

Northern Territory Implementation Plan

NATIONAL PARTNERSHIP AGREEMENT SUPPORTING NATIONAL MENTAL HEALTH REFORM

Part 1: Preliminaries

1. This Implementation Plan is a schedule to the National Partnership Agreement Supporting National Mental Health Reform and should be read in conjunction with that Agreement. The objective in the National Partnership is to deliver improved health, social, economic and housing outcomes for people with severe and persistent mental illness by addressing service gaps and preventing ongoing cycling through state and territory mental illness services.
2. The following projects will be delivered by the Northern Territory to achieve the outcomes of the National Partnership:
 - (a) Project 1: Improved services for people who require urgent mental health assessment. This project provides training for clinical staff working in emergency department settings across the Northern Territory, provides funding for one dedicated mental health clinician in Alice Springs, and funding for mental health clinicians to be deployed at three regional hospitals located at Katherine, Tennant Creek and Nhulunbuy; and
 - (b) Project 2: Accommodation and support for people in Darwin with severe and persistent mental illness. This project provides access to stable accommodation in Darwin, and access to individualised support to promote recovery.

Part 2: Terms of this Implementation Plan

3. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Hon. Mark Butler MP, Minister for Mental Health and Ageing, Minister for Social Inclusion and Minister Assisting the Prime Minister on Mental Health Reform, and the Northern Territory, represented by the Hon. Konstantine Vatskalis MLA, Minister for Health, Minister for Children and Families, Minister for Child Protection, and Minister for Primary Industry, Fisheries and Resources.
4. As a schedule to the National Partnership Agreement Supporting National Mental Health Reform, the purpose of this Implementation Plan is to provide the public with an indication of how the Northern Territory projects will be delivered and demonstrate the Northern Territory's capacity to achieve the outcomes of the National Partnership.
5. This Implementation Plan will cease on completion or termination of the National Partnership, including the acceptance of final performance reporting and processing of final payments against performance benchmarks or milestones.
6. This Implementation Plan may be varied by written agreement between the Commonwealth and State Ministers responsible for it under the overarching National Partnership.

7. The Parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the Parties' commitment to the plan and its full implementation.

Part 3: Strategy for Northern Territory implementation

Project information

8. Project 1: Improved services for people who require urgent mental health assessment. Over the five years to June 2016, the project will deliver the agreed outcomes and outputs as follows:
 - (a) the provision of training for clinical staff in various emergency department settings across the Northern Territory, to enhance their skills in assessing and responding to mental health and alcohol and other drug emergency presentations. Training will be provided for up to 135 emergency department staff in Darwin and Alice Springs, and front line clinicians from regional hospitals and remote communities, over five years.
 - (b) the provision of one dedicated mental health clinician, over 2 shifts per day, 365 days per year based at Alice Springs Hospital emergency department. Staff will undertake mental health assessments and initiate care for people with a mental illness, with an aim to prevent deterioration of the person's condition and reduce the number of people who leave emergency departments without waiting for assessment.
 - (c) through the Northern Territory Government, the provision of one full time equivalent mental health clinician allocated to the emergency departments of three regional hospitals in the Northern Territory, at Katherine, Tennant Creek and Nhulunbuy.
9. Project 2: Accommodation and support for people in Darwin with severe and persistent mental illness. Over the five years to June 2016, the project will deliver the agreed outcomes and outputs, as follows:
 - (a) the establishment of 12 units in Darwin with the capacity to provide housing and intensive support for up to 16 adult individuals at any given time.¹
 - (b) the provision of flexible support commensurate with individual needs to promote recovery and reduce risks of relapse. The support may include links to health services, referral to specialist mental health services, and links to non-government organisations to provide a range of consumer support, carer support, and Aboriginal social and emotional wellbeing services.
 - (c) the provision of support for a minimum of two years to achieve stability and medium term recovery goals, after which time it is expected that clients will transition to other services that best meet their needs. Some people with high needs will require longer term support. The program aims to support up to 25 people with severe and persistent mental illness to achieve and maintain stable accommodation.

¹ The establishment of 12 units in Darwin will take a minimum of 12 months to complete as it includes the relocation of existing tenants and the refurbishment of the units, funded by the Northern Territory Government. In the interim a 6 bed supported accommodation facility will be established during 2012-13 to meet current demand whilst arrangements for the 12 unit block are made.

