

# BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: AUSTRALIAN CAPITAL TERRITORY

## Parties to the Schedule

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

## Term of the Agreement

2. This Schedule is expected to expire on 30 June 2027. This version supersedes the previous version of the Schedule, which came into effect on 25 March 2022.
3. This Schedule may be amended at any time with the agreement of both Parties.
4. This Schedule is subject to the National Mental Health and Suicide Prevention Agreement (the National Agreement) and will be administered in accordance with the terms of the Federation Funding Agreement – Health. Where inconsistencies exist between this Schedule and the requirements of the National Agreement, the National Agreement will prevail.
5. 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 the Australian Capital Territory, if this relates to substantial financial or governance arrangements.

## Purpose

6. This Schedule will support improved mental health and suicide prevention outcomes for all people in the Australian Capital Territory through collaborative efforts by the Parties to address gaps in the mental health and suicide prevention system.

## Principles

7. Activities within this Schedule will align with, and be carried out according to, the principles outlined in the National Agreement.

## Roles and Responsibilities specific to this Schedule

8. This Schedule builds on the roles and responsibilities agreed under the National Health Reform Agreement (NHRA) to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.
9. Broad roles and responsibilities for the Commonwealth and the states and territories are specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and the Australian Capital Territory as they relate to this Schedule are set out below.
10. The Parties are committed to achieving outcomes for Aboriginal and Torres Strait Islander Australians. The Parties commit to continuing to work closely with Aboriginal and Torres Strait

Islander service providers to ensure programs are best-placed to deliver optimal outcomes and to ensure that services are complementary and not duplicative.

11. The Commonwealth and the Australian Capital Territory will work collaboratively with the shared objective of preventing and reducing suicidal behaviour in the Australian Capital Territory through exploring opportunities for implementation of a Distress Brief Support trial. This trial would provide timely access to support for those experiencing distress and who may be at heightened risk of suicide.
12. Under this Schedule, the Commonwealth agrees to be responsible for:
  - a. continuing to fund operation costs for the Canberra Medicare Mental Health centre
  - b. co-designing a service model in collaboration with the Australian Capital Territory that is in line with the Medicare Mental Health Kids National Service model, and providing national support for implementation and operation of the Medicare Mental Health Kids Hub.
  - c. funding the enhancement of one existing headspace service to increase access to youth mental health services.
  - d. contributing funding to the Australian Capital Territory Government to support perinatal mental health screening, the provision of the iCOPE perinatal mental health screening platform and the development of a national perinatal mental health minimum data set.
  - e. maintaining and enhancing the Commonwealth's Initial Assessment and Referral Tool and implementing in primary care and Commonwealth-funded mental health services.
13. Under this Schedule, the Australian Capital Territory agrees to be responsible for:
  - a. leading establishment and ongoing operation of a service aligned with the Medicare Mental Health Kids National Service model and Medicare Mental Health Kids branding, ensuring local integration to fill service system gaps and meet unmet child (and family) mental health needs, working in partnership with the Capital Health Network.
  - b. undertaking routine perinatal mental health screening across public antenatal and postnatal care settings, enhancing the digital screening and data collection and contributing the data to a national perinatal mental health data set.
  - c. adopting and implementing the Initial Assessment and Referral (IAR) tool in new services under this Schedule and working with the Commonwealth to investigate opportunities for broader adoption and implementation of the IAR tool in Australian Capital Territory mental health clinical services.
  - d. leading the development and establishment of a youth mental health initiative to fill identified gaps in the Australian Capital Territory service system to support youth with/or at risk of moderate mental ill-health, while ensuring integration with existing youth services.
14. To support delivery of the initiatives identified in this Schedule, the Parties will jointly be responsible for:
  - a. integration of adult mental health services.
  - b. co-funding, on a 50:50 basis, the establishment and ongoing operation of enhancements to child (and family) mental health initiatives to improve access to multidisciplinary team care to children 0-12 (families, carers and kin), in line with the Medicare Mental Health Kids National Service model and Medicare Mental Health Kids branding.
  - c. co-funding on a 50:50 basis, the establishment of youth mental health initiative to fill

identified gaps in the Australian Capital Territory service system to support youth with/or at risk of moderate mental ill-health, whilst ensuring integration with existing youth services.

