

# NATIONAL PARTNERSHIP AGREEMENT SUPPORTING NATIONAL MENTAL HEALTH REFORM

Council of  
Australian  
Governments

An agreement between:

- the Commonwealth of Australia and
- the States and Territories, being:
  - The State of New South Wales;
  - The State of Victoria;
  - The State of Queensland;
  - The State of Western Australia;
  - The State of South Australia;
  - The State of Tasmania;
  - The Australian Capital Territory; and
  - The Northern Territory of Australia

This Agreement is designed 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 health systems.

# National Partnership Agreement Supporting National Mental Health Reform

## INTERGOVERNMENTAL AGREEMENT ON FEDERAL FINANCIAL RELATIONS

### PRELIMINARIES

1. This National Partnership Agreement (the Agreement) is created subject to the provisions of the *Intergovernmental Agreement on Federal Financial Relations* and should be read in conjunction with that Agreement and its Schedules, which provide information in relation to performance reporting and payment arrangements.
2. In entering this Agreement, the Commonwealth and the States and Territories (the States) recognise that they have a mutual interest in improving outcomes for people with mental illness and need to work together to achieve those outcomes.
3. All governments have recognised the increased investment in mental health in recent years, including through the Council of Australian Governments' National Action Plan on Mental Health 2006-2011, the substantial additional investment by states in recent years, and the Commonwealth's additional investment of \$2.2 billion over five years from 2011-12.
4. The Council of Australian Governments, at its meeting on 19 August 2011, "agreed to commence work on the development of a National Partnership Agreement on Mental Health which would focus on: stable accommodation and support; and the presentation, admission and discharge planning in major hospitals and emergency departments, and related support services. By addressing priority service gaps in Australia's mental health system the National Partnership will help move Australia's mental health system away from crisis-driven activity towards prevention, early intervention and care in the community."
5. The Commonwealth's mental health reforms announced in the 2011-12 Budget and other investments in areas of Commonwealth responsibility are designed to improve mental health and reduce the burden of mental illness in Australia, including by promoting prevention, early intervention and care in the community; and to support better integrated cross-sectoral services for consumers and carers.
6. Governments have also acknowledged the need to continue to improve and integrate mental health and other support services and to ensure a better response to the needs of people with severe and debilitating mental illness so they stay well, particularly the needs of young and Indigenous Australians, people experiencing or at risk of homelessness, and those living in remote communities.
7. This Agreement will contribute to the mental health and wellbeing of Australians through the Commonwealth provision of a total funding pool of up to \$200 million from 2011-12 to 2015-16 to address priority service gaps. By addressing priority service gaps in Australia's mental health

system, this Agreement will help move Australia's mental health system away from crisis-driven activity towards prevention, early intervention and care in the community.

8. The States play an integral role in providing health care (particularly acute care), early intervention and prevention services, housing and accommodation, education, justice and social supports for people with mental health problems.
9. Under this Agreement, the States have been given the opportunity to bid for a portion of the total funding pool to deliver services in accordance with the funding criteria and that address priority areas of existing service gaps.
10. This Agreement will be implemented consistently with the objectives and outcomes of all National Agreements and National Partnership Agreements agreed by the Parties. In particular, the Parties are committed to addressing the issue of social inclusion, including responding to Indigenous disadvantage (for example, the reform commitments provided in the National Indigenous Reform Agreement) and those commitments are embodied in the objectives and outcomes of this Agreement.

## **PART 1 – FORMALITIES**

### **Parties to this Agreement**

11. This Agreement is between the Commonwealth of Australia and the States who are signatories to this Agreement.

### **Term of the Agreement**

12. This Agreement will commence as soon as the Commonwealth and one other Party signs the Agreement and will expire on 30 June 2016, or on completion of all projects including the acceptance of final performance reporting and processing of final payments against performance benchmarks or project milestones. The Agreement may be terminated earlier or extended as agreed in writing by the Parties.

### **Enforceability of the Agreement**

13. The Parties do not intend any of the provisions of this Agreement to be legally enforceable. However, that does not lessen the Parties' public commitment to this Agreement.

### **Delegations**

14. The relevant Commonwealth Minister with portfolio responsibility for Mental Health and Ageing is authorised to agree and amend Schedules, including Implementation Plans, to this Agreement and to certify that performance benchmarks and milestones specified in Implementation Plans under this Agreement have been achieved, so that payments may be made.
15. Respective State and Territory Ministers with portfolio responsibility for Mental Health are authorised to agree and amend Schedules, including Implementation Plans, to this Agreement.

