

# BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: SOUTH AUSTRALIA

## Parties to the Schedule

1. This is an agreement between:
  - a. the Commonwealth of Australia; and
  - b. South Australia.

## Term of the Agreement

2. This Schedule is expected to expire on 30 June 2026. Funding beyond 30 June 2023 is contingent on South Australia signing the National Mental Health and Suicide Prevention Agreement (the National Agreement).
3. This Schedule may be amended at any time with the agreement of both Parties.
4. This Schedule will fall under the Federation Funding Agreement – Health until such time as the National Agreement is finalised.
5. Once the National Agreement is finalised, this Schedule will be transferred to the National Agreement and will be subject to all clauses agreed. Where inconsistencies exist between the Schedule and the requirements of the National Agreement, the National Agreement will prevail.
6. The Commonwealth undertakes to make the terms and conditions within this Schedule consistent, where appropriate, across the states and territories (states). In the event that more favourable terms and conditions are negotiated with a specific state, the Commonwealth will make these available to South Australia, if this relates to substantial financial or governance arrangements.

## Purpose

7. This Schedule will support improved mental health and suicide prevention outcomes for all people in the South Australia through collaborative efforts to address gaps in the mental health and suicide prevention system.

## Principles

8. Activities within this Schedule will align with, and be carried out according to, the principles outlined in the Heads of Agreement on Mental Health and Suicide Prevention, or according to the National Agreement once finalised.

## Roles and Responsibilities specific to this Schedule

9. This Schedule builds on the roles and responsibilities agreed under the National Health Reform Agreement to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.
10. Broad roles and responsibilities for the Commonwealth and the states and territories will be specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and the South Australia as they relate to this Schedule are set out below.

11. The Parties are committed to achieving outcomes for Aboriginal and Torres Strait Islander Australians. The Parties commit to continuing to work closely with the National Indigenous Australians Agency and Aboriginal and Torres Strait Islander service providers to ensure programs are best-placed to deliver optimal outcomes and to ensure that services are complimentary and not duplicative.
12. Under this Schedule, the Commonwealth agrees to be responsible for:
  - a. Funding the establishment and operation of two Head to Health satellites in South Australia.
  - b. Funding operation of two new Head to Health adult mental health centres (one to be co-located with a new South Australian Crisis Stabilisation Centre and one to be co-located with an Urgent Mental Health Care Centre) and continuing to fund operational costs for one existing centre in Adelaide.
  - c. Establishing one new headspace site to increase access to youth mental health services.
  - d. Maintaining and enhancing the Commonwealth's Initial Assessment and Referral (IAR) Tool and implementing in primary care and Commonwealth-funded mental health services.
  - e. Providing funding to South Australia to support implementation of the IAR tool and the National Phone / Digital Intake Service.
13. Under this Schedule, South Australia agrees to be responsible for:
  - a. Funding the operation of a new Crisis Stabilisation Centre and an Urgent Mental Health Care Centre, to be co-commissioned and co-located with the new Head to Health adult mental health centres funded by the Commonwealth.
  - b. Adopting and implementing the IAR Tool in South Australian mental health clinical services.
  - c. Adopting and implementing the National Phone / Digital Intake Service.
14. To support delivery of the initiatives identified in this Schedule, the Parties will jointly be responsible for:
  - a. Co-funding the establishment of two new co-located facilities to improve access to multidisciplinary adult mental health services and improve service integration including new Head to Health adult mental health centres and state-funded Mental Health services such as a new Crisis Stabilisation Centre and a new Urgent Mental Health Care Centre.
  - b. Integration of adult mental health services.
  - c. Co-funding, on a 50:50 basis, the establishment and ongoing operation of an Aboriginal Mental Health and Wellbeing Centre in accordance with an agreed service model to improve access to culturally appropriate, multidisciplinary mental health and wellbeing services for Aboriginal and Torres Strait Islander peoples and improve service integration.
  - d. Establishing a partnership approach to enhance, through funding and in-kind contributions, current and planned headspace services to increase access to multidisciplinary youth mental health services in South Australia, ensuring integration with existing services in a way that is consistent with the headspace model with the addition of service offerings that support severe/complex presentations.
  - e. Improving integration of youth mental health services, with a focus on ensuring young people can access an appropriate level of support, wait times are minimised, and transition between services is streamlined.
  - f. Continuing to support the development and implementation of the joint regional mental health and suicide prevention plan between South Australia Health and South Australia's Primary Health Networks with a particular focus on supporting the mental health and social

and emotional wellbeing of Aboriginal South Australians.