- d. working together to improve integration of youth mental health services, including headspace and Primary Health Network (PHN)-commissioned youth-specific 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.
- e. co-funding, on a 50:50 basis, an early intervention service for eating disorders (EISED) to improve access to early intervention services, thereby improving patient outcomes and promoting recovery, whilst reducing demand on the specialist tertiary and acute inpatient services.
- f. enhancing electronic collection and central extraction of perinatal mental health screening data collected from public antenatal and postnatal care settings.
- g. exploring opportunities to establish and operate an intake and assessment phone service that promotes seamless integration between Australian Capital Territory mental health services.
- h. supporting the ongoing update and implementation of the Australian Capital Territory joint regional mental health and suicide prevention plan (2019-2024) between the Local Hospital Network and PHN, including updates required in line with the National Agreement and this Schedule.
- i. co-funding, on a 50:50 basis, aftercare services to be universally available to people discharged from hospital after a suicide attempt and trial expanded referral pathways.
- j. 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.
- k. 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 the Australian Capital Territory, 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 inquires.
17. This will be achieved by focusing efforts to:
  - a. reduce system fragmentation through improved integration between Commonwealth and

- territory-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, with particular consideration to local community experiences and needs;
  - 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 vulnerable population groups, including Aboriginal and Torres Strait Islander people, LGBTQI+ 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 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 Schedule should be read together with the:
- a. National Suicide Prevention Strategy 2025-35
  - b. National Aboriginal and Torres Strait Islander 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. ACT Mental Health and Suicide Prevention Plan 2019-2024
- m. *Mental Health Act 2015*
- n. The ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 and Action Plans
- o. ACT Carer's Strategy 2018-2028
- p. ACT Women's Plan 2016-2026
- q. Future of Education Strategy (2018-2028).

## 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, Disability and Ageing will be responsible for ongoing administration of this Schedule. Amendments to this Schedule must be agreed by all parties in writing.
25. Commonwealth and Territory 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 CFFR 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 Australian Capital Territory Health Chief Executives for resolution. Health Chief Executives will report to Commonwealth and ACT Health Ministers and/or Mental 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 to ensure alignment with local needs.

## 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. The Australian Capital Territory 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, the Australian Capital Territory 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 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 the Australian Capital Territory and the Commonwealth in a timely manner (at least quarterly).
33. Data collection and reporting processes will transition to nationally agreed approaches as part of the National Agreement.

### **Evaluation**

34. The Commonwealth and the Australian Capital Territory will ensure funders and commissioners require programs and services funded through this Schedule to be evaluated.
35. These evaluations will be conducted in accordance with the National Agreement and strategic policy directions of both Parties.

## **Initiatives for Collaboration**

36. 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 the Australian Capital Territory;
  - c. prevent and reduce suicidal behaviour; and
  - d. deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
37. As a priority in the first instance, the Parties agree to work together on key initiatives as described below.

### **Adult Mental Health Centre (Medicare Mental Health Centres)**

38. The Commonwealth and the Australian Capital Territory agree to:
  - a. 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; and
  - b. work in partnership with the PHN as commissioner of this service.
39. The Commonwealth agrees to:
  - a. fully fund the operating costs for the Canberra Medicare Health Centre.

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

40. The Commonwealth and the Australian Capital Territory agree to:
  - a. undertake a local co-design process to identify local child (and family) mental health service system gaps and unmet need, and develop response(s) to address them.
  - b. co-fund, on a 50:50 basis, the establishment and ongoing operation of enhancements to build on the child (family, carers and kin) mental health initiatives to improve access to multidisciplinary team care to children 0-12 (families, carers and kin), in line with the

Medicare Mental Health Kids National Service model and Head to Medicare Mental Health Kids Hub branding, to be established in 2023-24 and due to delays now to be operational in 2026-27 (formerly agreed to be operational in 2024-25).

- c. work collaboratively to continue to improve access to multidisciplinary team care for infants and children of 0-12 (families, carers and kin).
- d. work together to flexibly implement a model that aligns with the Medicare Mental Health Kids National Service Model and integrates with existing Australian Capital Territory services.