## PART 2 – OBJECTIVES, OUTCOMES AND OUTPUTS

### Objective

16. This Agreement is designed 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 mental health systems.

### Outcomes

17. This Agreement seeks to achieve the following outcomes:
  - a. More people with severe and persistent mental illness and complex care needs, including those experiencing or at risk of homelessness, will be able to access stable accommodation; and
  - b. Fewer people with a mental illness will frequently present at ('cycle through') emergency departments, major hospitals and related support services.

### Outputs

18. The objectives and outcomes of this Agreement will be achieved by the delivery of new and/or additional services and/or capital projects that address the following priority areas:
  - a. People with severe and persistent mental illness and complex care needs, who need stable accommodation and support to keep well, avoid homelessness, and break the hospital cycle; and
  - b. Presentation, admission and discharge planning in emergency departments and major hospitals and related support services, for people with a mental illness who frequently present at emergency departments.
19. The specific outputs to be delivered by this Agreement are provided at Appendix 1.

## PART 3 – ROLES AND RESPONSIBILITIES OF EACH PARTY

20. To realise the objectives and commitments in this Agreement, each Party has specific roles and responsibilities, as outlined below and in any Schedules to this Agreement.

### Role of the Commonwealth

21. The Commonwealth agrees to be accountable for the following roles and responsibilities:
  - a. assessing and determining which State project bids are to be funded under this agreement, in consultation with the States and in accordance with the priority areas and funding bid assessment criteria at Schedule A;
  - b. agreeing Implementation Plans developed by States;
  - c. providing a financial contribution to participating States to support the delivery of projects under this Agreement;
  - d. monitoring and assessing performance in the delivery of projects under this Agreement to ensure that outputs are delivered and outcomes are achieved within the agreed timeframe;

- e. where appropriate, working in close alliance with the States and Medicare Locals to achieve the objectives and outcomes of this Agreement;
- f. ensuring compliance with current relevant standards, guidelines and statutory requirements;
- g. in accordance with the *Building and Construction Industry Improvement Act 2005*, ensuring the financial contributions to a building project or projects as defined under the Building and Construction Industry (Accreditation Scheme) Regulations 2005, are only made where a builder or builders accredited under the Australian Government Building and Construction Occupational Health and Safety Accreditation Scheme is contracted; and
- h. ensuring that compliance with the National Code of Practice for the Construction Industry and the Australian Government Implementation Plan Guidelines for the National Code of Practice for the Construction Industry is a condition of Australian Government funding.

## Role of the States

22. The States agree to be accountable for the following roles and responsibilities:

- a. providing a financial and/or in-kind contribution to support the implementation of this Agreement;
- b. developing Implementation Plans for each successful funding bid, and submitting them to the Commonwealth;
- c. delivering on outcomes and outputs which States have agreed to implement under this Agreement;
- d. where appropriate:
  - I. working in close alliance with Local Hospital Networks, Medicare Locals and community based services; and
  - II. consulting with privately operated mental health services;in delivering the outcomes and outputs;
- e. monitoring and assessing the performance in the delivery of the outcomes and outputs;
- f. reporting on the delivery of outcomes and outputs as set out in Part 4 – Performance Benchmarks and Reporting;
- g. complying with relevant standards and guidelines and statutory requirements in delivering outcomes and outputs under this Agreement;
- h. where applicable, ensuring that only a builder or builders accredited under the Australian Government Building and Construction Occupational Health and Safety Accreditation Scheme is contracted, and providing the necessary assurances to the Commonwealth; and
- i. where applicable, ensuring that compliance with the National Code of Practice for the Construction Industry and the Australian Government Implementation Guidelines for

the National Code of Practice for the Construction Industry, is made a condition of tender for all contractors and subcontractors who tender for the work, and providing the necessary assurances to the Commonwealth.

## Shared roles and responsibilities

23. The Commonwealth and the States share the following roles and responsibilities:
  - a. agreeing the Implementation Plans developed by the States;
  - b. participating in consultations as appropriate regarding the implementation of this Agreement;
  - c. negotiating revisions to Schedules (including Implementation Plans) to this Agreement; and
  - d. conducting evaluations and reviews of services and outputs delivered under this Agreement.
24. The Parties will meet the requirements of Schedule E, Clause 26 of the Intergovernmental Agreement on Federal Financial Relations, by ensuring that prior agreement is reached on the nature and content (including dates and attendees) of any events, announcements, promotional material or publicity relating to activities under an Implementation Plan, and that the roles of both Parties will be acknowledged and recognised appropriately.