- g. Collecting and reporting data to support the objectives of this Schedule. Including:
  - i. Achieving comprehensive health data access, usage and sharing, whilst maintaining data security and preserving individual's privacy.
  - ii. Providing data access to support shared patient-clinician decision making, improved services delivery and system planning.
  - iii. Working together to better harness data, analytics and evidence, to drive meaningful improvements in the health system.
- h. Improve joint regional planning and commissioning for mental health and suicide prevention services, with appropriate governance, accountability and evaluation of Commonwealth, State and jointly planned and funded programs and services.

## Objectives and outcomes

- 15. The Parties agree on their shared objective to work collaboratively together to implement systemic reforms that address gaps in the mental health and suicide prevention system, improve mental health outcomes for all people in South Australia, prevent and reduce suicidal behaviour, and deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
- 16. As a priority in the first instance, the Parties agree to work together to address areas identified for immediate reform as informed by the Productivity Commission's final report into mental health, the National Suicide Prevention Adviser's final report and other inquiries.
- 17. This will be achieved by focusing efforts to:
  - a. reduce system fragmentation through improved integration between Commonwealth and State-funded services;
  - b. address gaps in the system by ensuring community-based mental health and suicide prevention services, and in particular ambulatory services, are effective, accessible and affordable; and
  - c. prioritise further investment in prevention, early intervention and effective management of severe and enduring mental health conditions.

## Implementation

- 18. The Parties agree that implementation of this Schedule will:
  - a. be informed by the lived experience of consumers and carers and will enable person-centred care that addresses the needs of diverse cohorts and regional and rural communities;
  - b. facilitate local level responses that take account of social determinants and their impact on mental health and wellbeing and risk of suicide, working cohesively with the broader health system; and
  - c. ensure the particular needs of priority population groups, including people in rural and remote locations, Aboriginal and Torres Strait Islander people, LGBTQI+SB and culturally and linguistically diverse communities, are addressed and services delivered in a culturally appropriate manner.

## Publication

19. This Schedule will be published on the Federal Financial Relations website after formal agreement.

## Linkages with other Agreements

20. This Schedule builds on, and re-affirms, the roles and responsibilities as agreed through the National Health Reform Agreement Addendum 2020-25 (the NHRA), the clauses in this Schedule do not supersede those in the NHRA.
21. Where inconsistencies exist between the requirements of this Schedule and the NHRA, the requirements of the NHRA will prevail.
22. Where relevant to the roles and responsibilities of the Parties, this Bilateral Schedule should be read together with the:
  - a. Fifth National Mental Health and Suicide Prevention Plan;
  - b. National Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Strategy;
  - c. National Safety and Quality Digital and Mental Health Standards;
  - d. National Mental Health Workforce Strategy;
  - e. National Mental Health Services Planning Framework;
  - f. National Children's Mental Health and Wellbeing Strategy;
  - g. Equally Well Consensus Statement;
  - h. National Mental Health Performance Framework 2020;
  - i. National Mental Health and Suicide Prevention Information Development Priorities, Third and future editions;
  - j. Intergovernmental Agreement on Data Sharing;
  - k. National Agreement on Closing the Gap;
  - l. South Australian Health and Wellbeing Strategy 2020 – 2025;
  - m. South Australian Mental Health Services Plan 2020-2025; and
  - n. *South Australian Mental Health Act 2009*.

## Whole of Government

23. The Parties recognise that the enablers of mental health and suicide prevention reform are beyond the influence of the health system alone and span all aspects of where people live, work, learn and socialise. The Parties commit to engaging with other portfolios where required to progress the initiatives and activities under this Schedule.