41. The Commonwealth agrees to provide funding directly to the Australian Capital Territory.

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

42. The Commonwealth and the Australian Capital Territory agree to:

- a. co-fund, on a 50:50 basis, a youth at risk program to address identified system gaps and unmet need, and improve access to youth mental health services. This program will deliver a Territory-wide multi-disciplinary response to trauma and coordinated responses to young people at risk of developing enduring mental illness. The program will be informed by ACT's scoping study that outlines support needs for young people at risk of mental health concerns.
- b. work together to improve integration of youth mental health services, including headspace and PHN-commissioned youth-specific 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.

43. The Commonwealth agrees to:

- a. fund the enhancement of one existing headspace youth mental health service to improve access to youth mental health services.
- b. provide funding directly to the Australian Capital Territory to commission a youth at risk program.

### **Universal Aftercare Services**

44. The Commonwealth and the Australian Capital Territory agree to the objective of achieving universal aftercare services to support individuals following a suicide attempt and / or suicidal crisis.

45. The Commonwealth and the Australian Capital Territory agree to:

- a. co-fund universal aftercare services to support individuals following a suicide attempt and / or suicidal crisis via an integrated two-part approach:
  - i. Part 1: Implement enhancement and expansion of existing aftercare supports for those who have been discharged from hospital following a suicide attempt (Aftercare Services program), including increased clinical and multidisciplinary capacity; and
  - ii. Part 2: Implement a pilot to expand referral and entry pathways to aftercare support from other health settings to capture those who have experienced a suicidal crisis without being admitted to hospital (Aftercare Pilot program), including improving system integration across existing local suicide prevention services and processes.
- b. strengthen the ACT aftercare model, services and supports currently delivered in the Australian Capital Territory, including through the model for the Way Back Support Service.

- c. work in partnership with the PHN as commissioner for the Way Back Support Service.
46. The ACT has developed and is implementing a culturally safe Aboriginal and Torres Strait Islander integrated suicide prevention, intervention, aftercare and postvention service. This service has been co-designed with the local Aboriginal and Torres Strait Islander community including with Indigenous health organisations such as Winnunga Nimmityjah Aboriginal Health and Community Services. The Commonwealth agrees to work with the ACT on the implementation of this service, in collaboration with the National Aboriginal Community Controlled Health Organisation.

### **Perinatal Mental Health Screening**

47. The Commonwealth and the Australian Capital Territory agree to work collaboratively to build on existing infrastructure to enhance digital capture and reporting of perinatal mental health screening data from public antenatal and postnatal care settings in the Australian Capital Territory.
48. The Australian Capital Territory agrees to work towards providing nationally consistent perinatal mental health screening data to the Australian Institute of Health and Welfare from 2022-23.
49. The Australian Capital Territory agrees to identify and address gaps in perinatal mental health screening and develop screening-related service activities that meet those needs identified.

### **Early Intervention Service Eating Disorders**

50. The Commonwealth and the Australian Capital Territory will work collaboratively to deliver the community based EISED to promote help seeking behaviour and early intervention treatment for people in the early stages of developing an eating disorder and those with an eating disorder of low to moderate severity.

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

51. The Commonwealth and the Australian Capital Territory will work collaboratively to investigate opportunities for implementation of a consistent, territory-wide intake and assessment phone service that integrates with existing 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. The Australian Capital Territory agrees to support ongoing improvement of referral pathways between territory services and Commonwealth services, including the Head to Health Centre.

### **Initial Assessment and Referral**

53. The Australian Capital Territory agrees to adopt and implement the Initial Assessment and Referral (IAR) tool in new services under this Schedule, where appropriate.
54. The Commonwealth and Australian Capital Territory agree to work collaboratively to:
  - a. share information about existing territory wide assessment and referral systems to investigate opportunities for integration of the IAR; and
  - b. where appropriate, implement and integrate, through a phased approach, the IAR across territory services that does not duplicate existing arrangements for triage and referral.
55. The Commonwealth agrees to maintain the current IAR tool and implement the IAR in general practice and Commonwealth-funded mental health care services.