## Implementation Plans

25. The Commonwealth and the participating States will agree Implementation Plans that will set out each jurisdiction's strategy and planned projects to deliver the agreed outcomes and outputs, including the allocation of available funding to each project.
26. Each participating State will provide their draft Implementation Plan to the Commonwealth within 30 days of their signing of this Agreement.
27. The Commonwealth and States will seek to agree Implementation Plans within 90 days of their provision to the Commonwealth.
28. Implementation Plans will outline the nature of the project(s), location, timeframes, outcomes being sought, and relationship with relevant Commonwealth or State-funded activities for each project to be funded under this Agreement.
29. Where possible, the structure and content of state and territory funding bids will form the basis for the Implementation Plans to minimise duplication of effort.

## PART 4 – PERFORMANCE MONITORING AND REPORTING

### Performance indicators

30. Achievement of the objective and outcomes in this Agreement will be measured by performance benchmarks and project milestones included within each Implementation Plan.

### Reporting arrangements

31. Participating States will report against the agreed performance indicators and milestones, and progress against Implementation Plans, every six months during the operation of the

Agreement. Progress Reports are to be provided in the format at Schedule B. Reports will be submitted in accordance with the following timeframes:

**Table 1: Reporting requirements**

Reporting Period	Due date for Progress Reports <sup>1</sup>
From signing of the Agreement to 31 August 2012	30 October 2012
1 September 2012 to 28 February 2013	30 April 2013
1 March 2013 to 31 August 2013	30 October 2013
1 September 2013 to 28 February 2014	30 April 2014
1 March 2014 to 31 August 2014	30 October 2014 (includes description of Mid-Term Review findings and subsequent actions taken)
1 September 2014 to 28 February 2015	30 April 2015
1 March 2015 to 31 August 2015	30 October 2015
1 September 2015 to 28 February 2016	30 April 2016
Final Report – date of signing to 28 February 2016 (Final Report may incorporate the final progress report).	30 April 2016

1. Date indicated, or next working day.
2. Due to the shorter reporting period for the first Progress Report, the Commonwealth will accept a statement that implementation of the project(s) has commenced in accordance with the Implementation Plan agreed with the Commonwealth, in lieu of the standard Progress Report.

32. Progress Reports will contain but are not limited to the following information:
  - a. a description of actual performance of the State in the period to date against each of the projects set out in each Implementation Plan;
  - b. delivery of performance against the performance benchmarks or milestones;
  - c. promotional activities undertaken in relation to, and media coverage of, the projects during the reporting period and any expected promotional opportunities during the next reporting period; and
  - d. a description of the work that will be undertaken to complete the remaining performance benchmarks or milestones.
33. In addition, the Progress Report due on 30 October 2014 will include a description of the findings of the Mid-Term Review and any subsequent actions towards the achievement of project objectives.
34. The Final Report, due by 30 April 2016, will be a stand-alone document that can be used for public information and dissemination purposes regarding the State’s achievements under this Agreement and will:

- a. describe the overall conduct, benefits and outcomes of projects undertaken;
  - b. assess the extent to which projects funded have achieved the objectives contained in this Agreement, and explain why any aspects were not achieved; and
  - c. include a discussion of any other matters relating to this Agreement, limited to the minimum necessary for the effective assessment of performance, which the Commonwealth notifies the State should be included in the Final Report at least 30 days before it is due.
35. The Commonwealth will provide timely review of Progress/Final Reports, including requests for clarification, so as to ensure that payments associated with the delivery of outcomes is made promptly to the States, and that fair consideration is given to any delay in outcomes to be achieved.

## PART 5 – FINANCIAL ARRANGEMENTS

### Financial contributions

36. The Commonwealth will provide a total financial contribution to the States of up to \$200 million over the period 2011-12 to 2015-16 under this Agreement.
37. The Commonwealth's funding contribution will not be reduced where the States secure funding from other activity partners through innovative and collaborative partnerships.
38. The Commonwealth's and the States' estimated financial contribution to the operation of this Agreement, including through National Partnership payments to the States paid in accordance with Schedule D — Payment Arrangements of the Intergovernmental Agreement on Federal Financial Relations, are shown in Table 2 and as outlined in individual Implementation Plans.

