

Tasmania

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 project will be delivered by Tasmania to achieve the outcomes of the National Partnership:
 - (a) Packages of care. This project seeks to provide individualised community based, flexible and recovery focused support for people with severe and persistent mental illness. This will be achieved through individualised intensive support to access and maintain accommodation, education, employment and social supports.

Part 2: Terms of this Implementation Plan

3. This Implementation Plan supersedes the Tasmanian Implementation Plan signed on 29 June 2012.
4. 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 Tasmania, represented by the Hon. Michelle O'Byrne MP, Minister for Health, Minister for Children, and Minister for Sport and Recreation.
5. 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 Tasmanian project intends to be delivered and demonstrate Tasmania's capacity to achieve the outcomes of the National Partnership.
6. 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.
7. This Implementation Plan may be varied by written agreement between the Commonwealth and State Ministers responsible for it under the overarching National Partnership.
8. 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 Tasmania implementation

Project information

9. Packages of care. Over the five years to June 2016, the project will deliver the agreed outcomes and outputs, as follows:
 - (a) The provision of individualised packages of care to provide short or long term flexible and recovery focussed intensive support to access housing and accommodation, education, employment and social supports with a focus on discharge from emergency departments and inpatient care.
 - (b) The target group will be people primarily aged 18 to 64 years, with severe and persistent mental illness who due to the effects of long term mental illness have difficulty functioning, frequently present to emergency departments and are repeatedly admitted to inpatient settings.
 - (c) The initiative will facilitate access to a range of service options, including specialist mental health services. A key focus will be on supporting clients to obtain and maintain housing within the Tasmanian community.
 - (d) The service model and supporting work will be completed by 30 September 2012 with a view to community sector organisations providing support packages from December 2012.

Estimated costs

10. The maximum financial contribution to be provided by the Commonwealth to Tasmania for the project is \$6.627 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 Tasmania 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

Tasmania	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	2014-15 (\$m)	2015-16 (\$m)	Total (\$m)
Project 1: Packages of care Provide individualised community based, flexible and recovery focused support for people with severe and persistent mental illness, through individualised intensive support to access and maintain accommodation, education, employment and social supports. Providing up to 70 packages of care per annum.	0.054	1.645	1.587	1.642	1.699	6.627
Total estimated Commonwealth contribution	0.054	1.645	1.587	1.642	1.699	6.627
Total estimated Tasmania contribution ^{1 2}	1.671	1.848	1.913	1.980	1.917	9.330
Total estimated budget	1.725	3.493	3.500	3.622	3.616	15.957

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 State Context

13. In developing this Implementation Plan consideration has been given to relevant state context. Key factors that have influenced the proposed direction are listed below.

¹ Tasmania in-kind contribution has been adjusted to provide for the packages of care component only. Tasmania's bid provided for in-kind contribution for the entire initiative and as the packages of care component is the element being funded the in-kind contribution has been adjusted accordingly. The budget is indicative only. Tasmania retains the flexibility to identify and implement efficiencies.

² Tasmania will undertake service development, strategic planning and policy development and provide staff to project manage implementation of the packages of care. Clinical support to operationalise the packages of care will also be provided. Tasmania will also review existing arrangements for community sector mental health services to align current arrangements with the individual packages for people with severe and persistent mental illness and associated disability or functional impairment due to the nature of their illness.

14. Packages of Care

- (a) In Tasmania there is a need for more co-ordinated services, discharge planning and individualised packages of care to support individuals with a mental illness, particularly those at risk of homelessness.
- (b) The effective co-ordination of community based mental health services is essential to reforming mental health care from a hospital-focused system towards a more community orientated health system.
- (c) This project seeks to assist in developing capacity of the community sector in supporting the delivery of mental health services to ensure the needs of clients with severe and persistent mental illness requiring accommodation and other support are able to be met.

Part 4: Performance and reporting arrangements

Performance benchmarks

15. Funding will be provided to Tasmania 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
Packages of care	0	0	Minimum of 50 clients receiving care (total packages)	Minimum of 65 clients receiving care (total packages)	Minimum of 65 clients receiving care (total packages)	Minimum of 180 packages of care

Reporting

16. Tasmania will report for each project against the agreed performance indicators⁵ every 6 months during the operation of the National Partnership. 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.
17. 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.
18. 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

⁵ Reporting will include the duration and hours of support provided once the individuals have been assessed for their support needs.

- (b) 12 month progress report: achievement of performance benchmarks for each 12 month period as identified in Table 3.
19. 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.
20. 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.
21. The payments by the Commonwealth against reporting of performance benchmarks is as follows:

Table 3: Payments against Performance Benchmarks

Project 1	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	0.054	n/a	n/a	n/a	n/a	0.054
12 month progress report due 30 October	n/a	0.8225 (see Note)	0.7935	0.821	0.8495	3.2865
6 month progress report due 30 April	n/a	0.8225	0.7935	0.821	0.8495	3.2865
Total funds for reporting period	0.054	1.645	1.587	1.642	1.699	6.627

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

Review and Evaluation

22. 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.
23. 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 *Michael Ferguson* Date *20 June 2014*

The Hon. Michael Ferguson MP

Peter Dutton *7 June 2014*

Signature

Date

The Hon. Peter Dutton MP