	<p>Modified program and manual devised.</p> <p>Parent information packages developed.</p> <p>Teacher professional development program developed.</p>	Completed	<p>Staff member allocated (March 2011)</p> <p>Draft manual completed</p>	<p>Part of 2.5 Clinical Staff allocated to the Infant and Child Team</p> <p>Component of Research Officer salary.</p>
	Deliver the CAST kindergarten pilot program to identified kindergartens	Infant & Child Manager, BHS-MHS	<p>Pilot program delivered within 4 kindergartens (Ballarat x2; Stawell x1; Horsham x1)</p> <p>Approximately 80 kindergarten children will receive the CAST kindergarten program, 40 parents will receive the emotional coaching parenting program and 10 kindergarten staff will receive professional development in behaviour management and social emotional learning.</p>	July – Nov 2011	Expressions of Interest called for May 26 th 2011	
	Review and evaluation	Infant & Child Manager, BHS-MHS & Project Manager	Evaluation report completed	Jan 2012		
	Deliver CAST kindergarten program to other kindergartens across Grampians region	Infant & Child Manager, BHS-MHS	Following evaluation further rollout will continue	Feb – July 12		
	Monitoring and review	Infant & Child Manager, BHS-MHS & Project Manager	Service delivery report	Quarterly – end of each term		

Initiative #5: Establishment of Complex Behaviour & Learning Difficulties Team

Background

A number of children with disruptive behavioural disorders also exhibit learning difficulties. The presence of disruptive behaviours often masks a child's complex neuro-developmental profile. In many instances children with multiple complex developmental needs do not meet the eligibility criteria of current support services. This is often due to the existence of more than one developmental issue that in isolation can be assessed as mild and deemed ineligible for support services. The cumulative impact of not addressing these development delays can have a significant bearing on the child's developmental trajectory. If assessment and intervention is provided earlier then the likelihood of this particular cohort being referred to tertiary mental health service later in life for behavioural disorder is minimised.

In 2009 CAMHS, Department of Education and Early Childhood (DEECD), Grampians Region and Catholic Education – Ballarat Diocese developed the Multidisciplinary Behaviour Clinic (MBC) as a collaborative initiative. The purpose of the MBC was to provide a comprehensive multidisciplinary assessment to primary aged children with disruptive behaviours and suspected learning disabilities. The MBC has operated within a collaborative framework and is conducted on a partnership basis with each service providing in-kind participation.

Planned Change

This initiative will see the transference and enhancement of the MBC to a Complex Behaviour & Learning Difficulties (CBLD) Team to be coordinated by DEECD. The formulation of a multi-disciplinary and multi-agency CBLD Team will enable the early identification of cognitive deficits early in life to prevent or minimise the subsequent development of severe emotional or behavioural disorders.

Location: Grampians Region

Target Group: Primary school aged children and their families/carers

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
To enhance the capacity of agencies to respond to children with complex behaviours and learning difficulties	Devise a multi-agency multi-disciplinary service model to conduct complex behaviour and learning difficulties assessment and care plan	Asst Regional Director, DEECD	Model completed	July 2011	Proposal to outline operational guidelines underway	No direct cost
	Pilot the multi-agency multi-disciplinary service model to the target group	Asst Regional Director, DEECD	Assessment and intervention for 10 children commenced	Aug-Dec 2011		
To enhance capacity of teachers to understand and manage complex behaviour problems and learning difficulties	Link to Workforce Development Plan	Asst Regional Director, DEECD	Increase in training and education for schools/teachers	Aug-Dec 2011		Component of Workforce Development Coordinator salary
	Monitor and review	Project Manager	Evaluation report Interim report Final report	Dec 2011 July 2012		Component of Research Officer salary

Initiative #6: Workforce Development

Background

A key component to building a more responsive and capable mental health service system is to ensure the workforce has the appropriate skills to provide high-quality mental health care and improved mental health outcomes for children, youth and their families. The CYMHS Redesign Demonstration Project aims to build the capacity of practitioners across various sectors to support a broader system of mental health care that has strengthened capacity for early intervention, early identification and a focus collaborative care. This includes the ability of practitioners to directly support their clients through the provision of appropriate assessment and interventions, a greater understanding and application of referral pathways and, the ability to engage in collaborative care planning.

Planned Change

To build the mental health capacity of agencies across various sectors through the delivery of targeted training and education as directed by the Regional Workforce Development Plan.