**Table 2: Estimated financial contributions\***

(\$ million)	2011-12	2012-13	2013-14	2014-15	2015-16	Total
Estimated total budget (1)	9.049	43.298	50.604	51.560	45.251	199.761
<i>less</i> estimated <b>National Partnership payment</b> (2)	9.049	43.298	50.604	51.560	45.251	199.761
<i>equals</i> estimated <b>non-Commonwealth contribution</b> (3)	yes	yes	yes	yes	yes	yes
Commonwealth own purpose expense (4)	0	0	0	0	0	0
NSW Total Commonwealth Contribution	3.371	13.559	13.559	13.559	13.559	57.607
Victoria Total Commonwealth Contribution	1.748	9.164	9.345	9.474	7.608	37.339
Queensland Total Commonwealth Contribution	1.356	8.854	15.257	15.624	10.428	51.518



South Australia Total						
Commonwealth Contribution	0.678	3.295	3.357	3.377	3.447	14.153
Western Australia Total						
Commonwealth Contribution	1.433	5.275	5.993	6.377	7.004	26.081
ACT Total Commonwealth Contribution	0.310	0.620	0.620	0.620	0.620	2.790
NT Total Commonwealth Contribution	0.100	0.887	0.887	0.887	0.887	3.648
TAS Total Commonwealth Contribution	0.054	1.645	1.587	1.642	1.699	6.627
<b>Total Commonwealth contribution (2) + (4)</b>	<b>9.049</b>	<b>43.298</b>	<b>50.604</b>	<b>51.560</b>	<b>45.251</b>	<b>199.761</b>

\* Project-specific financial information is provided at Appendix A.

39. Having regard to the agreed estimated costs of projects specified in an Implementation Plan, a State will not be required to pay a refund to the Commonwealth if the actual cost of the project is less than the agreed estimated cost of the project. Similarly, the States bear all risk should the costs of a project exceed the agreed estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the States to deliver projects cost effectively and efficiently.

## PART 6 – GOVERNANCE ARRANGEMENTS

### Dispute resolution

40. Any Party may give notice to other Parties of a dispute under this Agreement.
41. Officials of relevant Parties will attempt to resolve any dispute in the first instance.
42. If a dispute cannot be resolved by officials, it may be escalated to the relevant Ministers and if necessary, the relevant Ministerial Council.
43. If a dispute cannot be resolved by the relevant Ministers, it may be referred by a Party to COAG for consideration.

### Review of the Agreement

44. A mid-term review will be jointly undertaken by the Commonwealth and States by 30 June 2014 that will assess the extent to which the 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.
45. Where ongoing funding is required to maintain a new level of output, such funding may be provided through a National Agreement with a relevant Specific Purpose Payment, as provided for in Schedule E of the Intergovernmental Agreement on Federal Financial Relations.

### Variation of the Agreement

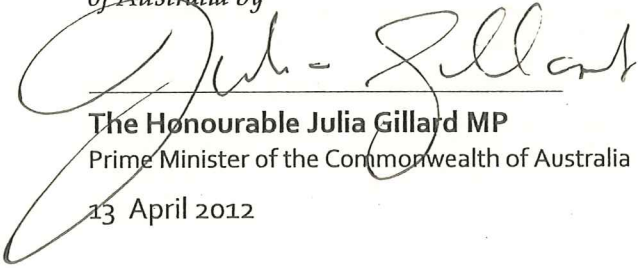
46. The Agreement may be amended at any time by agreement in writing by all the Parties.

47. A Party to the Agreement may terminate their participation in the Agreement at any time by notifying all the other Parties in writing.

National Partnership Agreement Supporting National Mental Health Reform


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

Signed for and on behalf of the Commonwealth of Australia by




The Honourable Julia Gillard MP  
Prime Minister of the Commonwealth of Australia  
13 April 2012

Signed for and on behalf of the State of New South Wales by




The Honourable Barry O'Farrell MP  
Premier of the State of New South Wales  
13 April 2012

Signed for and on behalf of the State of Victoria by



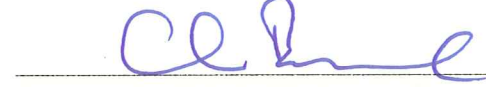
The Honourable Ted Baillieu MLA  
Premier of the State of Victoria  
13 April 2012

Signed for and on behalf of the State of Queensland by



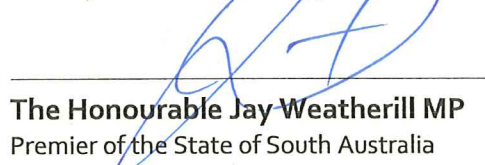
The Honourable Campbell Newman MP  
Premier of the State of Queensland  
13 April 2012

Signed for and on behalf of the State of Western Australia by



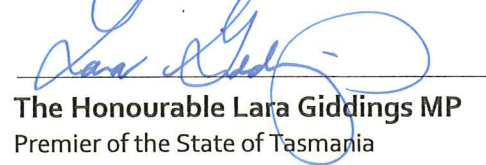
The Honourable Colin Barnett MLA  
Premier of the State of Western Australia  
13 April 2012

Signed for and on behalf of the State of South Australia by




The Honourable Jay Weatherill MP  
Premier of the State of South Australia  
13 April 2012