## Governance

24. The Commonwealth Department of Health will be responsible for ongoing administration of this Schedule. Amendments to this Schedule must be agreed by all parties in writing.
25. Commonwealth and state Ministers with portfolio responsibility for Mental Health are authorised to agree and amend this Schedule. If planned amendments may change the nature of this Schedule or involve significant changes to its associated funding, the Parties agree to notify the Council on Federal Financial Relations prior to finalising these amendments and comply with any advice provided.

26. The Parties will nominate senior officials from their respective jurisdictions to monitor implementation of this Schedule. Where key risks and implementation issues cannot be resolved by senior officials, they will report to the Commonwealth and South Australian Chief Executives for resolution. Health Chief Executives will report to Health Ministers on implementation and key risks as required.
27. The Parties commit to a consultative approach throughout the life of the Schedule and, where required, will seek advice from people with lived experience, other experts, and community and working groups on matters of service design, planning, implementation, evaluation, data and governance.

## Financial Contributions

28. The Parties agree to fund delivery of initiatives in this Schedule as outlined in Annex A.
29. In line with the provisions at A9 and A10 of the NHRA, the Commonwealth will not fund patient services through the NHRA if the same service, or any part of the same service, is funded through this Schedule or any other Commonwealth program except as specifically exempt.
30. Similarly, the Commonwealth will not fund through other Commonwealth programs any services that are funded through this Schedule.

## Data and Evaluation

### Data

31. South Australia will work with the Commonwealth and other states and territories (states) to develop a nationally consistent approach to data collection and data sharing, including data linkage, program evaluation, system evaluation and performance monitoring, including key performance indicators.
32. For each initiative in this Schedule, South Australia and the Commonwealth will agree, within 6 months, the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes. If required, the commissioning organisation will be responsible for modifying processes to collect the minimum requirements and facilitating data access for both South Australia and the Commonwealth in a timely manner (at least quarterly). Data collection and reporting processes will transition to nationally agreed approaches as part of the National Agreement.
33. South Australia and the Commonwealth commit to improve data collection and sharing, balanced with a focus on reducing burdensome and duplicative data collection, sharing and reporting.

### Evaluation

34. The Commonwealth and South Australia will ensure funders and commissioners require programs and services funded through this Schedule are evaluated. These evaluations will be conducted in accordance with the National Agreement.

## Initiatives for Collaboration

35. The Parties agree on their shared objective to work collaboratively together to implement systemic reforms that:
- a. address gaps in the mental health and suicide prevention system
  - b. improve mental health outcomes for all people in South Australia
  - c. prevent and reduce suicidal behaviour, and
  - d. deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
36. As a priority in the first instance, the Parties agree to work together on key initiatives as described below.

### **Adult Mental Health Centre and Satellite Network (Head to Health)**

37. The Commonwealth and South Australia agree to work collaboratively with the shared objective to address gaps in the mental health system and provide more integrated, seamless mental health care for adults and older adults.
38. The Commonwealth and South Australia agree to:
- a. Co-fund the establishment of two new co-commissioned and co-located services in Northern Adelaide and Mount Barker, each to include a new Head to Health adult mental health centre:
    - i. The Northern Adelaide service co-located with a new state-funded Crisis Stabilisation Centre to be established in 2022-23.
    - ii. The Mount Barker service co-located with a state-funded Urgent Mental Health Care Centre to be established in 2022-23.
39. The Commonwealth agrees to:
- a. Fully fund the operating costs for one existing Head to Health adult mental health centre in Adelaide.
  - b. Fully fund the establishment and operating costs for two new Head to Health adult mental health centres, co-located with state-funded Mental Health services, operated in accordance with the Commonwealth Head to Health Adult Mental Health Centre model.
    - i. One centre in Northern Adelaide to be operational in 2023-24.
    - ii. One centre in Mount Barker to be operational in 2023-24.
  - c. Fully fund the establishment and operation costs of two new Head to Health satellites:
    - i. One satellite to be established in 2021-22 and operational in 2022-23.
    - ii. One satellite to be established in 2022-23 and operational in 2023-24.
40. South Australia agrees to:
- a. Fully fund the establishment and operating costs of a Crisis Stabilisation Service in South Australia, to be co-located with the Northern Adelaide Head to Health adult mental health centre.
  - b. Fully fund the establishment and operating costs of a new Urgent Mental Health Care Centre in South Australia, to be co-located with the Mount Barker Head to Health adult mental health centre.
41. The Commonwealth will provide its portion of funding for the new Head to Health centres and

satellites to PHNs in South Australia who will work closely with South Australia Health in the joint planning and co-commissioning of services.