Location: Grampians Region

Target Group: Service providers, Consumers, Families/Carers, Community

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
To develop a well informed, trained and supported inter-sectoral workforce across various sectors	Formulate needs analysis including the identification of the core competencies and skills necessary for successful workforce development. This will be informed by the needs identified from the Community Service sector survey issued November 2011 and directed by the Regional Workforce Development Advisory Group	Project Team, Workforce Development Coordinator & Consortium Member Agencies	Core competencies documented and Regional Workforce Development Plan finalised.	June - ongoing	Thematic analysis of consultation underway	Component of Workforce Development Coordinator salary Workforce Development Budget Item (\$20,000 + \$40,000 non-recurrent budget item)
	To formulate Regional Workforce Development Plan that reflects cross-sectoral requirements	Project Manager, Workforce Development Coordinator		Aug/Sept 11	Draft framework underway	
	Devise and deliver training programs to support the implementation of interagency service delivery (including collaborative care planning, case conferencing and secondary consultation).	Project Manager, Mental Health Liaison Leader & Workforce Development Coordinator	Training program completed Interagency service delivery training program delivered to nominated staff from Consortium Member agencies	June 2011 July – Sept 11		

To promote greater understanding of mental health/mental illness literacy, early identification, early intervention and access to support for treatment	Devise and deliver training/education programs	Workforce Development Coordinator	Training program devised Commence training programs delivery	Aug/Sept 11 Sept/Oct 11		
To enhance support and education for consumers, families/carers and community	Devise and deliver mental health/mental illness literacy programs and resources for consumers, families/carers and community that the mental health workforce can deliver	Workforce Development Coordinator, Youth Engagement Officer, Carer/Family Engagement Officer	Training program devised Training programs delivered	Dec 2011 Jan – June 12		
	Devise and deliver training for consumer & carer/family advocacy to develop consumers & carers/families understanding and knowledge of the mental health area	Workforce Development Coordinator, Youth Engagement Officer, Carer/Family Engagement Officer	Training program devised Training programs delivered	Dec 2011 Jan – June 12		
	Monitor and Review	Project Team, Workforce Development Coordinator	Utilisation of quantitative and qualitative measures Interim report Annual report	Jan 2012 July 2012		Component of Research Officer salary

Initiative #7: Community Consultation

Background

The CYMHS Redesign Demonstration project recognises the importance of engaging with consumers, families, and the community to identify areas of need and development. Building on the preliminary consultation process conducted, a formulated and structured process is an essential component in shaping reform across the mental health service system. The initial mapping exercise of consumer and carer/family participation across Consortium member agencies completed in 2010 has highlighted some challenges in providing a comprehensive view across sectors.

Planned Change

To enhance current consortium agencies consultation processes to establish a routine, structured consultation strategy to support active consumer and family/carer participation across relevant Consortium member agencies.

Location: Grampians Region

Target Group: Consumers, Carers/Families, Community

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
To enhance active participation and engagement of consumers, families/carers within relevant Consortium member agencies.	Recruitment of: <ul style="list-style-type: none"> Youth Engagement Officer Family/Carer Engagement Officer 	Project Manager	Recruitment completed	August 2011	Position statements written	Youth Engagement Officer salary (non-recurrent budget item)
	To develop and implement a Regional Youth Engagement & Participation Plan (RYEPP) which identified the structures and processes for the inclusion of youth/consumers in the reform process	Project Manager & Youth Engagement Officer	RYEPP completed	September-December 2011		
			Implementation of RYEPP commenced and active participation of youth/consumers	January- June 2012		
	To develop and implement Regional Family/Carer Engagement & Participation Plan (RFCEPP) which identified the structures and processes for the inclusion of families/carers in the reform process	Project Manager & Family/Carer Engagement Officer	Family/Carer participation in the development of RFCEPP	September – December 2011		Component of Research Officer salary
			RFCEPP completed	January to June 2012		
Monitoring and Review	Project Team	Interim report completed Annual progress report completed	January 2012 July 2012			

Initiative #8: Partnerships

Background

Successful collaborative practice is underpinned by strong and effective partnerships. The development of effective cross-sectoral communication which allows for and supports partnerships is critical and a shared vision that will drive the reform areas is needed to improve the mental health, social and emotional outcomes for children, youth and young adults and their families/ carers.