Signed for and on behalf of the State of Tasmania by



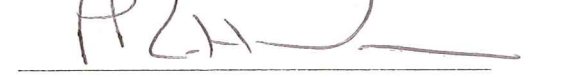
The Honourable Lara Giddings MP  
Premier of the State of Tasmania  
13 April 2012

Signed for and on behalf of the Australian Capital Territory by



Katy Gallagher MLA  
Chief Minister of the Australian Capital Territory  
13 April 2012

Signed for and on behalf of the Northern Territory by



The Honourable Paul Henderson MLA  
Chief Minister of the Northern Territory of Australia  
13 April 2012

**NATIONAL PARTNERSHIP AGREEMENT ON  
SUPPORTING NATIONAL MENTAL HEALTH REFORM**

**PRIORITY AREAS AND FUNDING BID ASSESSMENT CRITERIA**

**Preamble**

1. The Commonwealth's mental health reforms announced in the 2011-12 Budget and other investments in areas of Commonwealth responsibility are designed to improve mental health and reduce the burden of mental illness in Australia, including by promoting prevention, early intervention and care in the community; and to support better integrated cross-sectoral services for consumers and carers.
2. States and Territories play an integral role in providing health care (including acute care), early intervention and prevention services, housing and accommodation, education, justice and social supports for people with mental illness.
3. As part of establishing the NP, States and Territories are invited to bid for funds from a competitive funding pool of \$200 million over five years (2011-12 to 2015-16) to implement reforms that address priority service gaps. Each jurisdiction may make multiple bids.

**Part A - Priority areas to be funded**

4. The proposal for a National Partnership (NP) with States and Territories is intended to:
  - a) help States and Territories to fill priority service gaps in their mental health systems, recognising that service gaps are not uniform across jurisdictions and that a person centred and holistic view of mental health is not confined to health care; and
  - b) provide a greater response to the needs of people with severe and debilitating mental illness (including those at risk of homelessness), so they stay well and lead functional lives in the community, through improving capacity and links between services and access to stable accommodation.
5. The Commonwealth has nominated the following priority areas, based on extensive national consultations with consumers, carers and stakeholders by the Commonwealth Minister for Mental Health and Ageing as well as Commonwealth analysis of available state and territory data.
  - a) 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) presentation, admission and discharge planning in emergency departments and major hospitals and related support services, for people with a mental illness who frequently present at emergency departments.

6. The Council of Australian Governments, at its meeting on 19 August 2011, “agreed to commence work on the development of a National Partnership Agreement on Mental Health which would focus on: stable accommodation and support; and the presentation, admission and discharge planning in major hospitals and emergency departments, and related support services. By addressing priority service gaps in Australia’s mental health system the National Partnership will help move Australia’s mental health system away from crisis-driven activity towards prevention, early intervention and care in the community.”

**Part B – Assessment criteria**

7. The following criteria will be considered when assessing State and Territory bids. It is not necessary for bids to meet all criteria. No priority order applies to these criteria:
  - a) Meets demonstrated priority need;
  - b) Level of co-investment by State/Territory, which can include recent significant increases in investment in priority areas;
  - c) Has the capacity to improve integration and coordination of State and Territory services and State and Territory services with Commonwealth services;
  - d) Promotes a person centred and holistic view of mental health (that is, covers the full range of service needs by people with mental illness, not confined to health care), and that recognises and actively engages consumers, their carers and families in decisions around service delivery;
  - e) Fosters innovation in service delivery and/or funding arrangements;
  - f) Effective leveraging or demonstrated linkages to other State/Territory or Commonwealth investments, for example in social housing, homelessness or sub-acute beds;
  - g) Proposes funding is tied to clear and measureable deliverables (outcomes and/or outputs) that will be bilaterally agreed;
  - h) Demonstrated capacity to deliver and ability to effectively manage implementation risk;
  - i) Cost-effectiveness / value for money (ie will result in improvements in health and social outcomes or numbers of individuals benefitting, consistent with the level of investment); and
  - j) Timing (ability for timely implementation).
8. As the number and extent of bids will not be known in advance, scalable bids may be an advantage.
  1. Text of Schedule A is as per the letter sent by the Commonwealth Minister for Mental Health and Ageing, Mark Butler, to State Mental Health Ministers on 1 October 2011, inviting States to submit funding bids under this National Partnership.

## NATIONAL PARTNERSHIP AGREEMENT SUPPORTING NATIONAL MENTAL HEALTH REFORM

[Title of Project]

### Progress Report [One for each funded project]

States and territories must complete Progress Report details for each project as outlined in your Implementation Plan for each reporting period. Progress Reports should be completed in accordance with the National Partnership Agreement.

