

South Australia

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 South Australia to achieve the outcomes of the National Partnership:
 - (a) Project 1: Expansion of Assessment and Crisis Intervention Service (ACIS) teams. This project will add an additional late shift to the current ACIS roster which will allow the service to operate 24 hours a day, 7 days a week; and
 - (b) Project 2: Development of a Community Walk-in Centre. This project will allow mental health consumers to present to a mental health clinician in a metropolitan community location, rather than a general practitioner (GP) or emergency department.

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 and Minister Assisting the Prime Minister on Mental Health Reform, and South Australia, represented by the Hon. John Hill MP, Minister for Mental Health and Substance Abuse.
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 South Australian projects will be delivered and demonstrate South Australia'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 South Australia implementation

Project information

8. Project 1: Expansion of Assessment and Crisis Intervention Service (ACIS) teams. Over the five years to June 2016, the project will deliver clear and measurable deliverables, as follows:
 - (a) Add an additional late shift to the current ACIS roster (9:30 pm to 8 am) which will allow the service to operate 24 hours a day, 7 days a week. The late shift will be based in the Mental Health Triage (MHT) service at the South Australian Ambulance Services (SAAS) facility.
 - (b) 17.8 FTE staff rostered over the late shift together to respond to tasking over a 7 day period will be employed.
 - (c) It is expected that the ACIS could provide services to approximately three to four interventions per night and the consultation could include providing an initial comprehensive assessment, formulation and completion of a case write up, preparation of correspondence to the consumers GP or key worker.
 - (d) Key outcomes anticipated from the ACIS project include reduced presentations to emergency departments, a reduction in the hours spent in emergency departments and in the number of calls diverted from ambulance and police services.
9. Project 2: Development of a Community Walk-in Centre. Over the five years to June 2016, the project will deliver clear and measurable deliverables, as follows:
 - (a) The identified site will contract 8.0 full time equivalent (FTE) workers as well as contracted security for normal office hours.
 - (b) It is expected that the Walk-in Centre will provide services to approximately seven clients per day. The key tasks will involve formulation and completion of a case write up, providing an initial comprehensive assessment and preparation of correspondence to the client's GP and service providers.
 - (c) Key outcomes anticipated from the Walk-in Centre project include reduced presentations to emergency departments, a reduction in the hours spent in emergency departments and improved 'follow-ups' with community mental health services.

Estimated costs

10. The maximum financial contribution to be provided by the Commonwealth to South Australia for the projects \$14.153 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 South Australia 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

South Australia	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	2014-15 (\$m)	2015-16 (\$m)	Total (\$m)
<u>Project 1: Expansion of ACIS teams</u> Provide an additional late shift to make the service available 24/7..	0.168	2.272	2.313	2.328	2.376	9.457
<u>Project 2: Development of a Community Walk in Centre</u> Enable mental health consumers to present to a mental health clinician in a metropolitan community locations, rather than a GP or emergency department.	0.510	1.023	1.044	1.049	1.070	4.696
Total estimated Commonwealth contribution	0.678	3.295	3.357	3.377	3.446	14.153
Total estimated South Australia contribution	0	0	0	0	0	0
Total estimated budget	0.678	3.295	3.357	3.377	3.446	14.153

Program logic

12. Under the National Partnership funding is provided in two 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.

13. The projects detailed in this Implementation Plan will achieve the outcomes and objectives stated in the National Partnership by addressing priority area two.

Relevant State Context

14. In developing this Implementation Plan consideration has been given to relevant state context. Key factors that have influenced the proposed direction are listed below.
15. Project 1: Expansion of Assessment and Crisis Intervention Service (ACIS) teams
- (a) The Adelaide metropolitan ACIS teams currently only operate from 8 am to 10:30 pm, and accept emergency response calls until 9.30 pm, seven days a week. Currently, after 9.30 pm, consumers or carers either phone the Mental Health Triage phone line (24/7), South Australia Ambulance Services (SAAS), South Australia Police or present themselves to the nearest emergency department for psychiatric assessment.
 - (b) A more coordinated partnership model between SAAS and Mental Health Triage could reduce emergency department presentations and result in a more focused clinical intervention program to identify mental health clients sooner.
16. Project 2: Development of a Community Walk-in Centre
- (a) Currently, mental health consumers requiring walk-in services may attend hospital emergency departments. This project would allow mental health consumers to attend their local metropolitan Community Mental Health Centre, without an appointment and be seen by a mental health clinician.
 - (b) International research has shown that almost two thirds of low-income minority consumers seeking outpatient psychiatric treatment had initially presented as walk-ins with mental health related problems.
 - (c) Primary care walk-in centres have been operating in the United Kingdom since January 2000 and have proven successful in reducing demand on other health services, including emergency departments.

Part 4: Performance and reporting arrangements

Performance benchmarks

17. Funding will reward South Australia upon meeting performance targets as set out in Table 2 below:

Table 2: Performance Benchmarks

Project 1	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
Up to 8150 occasions of service over 4 years	0	2035 occasions of service	2035 occasions of service	2040 occasions of service	2040 occasions of service	Up to 8150 occasions of service over 4 years

Project 2	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
7300 occasions of service over 4 years	0	1825 occasions of service	1825 occasions of service	1825 occasions of service	1825 occasions of service	7300 occasions of service over 4 years

Reporting

18. South Australia 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.
19. 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 project or reform. Requests should not place an undue reporting burden on jurisdictions and portfolio agencies.
20. 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.
21. If a State does not achieve one or more performance benchmarks 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.
22. 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.

23. 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 project	0.678	n/a	n/a	n/a	n/a	0.678
12 month progress report due 30 October	n/a	1.647 (see Note)	1.678	1.689	1.723	6.737
6 month progress report due 30 April	n/a	1.647	1.678	1.689	1.723	6.737
Total funds for reporting period	0.678	3.295	3.357	3.377	3.446	14.153

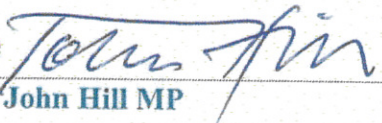
Note: 12 month progress report for 2011-12 to include project establishment activity

Review and Evaluation


24. 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 project 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.
25. 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 
The Hon. John Hill MP

Date 25.6.12

Signature 
The Hon. Mark Butler MP

Date 15 June 2012