42. The Commonwealth and South Australia agree to work collaboratively in co-commissioning the Mount Barker Urgent Mental Health Care Centre, which will involve the establishment of integrated and joint governance arrangements to oversee the operation of the centre by SA Health.

### **Aboriginal Mental Health and Wellbeing Centre**

43. The Commonwealth and South Australia agree to:
  - a. Co-fund the establishment and operation of one new Aboriginal Mental Health and Wellbeing Centre to be established in 2022-23 and operational in 2023-24.
  - b. Collaborate in developing coordinated, culturally safe Aboriginal and Torres Strait Islander mental health and wellbeing services in consultation with Aboriginal Community Controlled Health Organisations, Aboriginal and Torres Strait Islander people and other Indigenous health organisations.
  - c. Work together to determine the location of the new centre and flexibly implement a model that integrates with existing services.

### **Child Mental Health and Social and Emotional Wellbeing**

44. The Commonwealth and South Australia agree to work collaboratively towards improved mental health and social and emotional wellbeing for children in South Australia.

### **Enhancement and Expansion of Youth Mental Health Services**

45. The Commonwealth agrees to fully fund the establishment and operation of one new headspace site in South Australia.
46. The Commonwealth and South Australia agree to work collaboratively to enhance, through funding or an equivalent in-kind contribution, current and planned headspace services and agreed an approach to increase access to multidisciplinary youth mental health services in South Australia that aligns with the headspace model, ensures integration with existing services and does not cause increased fragmentation.

### **Preventing and reducing suicidal behaviour**

47. The Commonwealth and South Australia agree to work collaboratively with the shared objective of preventing and reducing suicidal behavior in South Australia, in addition to providing compassionate, evidence-based supports if suicidal behavior does occur. Specific priorities include:
  - a. improving early responses to psychological distress.
  - b. expanding and enhancing the delivery of aftercare services for people discharged from hospital after a suicide attempt.
  - c. increasing the availability of assistance for those bereaved or impacted by suicide, including families, friends, workplaces, schools, community groups, frontline responders and witnesses.

### **Initial Assessment and Referral**

48. South Australia agrees to adopt and support the use of the IAR tool and to support consistent intake, referral integration across all state-funded services and clinical services.
49. The Commonwealth agrees to maintain the current IAR tool and implement the IAR in general practice and Commonwealth-funded mental health care services.
50. The Commonwealth agrees to provide a one-time payment to South Australia to support

implementation costs.

### **National Phone/Digital Intake Service**

51. The Commonwealth and South Australia will work collaboratively to implement a consistent, state-wide intake and assessment phone service that integrates with existing state-based systems. The service will be staffed by therapeutic professionals who will offer compassionate and consistent triage warm referrals to the most appropriate local services.
52. South Australia agrees to support referral pathways between state services and the Health to Health Centre and satellite clinic.
53. The Commonwealth agrees to provide a one-time payment to South Australia to support implementation costs.

### **Regional Planning and Commissioning**

54. South Australia agrees to continue to support and encourage the development and implementation of a joint regional mental health and suicide prevention plan between South Australia Health, South Australian PHNs and other key community and service provider stakeholders. This includes commissioning local services and undertaking activities in accordance with this plan.

### **Workforce**

55. The Commonwealth and South Australia agree to work collaboratively to:
  - a. support alignment with the soon-to-be finalised National Medical Workforce Strategy and similar measures already funded by the Commonwealth.
  - b. ensure students and graduates receive a mix of rotations between the acute and community/primary care settings, and to ensure they are appropriately supervised throughout training and placements.
  - c. promote mental health careers as an attractive career option.
  - d. support a national approach to attracting an overseas workforce with consideration given to broader health workforce needs.
    - a. build structures and supports for the Lived Experience workforce.