#### Contact details *[Not for publication]*

Reporting period	
Due date:	
Date submitted:	
Primary Contact:	
Phone:	
Email:	
Secondary Contact:	
Phone:	
Email	

Complete this table for each discrete project under the Implementation Plan.

<b>Progress to date (are the objectives and outcomes of the Project as set out in the Implementation Plan being achieved):</b>	<i>Provide a short summary of activities that have occurred.</i>  <i>For example, elements of the project that have been completed or are progressing, steps taken to implement the project, number of new services being delivered, where applicable, including location.</i>
<b>Promotional Activities</b>	<i>Provide a summary of the promotional activities undertaken during the reporting period and a list of any expected promotional opportunities during the next reporting period.</i>
<b>Benefits to people with a mental illness:</b>	<i>Please provide a short summary of the expected benefits for patients as a result of the progress made so far, including the additional number of people who have received services over the period, where applicable.</i>

National Partnership Agreement Supporting National Mental Health Reform

<b>Next steps:</b>		<i>Provide a short summary of the activities that are expected to occur in the next 12 months and expected dates of completion.</i>
<b>Have there been any substantial delays in the project? If yes, please provide details:</b>	<b>YES NO</b> <b>(please circle)</b>	<i>If yes, provide details of any problems that have been encountered in completing the project, for example, delays in implementation and barriers preventing work.  Where there are substantial delays in the project, please outline what will be done to mitigate these delays.</i>
<b>Other issues/sensitivities</b>		<i>Are there any other issues that may impact on the successful completion of this project by the due date; or any other sensitivities of which the Commonwealth should be aware.</i>

SIGNED for and on behalf of the <STATE>

.....  
Printed Name

.....  
Signature

.....  
Position

.....  
Date

Please send signed electronic copy (in PDF) to: [To be advised]

Please send signed hard copy to:

Assistant Secretary  
Mental Health System Improvement Branch (MDP601)  
Department of Health and Ageing  
GPO Box 9848  
CANBERRA ACT 2601

# Implementation Plan

## NATIONAL PARTNERSHIP AGREEMENT ON SUPPORTING NATIONAL MENTAL HEALTH REFORM - IMPLEMENTATION PLAN

### PART 1: PRELIMINARIES

48. 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.
49. Project 1: (brief description)
50. Project 2: (brief description)
51. Project 3: (brief description)

### Part 2: Terms of this Implementation Plan

52. 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 the State of XXX, represented by XXX.
53. 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 (State) projects intend to be delivered and demonstrate the capacity of (State) to achieve the outcomes of the National Partnership.
54. 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.
55. This Implementation Plan may be varied by written agreement between the Commonwealth and State Ministers responsible for it under the overarching National Partnership.
56. 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 [STATE] IMPLEMENTATION

### Project information

Over the five years to June 2016, Project 1 would deliver clear and measurable deliverables, as follows:

- The provision of XX [ie packages of care/ support services/ etc].
- This will involve [include project description].

Over the five years to June 2016, Project 2 would deliver clear and measurable deliverables, as follows:

- The provision of XX [ie packages of care/ support services/ etc]
- This will involve [include project description].

Over the five years to June 2016, Project 3 would deliver clear and measurable deliverables, as follows:

- The provision of XX [ie packages of care/ support services/ etc]
- This will involve [include project description].

### Estimated costs

57. The maximum financial contribution to be provided by the Commonwealth for the projects to the jurisdiction is XX over 5 years (2011-12 to 2015-16) payable in accordance with performance benchmarks set out in Part 5 all payments are exclusive of GST.
58. The estimated overall budget (exclusive of GST) is set out in Table 1. The budget is indicative only and the state of XX has 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**

(\$ million)	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Project 1	XX	XX	XX	XX	XX	XX
Project 2	XX	XX	XX	XX	XX	XX
Project 3	XX	XX	XX	XX	XX	XX
Total Commonwealth contribution	XX	XX	XX	XX	XX	XX
Total [state] contribution	XX	XX	XX	XX	XX	XX

## Program logic

59. 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.
  - (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 or Territory Context

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

Project 1:

The XX program was developed in response to:

Project 2:

The XX program was developed in response to:

Project 3:

The XX program was developed in response to:

## PART 4: PERFORMANCE AND REPORTING ARRANGEMENTS

### Performance benchmarks

61. Funding will reward States upon meeting performance targets as set out in Table 2 below

**Table 2: Performance Benchmarks**

Project 1	Year 1 2011-12	Year 2 2012-13	Year 3 2013-14	Year 4 2014-15	Year 5 2015-16	Five total	year
XX	XX	XX	XX	XX	XX	XX	XX
XX	XX	XX	XX	XX	XX	XX	XX
XX	XX	XX	XX	XX	XX	XX	XX
XX	XX	XX	XX	XX	XX	XX	XX
XX	XX	XX	XX	XX	XX	XX	XX