Estimated costs

10. The maximum financial contribution to be provided by the Commonwealth to the Northern Territory for the projects is \$3.648 million over 5 years (2011-12 to 2015-16) payable in accordance with performance benchmarks set out in Part 4. All payments are exclusive of GST.
11. The estimated overall budget (exclusive of GST) is set out in Table 1. The budget is indicative only and Northern Territory retains the flexibility to move funds between components and/or years, as long as outcomes are not affected. The Commonwealth contribution can only be moved between years with the agreement of the Commonwealth.

Table 1: Estimated financial contributions

Northern Territory	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	2014-15 (\$m)	2015-16 (\$m)	Total (\$m)
<i>Project 1: Improved services for people who require urgent mental health assessment.</i> Training for emergency department staff, and provision of a dedicated mental health clinician in the Alice Springs Hospital Emergency Department.	0.0	0.467	0.467	0.467	0.467	1.868
<i>Project 2: Accommodation and support for people in Darwin with severe and persistent mental illness.</i> Provision of supported accommodation in Darwin.	0.100	0.420	0.420	0.420	0.420	1.780
Total estimated Commonwealth contribution	0.100	0.887	0.887	0.887	0.887	3.648
Clinicians in regional hospital emergency departments	0.0	0.740	0.740	0.740	0.740	2.960
Northern Territory Crisis Assessment Telephone Triage and Liaison (NT CATT)	0.950	0.950	0.950	0.950	0.950	4.750
Total estimated Northern Territory contribution	0.950	1.690	1.690	1.690	1.690	7.71
Total estimated budget	1.050	2.577	2.577	2.577	2.577	11.358

Program Logic

12. The projects detailed in this Implementation Plan will achieve the outcomes and objectives stated in the National Partnership by addressing both priority areas:
 - (a) Priority area one: people with severe and persistent mental illness and complex care needs, who need stable accommodation and support to keep well and break the hospital cycle; and
 - (b) Priority area two: presentation, admission and discharge planning in emergency departments and major hospitals and related support services, for people with a mental illness and who frequently present at emergency departments.

Relevant Territory Context

13. In developing this Implementation Plan consideration has been given to relevant territory context. Key factors that have influenced the proposed direction are listed below.
14. Project 1: Improved services for people who require urgent mental health assessment.
 - (a) In 2009/10 the Northern Territory specialist public health sector provided services to 2.6% of the NT population, compared to the national average of 1.5%. This situation presents substantial challenges in terms of ensuring people receive appropriate follow up-particularly those people presenting to emergency departments in crisis who may not have a diagnosed mental illness or may not have established a relationship with a health service provider. The additional resources sought under this project will assist in linking these individuals to the services they require to meet their needs.
 - (b) Data in relation to the Northern Territory emergency department presentations indicates that Alice Springs Hospital emergency department has the highest proportion of mental health presentations. In 2010-11 there were approximately 1,619 presentations, an average of 4.4 per day. Similarly, the Royal Darwin Hospital emergency department saw a higher number of mental health presentations, with 1,825 in 2010-11. Many acute staff, including those working in emergency departments, regional hospitals and remote communities require increased training in identification and management of acute mental health and alcohol and other drug presentations.
15. Project 2: Accommodation and support for people in Darwin with severe and persistent mental illness.
 - (a) The Northern Territory has a high rate of homelessness, estimated to be 248 people per 10,000 population, compared with the Australian average of 53 people per 10,000 population.
 - (b) Darwin has a shortage of supported accommodation and a high number of people who are homeless. Crisis accommodation is currently the only option for many individuals who are unable to maintain more stable housing, and service providers struggle to meet the needs of people who have severe and persistent mental illness and complex care needs.
 - (c) Darwin has a 6 bed 24 hour supported accommodation unit which is perpetually full and no intensively supported accommodation. A number of residents receiving 24 hour support could manage in less intensively supported accommodation if suitable options were available, which would free up places for people with higher levels of disability.