### **Veterans Mental Health**

56. The Parties agree to strengthen the partnerships with mental health service providers to support veterans.

## **Performance and Reporting Requirements**

57. Performance and reporting requirements are outlined in Annex B.



## Annex A: Financial contributions

The Commonwealth will provide an estimated financial contribution of \$66.05m in respect of this Schedule, as outlined in Table 1.

South Australia will provide an estimated financial contribution of \$61.80m as outlined in Table 1, and in-kind support in respect of this Schedule.

The Parties will ensure the collection, sharing and reporting of service activity data for all initiatives in this Schedule, and ensuring all initiatives are evaluated.

Detailed financial contributions are outlined in Table 2.

**Table 1: Summary of Financial Contributions**

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
<b>Estimated total budget</b>	<b>3,070,000</b>	<b>21,107,561</b>	<b>27,027,572</b>	<b>37,035,558</b>	<b>39,610,463</b>	<b>127,851,154</b>
<b>Commonwealth total contribution</b>	<b>170,000</b>	<b>8,307,561</b>	<b>14,127,572</b>	<b>20,635,558</b>	<b>22,810,463</b>	<b>66,051,154</b>
Estimated payments to South Australia	-	400,000	-	4,143,415	4,201,465	8,744,880
Other Commonwealth payments	170,000	7,907,561	14,127,572	16,492,143	18,608,998	57,306,274
<b>South Australia total contribution</b>	<b>2,900,000</b>	<b>12,800,000</b>	<b>12,900,000</b>	<b>16,400,000</b>	<b>16,800,000</b>	<b>61,800,000</b>
South Australia financial commitments	2,900,000	12,800,000	12,900,000	16,400,000	16,800,000	61,800,000
In-kind contribution	-	-	-	-	-	-

**Notes:**

- Other Commonwealth payments include payments to the Primary Health Network to commission services in support of services and activities funded under this Schedule.
- In line with the provisions Addendum to the National Health Reform Agreement 2020-2025, the Commonwealth will not fund patient services through the NHRA if the same service, or any part of the same service, is funded through this Schedule or any other Commonwealth program.
- As the figures are rounded, there may be some discrepancies with the total figures provided.

**Table 2: Detailed Financial Contributions**

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Commonwealth contribution	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Commonwealth payments to South Australia	-	400,000	-	4,143,415	4,201,465	8,744,880
Adult mental health centre and satellite network						
Adult mental health centre (existing centre) (Commonwealth only funded)	-	-	-	4,143,415	4,201,465	8,344,880
IAR Tool	-	200,000	-	-	-	200,000
National Phone Digital Intake Service	-	200,000	-	-	-	200,000
<b>Other Commonwealth payments</b>	<b>170,000</b>	<b>7,907,561</b>	<b>14,127,572</b>	<b>16,492,143</b>	<b>18,608,998</b>	<b>57,306,274</b>
Adult mental health centre and satellite network						
Adult mental health centre (new centre to be co-located with the Crisis Stabilisation Centre) (Commonwealth only funded)	-	1,750,000	4,086,269	4,143,415	4,201,465	14,181,149
Adult mental health centre (new centre to be co-located with an Urgent Mental Health Care Centre) (Commonwealth only-funded)	-	1,750,000	4,086,269	4,143,415	4,201,465	14,181,149
Adult mental health satellites (Commonwealth only funded)	170,000	1,237,561	2,165,035	2,195,313	2,226,069	7,993,977
Enhancement and expansion of youth mental health services						
Boosting clinical capacity at existing sites	-	2,570,000	2,290,000	3,320,000	4,710,000	12,890,000
Service delivery costs at new sites	-	-	-	1,090,000	1,570,000	2,660,000
Aboriginal Mental Health and Wellbeing Centre	-	600,000	1,500,000	1,600,000	1,700,000	5,400,000
<b>Commonwealth total contribution</b>	<b>170,000</b>	<b>8,307,561</b>	<b>14,127,572</b>	<b>20,635,558</b>	<b>22,810,463</b>	<b>66,051,154</b>
<b>South Australia contribution</b>						
South Australia financial commitments	2,900,000	12,800,000	12,900,000	16,400,000	16,800,000	61,800,000
Adult mental health centre and satellite network						