Project 2	Year 1 2011-12	Year 2 2012-13	Year 3 2013-14	Year 4 2014-15	Year 5 2015-16	Five total	year
XX	XX	XX	XX	XX	XX	XX	XX

Project 3	Year 1 2011-12	Year 2 2012-13	Year 3 2013-14	Year 4 2014-15	Year 5 2015-16	Five total	year
XX	XX	XX	XX	XX	XX	XX	XX
XX	XX	XX	XX	XX	XX	XX	XX

### Reporting

62. The states and territories 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. The reports are expected by 30 April and 30 October each year as identified at *Partnership Agreement – Part 4: Performance Monitoring and Reporting – Table 1*.
63. 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.

64. 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.
65. The Commonwealth will provide payments as follows:
- (a) 6 month progress report: satisfactory progress towards achieving 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.
66. The payments by the Commonwealth against reporting of performance benchmarks is as follows:

**Table 3 - Payments against performance benchmarks**

Projects	Year 1	Year 2	Year 3	Year 4	Year 5	Five year total
1,2 and 3	2011-12	2012-13	2013-14	2014-15	2015-16	
	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)
Upon agreement of implementation plan for year 1 commencement payment only, and then 6 month report due 30 April each subsequent year	XX	XX	XX	XX	XX	XX
12 month report due 30 October	XX	XX	XX	XX	XX	XX
<b>Total funds for reporting period</b>	<b>XX</b>	<b>XX</b>	<b>XX</b>	<b>XX</b>	<b>XX</b>	<b>XX</b>

## Review and Evaluation

67. A review should be scheduled to report 12 months prior to the expiry date for the agreement, which is set to expire on 30 June 2016. This review may be supplemented by mid term reviews.
68. 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**