Part 4: Performance and reporting arrangements

Performance benchmarks

16. Funding will reward the Northern Territory upon meeting performance targets as set out in Table 2 below.

Table 2: Performance Benchmarks

Project 1 ²	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
135 staff training packages	0	15 staff undertake training	40 staff undertake training	40 staff undertake training	40 staff undertake training	135 staff completed training
Clinician to undertake 2 shifts per day, 365 days per year through the project	0	Undertaken 2 shifts per day, 365 days per year	Undertaken 2 shifts per day, 365 days per year	Undertaken 2 shifts per day, 365 days per year	Undertaken 2 shifts per day, 365 days per year	Clinician delivered 2 shifts per day, 365 days per year through the project

Project 2	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
12 units of housing to be established	0	6 units of housing available ³	12 units of housing available	12 units of housing available	12 units of housing available	12 units of housing established
25 individuals to be supported through the project, with 12-16 individuals receiving support at any given time. ⁴	0	6 individuals receiving support	12 individuals receiving support	12-16 individuals receiving support	12-16 individuals receiving support	25 individuals supported through the project (12-16 individuals having received support at any time).
24 hours/365 days of non-clinical support to be provided to the group of individuals through the project. ⁵	0	24 hours/365 days of support provided to the group of individuals	24 hours/365 days of support provided to the group of individuals	24 hours/365 days of support provided to the group of individuals	24 hours/365 days of support provided to the group of individuals	24 hours/365 days of support provided to the group of individuals through the project

² Reporting for Project 2 will include information on the flow through of clients, including (a) the number of new clients entering the program and (b) the duration and hours of support provided to clients that have exited the project.

³ See Note 1 (above)

⁴ These numbers are calculated assuming 75% of tenancies are stable, and an increasing number of dual occupancies as stability of individual residents allows. Due to the low numbers of individuals involved, unpredictable instability of a small number of individuals has the potential to substantially alter the total number of individuals housed and supported, and the hours of individual support required to maintain the tenancy.

⁵ A total of 24 hours of non-clinical support is to be provided to all the residents of the housing complex daily. Support to individuals will vary according to individual care plan and fluctuating needs. Clinical case management will also be provided to individuals by Top End Mental Health Services (TEMHS).

Reporting

17. The Northern Territory will report for each project against the agreed performance indicators every 6 months during the operation of the National Partnership Agreement. Progress reports are to be provided in the format at Schedule B of the Agreement. The reports are expected by 30 April and 30 October each year as identified at National Partnership – Part 4: Performance Monitoring and Reporting – Table 1: Reporting Requirements.
18. Circumstances may give rise to additional reporting being sought from jurisdictions. Such requests should be kept to the minimum necessary for the effective assessment of the projects or reform. Requests should not place an undue reporting burden on jurisdictions and portfolio agencies.
19. The Commonwealth will provide payments as follows:
 - (a) 6 month progress report: satisfactory progress towards performance benchmarks for the each 12 month period as identified in Table 3; and
 - (b) 12 month progress report: achievement of performance benchmarks for each 12 month period as identified in Table 3.
20. If a State does not achieve one or more performance benchmark(s) in full due to circumstances beyond its control or circumstances not anticipated at the time of signing the Implementation Plan, the Commonwealth may provide a partial payment to the State.
21. The Commonwealth will only make a partial payment if the State is able to demonstrate that it implemented adequate and appropriate arrangements that would have achieved the relevant performance benchmarks but for those circumstances.
22. The payments by the Commonwealth against reporting of performance benchmarks is as follows:

Table 3 - Payments against performance benchmarks

Projects 1 and 2	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	2014-15 (\$m)	2015-16 (\$m)	Five year total (\$m)
Initial payment to assist with the establishment of the projects	0.100	n/a	n/a	n/a	n/a	0.100
12 month progress report due 30 October	n/a	0.444 (see Note)	0.444	0.444	0.444	1.772
6 month progress report due 30 April	n/a	0.443	0.443	0.443	0.443	1.776
Total funds for reporting period	0.100	0.887	0.887	0.887	0.887	3.648

Note: 12 month progress report for 2011-12 to include project establishment activity

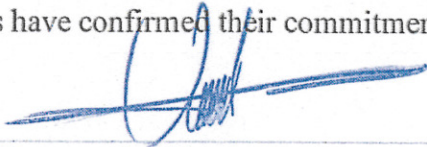
Review and Evaluation

23. A mid-term review will be jointly undertaken by the Commonwealth and the states by 30 June 2014 that will assess the extent to which the projects objectives, outcome and outputs of this Agreement are being met, and will recommend actions to address any shortcomings and promote the successful delivery of this Agreement.
24. The Implementation Plan will be reviewed no later than 30 June 2015 with regard to progress made by the Parties in respect of achieving the agreed outcomes.

Sign off

The Parties have confirmed their commitment to this agreement as follows:

Signature



Date

29 JUN 2012

The Hon. Konstantine Vatskalis MLA

Signature



Date

27/6/12

The Hon. Mark Butler MP