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Crisis Stabilisation Centre (to be co-located with a Head to Health adult mental health centre) (state funded)	2,900,000	11,700,000	10,000,000	8,500,000	8,600,000	41,700,000
Urgent Mental Health Care Centre (to be co-located with a Head to Health adult mental health centre) (state-funded)	-	500,000	1,400,000	1,500,000	1,600,000	5,000,000
Urgent Mental Health Care Centre (existing centre) (state funded)	-	-	-	4,800,000	4,900,000	9,700,000
Aboriginal Mental Health and Wellbeing Centre	-	600,000	1,500,000	1,600,000	1,700,000	5,400,000
<b>South Australia total in-kind contribution</b>	-	-	-	-	-	-
<b>South Australia total contribution</b>	<b>2,900,000</b>	<b>12,800,000</b>	<b>12,900,000</b>	<b>16,400,000</b>	<b>16,800,000</b>	<b>61,800,000</b>

## Annex B: Reporting requirements and payment summary

Table 3: Reporting requirements, due dates and payment summary

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Joint Commonwealth-State Implementation plan	<p>Joint Commonwealth-State Implementation plan including key deliverables, proposed service models and timeframes that align with needs analysis, service and workforce mapping and planning in the joint regional plans for the following initiatives:</p> <ul style="list-style-type: none"> <li>• Adult Mental Health Centre and Satellite Network</li> <li>• Aboriginal Mental Health and Wellbeing Centre</li> <li>• Child mental health and social and emotional wellbeing Enhancement and integration of headspace services</li> <li>• Initial Assessment and Referral tool</li> </ul>	Four months from the date of execution of this schedule	Nil
Agreed Minimum Data Specifications	For each initiative in this Schedule, South Australia and the Commonwealth will agree the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes.	Six months from the date of execution of this schedule	Nil
Joint Regional Plan	South Australia and the Commonwealth to develop a joint regional plan within the first 2 years of this schedule, with further details to be provided by the Commonwealth on planning and reporting requirements.	Within two years from the date of execution of this schedule	Nil
Annual performance report	Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from execution of this Schedule to 30/06/2022. Refer to Table 4 for detail of the requirements.	31/08/2022	\$400,000 (IAR tool and National Phone / Digital Intake Service implementation)
Annual performance report	Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from 01/07/2022 to 30/06/2023.	31/08/2023	Nil

<b>Report</b> (delete if the schedule has one output only)	<b>Requirements</b>	<b>Report due</b>	<b>Payment</b>
	Refer to Table 4 for detail of the requirements.		
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from 01/07/2023 to 30/06/2024. Refer to Table 4 for detail of the requirements.	31/08/2024	\$4,143,415 (Existing adult mental health centre)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from 01/07/2024 to 30/06/2025. Refer to Table 4 for detail of the requirements.	31/08/2025	\$4,201,465 (Existing adult mental health centre)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from 01/07/2025 to 30/06/2026. Refer to Table 4 for detail of the requirements.	31/08/2026	Nil
<b>Final report</b>	Final report for the period from execution of this Schedule to 30/06/2026, for: <ul style="list-style-type: none"> <li>• Adult Mental Health Centre and Satellite Network (Head to Health)</li> <li>• Aboriginal Mental Health and Wellbeing Centre</li> <li>• Child mental health and social and emotional wellbeing</li> <li>• Enhancement and integration of youth mental health services</li> <li>• Initial Assessment and Referral tool</li> <li>• Collaboration, implementation and governance in line with joint regional mental health and suicide prevention plan</li> </ul> Refer to Table 5 for detail of the requirements.	31/08/2026	Nil