### **Regional Planning and Commissioning**

56. The Parties acknowledge the importance of regional planning to identify the specific mental health and suicide prevention and support needs of local communities.
57. The Parties agree to continue to support the ongoing review, implementation and monitoring of the ACT regional mental health and suicide prevention plan (2019-2024) between the Local Hospital Network and the PHN and other key community and service provider stakeholders,

including to cover the life of this Schedule. This includes undertaking activities in accordance with this plan and supporting relevant joint service planning and commissioning of services to meet local needs and establish governance to enable shared decision making and evaluation.

### **Workforce**

58. The Commonwealth and the Australian Capital Territory agree to work collaboratively to:
- a. support alignment with the soon-to-be finalised National Mental Health Workforce Strategy, ACT Mental health Workforce Strategy and similar measures already funded by the Commonwealth and the Australian Capital Territory.
  - 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.

### **Performance and Reporting Requirements**

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

## Annex A: Financial contributions

The Commonwealth will provide an estimated financial contribution of \$34.82m in respect of this Schedule, as outlined in Table 1.

The Australian Capital Territory will provide an estimated financial contribution of \$17.36m 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 agreement, 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	2026-27	Total
<b>Estimated total budget</b>	<b>875,000</b>	<b>4,617,321</b>	<b>6,156,467</b>	<b>13,286,167</b>	<b>13,323,821</b>	<b>13,926,859</b>	<b>52,185,634</b>
<b>Commonwealth total contribution</b>	<b>875,000</b>	<b>2,860,628</b>	<b>3,505,998</b>	<b>9,036,687</b>	<b>8,960,457</b>	<b>9,586,131</b>	<b>34,824,901</b>
Estimated payments to Australian Capital Territory	875,000	1,810,394	2,448,233	3,713,725	3,449,912	3,943,333	16,240,597
Other Commonwealth payments	-	1,050,234	1,057,765	5,322,962	5,510,545	5,642,798	18,584,304
<b>Australian Capital Territory total contribution</b>	<b>-</b>	<b>1,756,692</b>	<b>2,650,469</b>	<b>4,249,480</b>	<b>4,363,364</b>	<b>4,340,728</b>	<b>17,360,733</b>
Australian Capital Territory financial commitments	-	1,756,692	2,650,469	4,249,480	4,363,364	4,340,728	17,360,733

**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	2026-27	Total
Commonwealth contribution	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
<b>Commonwealth payments to Australian Capital Territory</b>	<b>875,000</b>	<b>1,810,394</b>	<b>2,448,233</b>	<b>3,713,725</b>	<b>3,449,912</b>	<b>3,943,333</b>	<b>16,240,597</b>
Perinatal mental health screening							
Universal perinatal mental health screening	-	237,918	392,751	392,751	-	410,623	1,434,043
National perinatal mental health check initiative	875,000	875,000	-	-	-	-	1,750,000
Investing in child mental health and social and emotional wellbeing	-	-	898,000	1,797,000	1,822,000	1,865,728	6,382,728
Enhancement and integration of youth mental health services - multidisciplinary early intervention service to support young people at risk of developing mental health concerns	-	467,476	921,482	1,281,974	1,378,912	1,412,006	5,461,850
Early Intervention Service Eating Disorders	-	230,000	236,000	242,000	249,000	254,976	1,211,976
<b>Other Commonwealth payments</b>	<b>-</b>	<b>1,050,234</b>	<b>1,057,765</b>	<b>5,322,962</b>	<b>5,510,545</b>	<b>5,642,798</b>	<b>18,584,304</b>
Aftercare services for people discharged from hospital after a suicide attempt, including expanded referral pathways	-	760,234	797,765	809,547	789,080	808,018	3,964,644
Medicare Mental Health Centre (Commonwealth only funded)	-	-	-	4,143,415	4,201,465	4,302,300	12,647,180
Enhancement and integration of youth mental health services - boosting clinical capacity at existing site	-	290,000	260,000	370,000	520,000	532,480	1,972,480
<b>Commonwealth total contribution</b>	<b>875,000</b>	<b>2,860,628</b>	<b>3,505,998</b>	<b>9,036,687</b>	<b>8,960,457</b>	<b>9,586,131</b>	<b>34,824,901</b>