This project provides the Grampians Region with a unique opportunity to demonstrate how a consortium can work together to deliver a responsive and collaborative mental health service system for children and young people aged 0 to 25 years.

Planned Change

To create better working partnerships between service providers and/or sectors to build a responsive and collaborative mental health service system.

Location: Grampians Region

Target Group: Service providers

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
To work towards building more effective working partnerships between various service providers and/or sectors to create a more responsive and collaborative mental health service system	Embed strong partnerships at Consortium Executive Group level via the articulation and role delineation within the review Terms of Reference	Consortium Executive Group	Community Mental Health Planning and Service Coordination Partnership tool issued. Analysis and recommendations	June 2011		No direct cost
			Community Mental Health Planning and Service Coordination Partnership tool reissued. Analysis and recommendations	February 2012		
			Community Mental Health Planning and Service Coordination Partnership tool reissued. Analysis and recommendations	Ongoing for life of project		

Initiative #9: Research & Evaluation

Background

As documented in the in the CYMHS Demonstration Project reform guidelines of the MHDR an evaluation framework will be developed with an evaluation contractor for the projects (metropolitan and rural). As this is now being done as part of the overall Mental Health Reform Strategy Grampians region will undertake an evaluation approach that will be embedded into the reform process. Documenting the processes that have occurred and outcomes achieved will contribute important evidence to the growing body of knowledge around how a partnership of providers can plan and deliver an earlier, more integrated and comprehensive service response to children and young people 0-25 years that experience a mental health problem.

The evaluation and research strategy will measure and assess the impact of the reform areas in achieving the overall objectives. Attention will be given to service reconfiguration and change management processes, capacity building, partnership building, consumer/ carer engagement and workforce development. Indicators under consideration to track operational performance include service outputs, service effectiveness and clinical measures. The evaluation and research strategy will also focus on the extent to which the reform activities had an effect on the mental health and wellbeing outcomes of the 0-25year population.

At present there is limited usage of common data collection across the broader mental health service system and limited capacity to collect accurate incidence data. This can create barriers for services to communicate and share information effectively to support better service provision for clients.

Planned Change

To build an extensive research base that can be used for evaluation, research and development across consortium member agencies.

Location: Grampians Region

Target Group: Consumers, Carers/Families, Service Providers, Community-wide

Objective	Strategy	Nominated Lead	Expected Increase in Service Activity (KPI)	Achievement Date	Current Status	Cost
To monitor and evaluate the clinical effectiveness of the reform process across the 8 initiatives identified:	To evaluate reform progress utilising the identified Key Performance Indicators (KPIs) under each initiative.	Project team	KPIs built into each of the Reform initiatives will be used to inform Six month evaluation report completed	January 2012		Component of Research Officer salary
			Annual evaluation report completed	July 2012		Component of Evaluation budget item
To improve collaborative data reporting across Consortium Member agencies	To explore opportunities to utilise IT expertise to provide support to: <ul style="list-style-type: none"> Identify data collection processes, requirements and 	Consortium Executive Group	Adoption of agreed data collection measures across the consortia	Sept-Oct 11		IT Specialist support (non-recurrent budget item)
			Collection and systems analysis of service data	January 2012		

	capacity across the consortia <ul style="list-style-type: none"> • Methodology and frequency for data collection 		reported			
Contribute to the evidence-base through research	To identify and articulate emerging research opportunities	Project Team	Research priorities and activity documented	August 2011		
	To ascertain any ethical implications/requirements linked to identified research activities		Ethical considerations and appropriate actions taken	Ongoing		
	To conduct research activities identified		Research activities undertaken	Ongoing		

Grampians Child & Youth Redesign Demonstration Project Proposed 2011-2012 Budget

Item	Amount
Salary Expenses	
Project Manager	82,778
Research Officer	69,060
Workforce Development Coordinator	77,132
Mental Health Liaison Leader	77,132
Practitioners x5	448,395
Non-salary Expenses	
Overhead expenses	54,000
General operating expenses	10,000
Workforce Development	20,000
Vehicle maintenance	24,000
Travel and accommodation	10,000
Evaluation	20,000
IT Specialist support	20,000
Workforce Development	40,000
Web site scoping and development	15,000
Project Staff Professional Development	10,000
Specialist Appointments	122,503
Youth Engagement Officer	
Family/Carer Engagement Officer	
Child Psychiatrist	
TOTAL	1,100,000