**Table 4: Performance reporting requirements**

Initiative	Requirements
<b>Adult Mental Health Centre and Satellite Network (Head to Health)</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-State Implementation Plan. Performance reports against Key Performance Indicators developed through the National Agreement, and including:                             <ul style="list-style-type: none"> <li>○ growth in service volume,</li> <li>○ 100% of clients at risk of suicide followed up within 7 days,</li> <li>○ proportion of services delivered to the Aboriginal and Torres Strait Islander population that were culturally appropriate; and</li> <li>○ 70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End.</li> </ul> </li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia within a month of the evaluations completion.</li> </ul>
<b>Aboriginal Mental Health and Wellbeing Centre</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-State Implementation Plan.</li> <li>• Evidence of improved mental health outcomes for consumers, and positive consumer and carer experiences.</li> </ul>
<b>Child Mental Health and Social and Emotional Wellbeing</b>	<ul style="list-style-type: none"> <li>• Progress against a commitment to work together to improve mental health and social and emotional wellbeing in children.</li> </ul>
<b>Enhancement and integration of youth mental health services</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-State Implementation Plan.</li> <li>• Quantification of financial and in-kind contributions</li> <li>• Report on regular engagement to monitor implementation.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia within a month of the evaluations completion.</li> </ul>
<b>Initial Assessment and Referral tool</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth State Implementation Plan.</li> </ul>
<b>Joint regional mental health and suicide prevention plan</b>	<ul style="list-style-type: none"> <li>• Performance report on support and engagement provided to the joint regional planning processes by South Australia Health and South Australian PHNs.</li> </ul>

**Table 5: Final Report requirements**

Initiative	Requirements
<b>Adult Mental Health Centre and Satellite Network (Head to Health)</b>	<ul style="list-style-type: none"> <li>• Confirmation of total expenditure</li> <li>• Assessment of integration approach, including referral in and out of Head to Health</li> <li>• Assessment of outcomes at start and end of episode</li> </ul>

Initiative	Requirements
	<ul style="list-style-type: none"> <li>Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Agreement.</li> </ul>
<b>Aboriginal Mental Health and Wellbeing Centre</b>	<ul style="list-style-type: none"> <li>Confirmation of total expenditure</li> <li>Assessment of integration approach, including referral in and out of the Wellbeing Centre</li> <li>Assessment of outcome improvement</li> <li>Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Agreement</li> <li>Report on any other agreed performance indicators</li> </ul>
<b>Child Mental Health and Social and Emotional Wellbeing</b>	<ul style="list-style-type: none"> <li>Progress against a commitment to work together to improve mental health and social and emotional wellbeing in children.</li> </ul>
<b>Enhancement and integration of youth mental health services</b>	<ul style="list-style-type: none"> <li>Progress of implementation against jointly developed plan.</li> <li>Assessment of initiative outcomes.</li> <li>Confirmation of total expenditure.</li> <li>Assessment of integration approach</li> <li>Identification of ongoing activities to maintain integration of services</li> <li>Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Agreement.</li> </ul>
<b>Initial Assessment and Referral tool</b>	<ul style="list-style-type: none"> <li>Report on any remaining State-funded services and clinical services that have not adopted the Initial Assessment and Referral tool.</li> </ul>
<b>Joint regional mental health and suicide prevention plan</b>	<ul style="list-style-type: none"> <li>Ongoing collaboration, implementation and governance in line with comprehensive joint regional mental health and suicide prevention plan, with identified priorities and actions.</li> <li>Identified priorities and actions should inform further reform and planning processes.</li> </ul>

**Table 6: Number of proposed sites for initiatives**

Initiative	Funding		Number of sites					Total
			2021-22	2022-23	2023-24	2024-25	2025-26	
Adult Mental Health Centres	Co-located	Established	0	2	0	0	0	2
		Operational	1 <sup>^</sup>	1	3	3	3	3
Adult Mental Health Satellite Clinics	Commonwealth only funded	Established	1	1	0	0	0	2
		Operational	0	1	2	2	2	2
Aboriginal Mental Health and Wellbeing Centre	Co-funded	Established	0	1	0	0	0	1
		Operational	0	0	1	1	1	1
Enhancement and expansion of youth mental health services – service delivery costs at new site	Commonwealth only funded	Established	0	0	0	1	0	1

<sup>^</sup> Existing Head to Health Centre (Urgent Mental Health Care Centre) in Adelaide (Grenfell Street).



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

**Signed** for and on behalf of the Commonwealth of Australia by



**The Honourable Greg Hunt MP**

Minister for Health and Aged Care

16 Feb 2022

**Signed** for and on behalf of South Australia by



**The Honourable Stephen Wade MLC**

Minister for Health and Wellbeing

[Day] [Month] [Year]

18 February 2022