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The Hon XX

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**Signature**

**Date**

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The Hon. Mark Butler MP

## National Partnership Supporting National Mental Health Reform - Project Funding Summary Appendix 1

Projects that will receive funding under this NP, with agreed outputs to be delivered.	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	2014-15 (\$m)	2015-16 (\$m)	Total 5 yr (\$m)
<b>New South Wales</b>						
<i>Housing and Accommodation Support Initiative Plus</i> Expansion of NSW Housing and Accommodation Support Initiative (HASI) with link to clinical mental health for people who require 16 or 24 hour support. Proposal purchases packages of 24 hour care, and packages of 16 hour care. Also purchases housing packages in inner metro, outer metro, and regional areas.	2.1	8.3	8.3	8.3	8.3	35.2
<i>Support for those with Mental Illness in Boarding Houses</i> Provide in-reach support services to boarding house residents who have been assessed as having mental health issues, through the provision of low support packages.	0.7	2.4	2.4	2.4	2.4	10.2
<i>Mothers with mental illness and their children: Mental Health Community Support Program</i> Provide intensive, family focussed support to mothers with mental illness and their children through the provision of high, medium and low packages of care. An accommodation component enables units / villas to be rented.	0.6	2.9	2.9	2.9	2.9	12.3
<b>NSW Totals</b>	<b>3.4</b>	<b>13.6</b>	<b>13.6</b>	<b>13.6</b>	<b>13.6</b>	<b>57.6</b>
<b>Victoria</b>						
<i>Breaking the cycle: reducing homelessness</i> Provide assertive mental health outreach support, care coordination/case management to people experiencing entrenched homelessness as a result of the severity and enduring nature of their mental illness and co-morbid conditions. The target group being adults and older persons who have a history of entrenched homelessness, repeated hospitalisation and profound social marginalisation/discrimination.	0.7	2.8	2.8	2.9	3.0	12.2
<i>Mental health support for secure tenancies</i> Provide scaled flexible mental health outreach support linked to identified local housing opportunities targeting people with severe mental illness who are at high risk of homelessness. The target demographic are adults aged 16-64.	0.5	2.2	2.3	2.4	2.4	9.9
<i>Psychiatric Assessment and Planning Units</i> The provision of capital funding for three, four-bed short stay Psychiatric Assessment and Planning units. The target group includes people experiencing an acute episode of mental illness who require an extended period of assessment, monitoring and short term treatment to prevent a fully blown psychotic episode that would require admission to an acute mental health in-patient bed.	0.0	2.0	2.0	2.0	0.0	6.0
<i>Mental Health Hospital Admission Risk Program (MH-HARP) pilot</i> This project will trial a new model to reduce preventable emergency department presentations, with three teams operating from three sites. MH-HARP will focus on building the individual's capacity to self manage their mental health condition, provide short term coordination to assist them to access public or private mental health services, and to work with local services to improve their response to the needs of this group.	0.5	2.1	2.2	2.2	2.2	9.3
<b>Victoria Totals</b>	<b>1.7</b>	<b>9.2</b>	<b>9.3</b>	<b>9.5</b>	<b>7.6</b>	<b>37.3</b>
<b>Queensland</b>						
<i>Supporting Recovery - Coordinated Accommodation and Support project</i> Provide long-term social housing and support services through a step down model as well as short to medium term transitional residential recovery services for people discharged from acute mental health care. This project also includes personalised support services for people who live in social housing and whose tenancy is at risk due to their mental illness.	1.4	8.9	15.3	15.6	10.4	51.5
<b>Queensland Totals</b>	<b>1.4</b>	<b>8.9</b>	<b>15.3</b>	<b>15.6</b>	<b>10.4</b>	<b>51.5</b>
<b>South Australia</b>						
<i>Expansion of Assessment and Crisis Intervention Service (ACIS) teams</i> Provide an additional late shift to enable the ACIS teams to operate 24/7.	0.2	2.3	2.3	2.3	2.4	9.5
<i>Development of a Community Walk in Centre</i> Enable mental health consumers to present to a mental health clinician in a metro community location, rather than a GP or emergency department.	0.5	1.0	1.0	1.0	1.1	4.7
<b>South Australia Totals</b>	<b>0.7</b>	<b>3.3</b>	<b>3.4</b>	<b>3.4</b>	<b>3.4</b>	<b>14.2</b>
<b>Western Australia</b>						
<i>Individualised Community Living Initiative</i> Provide individualised support packages for people with severe and persistent mental illness and complex needs. This project includes an accommodation element, with the purchase of 6 homes (capital expenditure).	1.4	3.5	2.3	2.5	3.0	12.6
<i>Mental Health Assertive Community Intervention Initiative</i> Expand mental health assertive community intervention services that respond to the needs of children (aged 0-16 years) and their families to reduce emergency department admissions. This involves establishing a new service comprising a 24/7 acute response team and a family support service in metropolitan Perth.	0.0	1.8	3.7	3.9	4.0	13.5
<b>Western Australia Totals</b>	<b>1.4</b>	<b>5.3</b>	<b>6.0</b>	<b>6.4</b>	<b>7.0</b>	<b>26.1</b>
<b>Tasmania</b>						
<i>Packages of Care</i> Provide individualised community based, flexible and recovery focused support for people with severe and persistent mental illness, through individualised and intensive support to access and maintain accommodation, education, employment and social supports.	0.1	1.6	1.6	1.6	1.7	6.6
<b>Tasmania Totals</b>	<b>0.1</b>	<b>1.6</b>	<b>1.6</b>	<b>1.6</b>	<b>1.7</b>	<b>6.6</b>
<b>Australian Capital Territory</b>						
<i>Adult Mental Health Step-up Step-Down Out-Reach Support</i> Provide early intervention support to avoid acute hospital admission, and post-discharge follow-up support for consumers.	0.2	0.4	0.4	0.4	0.4	1.7
<i>Supported Accommodation Outreach targeting people with serious mental illness and recent experience of involuntary institutional care</i> This project involves supported accommodation outreach for men who have a serious mental illness and a history of leaving involuntary institutional care.	0.1	0.3	0.3	0.3	0.3	1.1
<b>ACT Totals</b>	<b>0.3</b>	<b>0.6</b>	<b>0.6</b>	<b>0.6</b>	<b>0.6</b>	<b>2.8</b>
<b>Northern Territory</b>						
<i>Improved services for people who require urgent mental health assessment</i> This project will enhance the ability of emergency department clinicians to undertake mental health assessments and initiate care for people with a mental illness.	0.0	0.5	0.5	0.5	0.5	1.9
<i>Accommodation and support for people in Darwin with severe and persistent mental illness</i> This project provides access to stable accommodation in Darwin and access to individualised support to promote recovery.	0.1	0.4	0.4	0.4	0.4	1.8
<b>NT Totals</b>	<b>0.1</b>	<b>0.9</b>	<b>0.9</b>	<b>0.9</b>	<b>0.9</b>	<b>3.6</b>
<b>NATIONAL TOTALS</b>	<b>9.0</b>	<b>43.3</b>	<b>50.6</b>	<b>51.6</b>	<b>45.3</b>	<b>199.8</b>