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	Total
Australian Capital Territory contribution	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
<b>Australian Capital Territory financial commitments</b>	-	1,756,692	2,650,469	4,249,480	4,363,364	4,340,728	17,360,733
Perinatal mental health screening	-	237,918	118,959	118,959	124,372	-	600,208
Aftercare services for people discharged from hospital after a suicide attempt, including expanded referral pathways	<sup>1</sup>	499,561	797,765	809,547	789,080	808,018	3,3703,971
Investing in child mental health and social and emotional wellbeing	-	321,737	576,263	1,797,000	1,822,000	1,865,728	6,382,728
Enhancement and integration of youth mental health services - multidisciplinary early intervention service to support young people at risk of developing mental health concerns	-	467,476	921,482	1,281,974	1,378,912	1,412,006	5,461,849
Early Intervention Service Eating Disorders	-	230,000	236,000	242,000	249,000	254,976	1,211,976
<b>Australian Capital Territory total contribution</b>	-	1,756,692	2,650,469	4,249,480	4,363,364	4,340,728	17,360,733

<sup>1</sup> ACT Government provided an additional \$240,000 across 2021-22 to the existing Aftercare Service in the ACT

## Annex B: Reporting requirements and payments

**Table 3: Reporting requirements, due dates and payment summary**

<b>Report</b> (delete if the schedule has one output only)	<b>Requirements</b>	<b>Report due</b>	<b>Payment</b>
<b>Medicare Mental Health Kids Hubs Model</b>	Australian Capital Territory to provide feedback on the proposed draft Head to Health Child Hubs model.	Completed	\$875,000 (Commonwealth payment to Australian Capital Territory for Perinatal Mental Health Check initiative)
<b>Joint Commonwealth-Territory Implementation plan</b>	<p>Joint Commonwealth-Territory 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 plan for the following initiatives:</p> <ul style="list-style-type: none"> <li>• Adult Mental Health Centre Medicare Mental Health Centres)</li> <li>• Child mental health and social and emotional wellbeing hub</li> <li>• Enhancement and integration of youth mental health services – boosting clinical capacity at existing site</li> <li>• Enhancement and integration of youth mental health services - multidisciplinary early intervention service to support young people at risk of developing mental health concerns</li> <li>• Aftercare services for people after a suicide attempt</li> <li>• Perinatal mental health screening</li> <li>• Early Intervention Service Eating Disorders</li> </ul>	Four months from the date of execution of this schedule	\$1,810,394 (Commonwealth payment to Australian Capital Territory for perinatal initiative, Enhancement and integration of youth mental health services - multidisciplinary early intervention service and Early Intervention Service Eating Disorders)
<b>Agreed Minimum Data Specifications</b>	For each initiative in this bilateral Schedule, the Australian Capital Territory and the Commonwealth will agree the minimum data specifications and reporting process to monitor service activity.	Within six months from the date of execution of this schedule	Nil

<b>Report</b> (delete if the schedule has one output only)	<b>Requirements</b>	<b>Report due</b>	<b>Payment</b>
	Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes.		
<b>Joint Regional Plan</b>	The Australian Capital Territory and the Commonwealth continue to deliver on the existing ACT regional mental health and suicide prevention plan (2019-2024) over the first 2 years of this schedule, with ongoing review, implementation and monitoring, in line with National Agreement planning and reporting requirements.	Within two years from the date of execution of this schedule	Nil
<b>Data for perinatal mental health screening</b>	Nationally consistent perinatal mental health screening data provided to the Australian Institute of Health and Welfare (or evidence of working toward data provision).	Within 12 months of execution of this Schedule	Nil
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-Territory Implementation Plan and key deliverables for the period from 01/07/2022 to 30/06/2023. Refer to Table 4 for detail of the requirements.	31/08/2023	\$2,448,233 (Commonwealth payment to Australian Capital Territory for perinatal mental health screening initiative, child hubs, Enhancement and integration of youth mental health services - multidisciplinary early intervention service and Early Intervention Service Eating Disorders)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-Territory 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	\$3,713,725 (Commonwealth payment to Australian Capital Territory for perinatal mental health screening, child hubs, Enhancement and integration of youth

			mental health services - multidisciplinary early intervention service and Early Intervention Service Eating Disorders)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-Territory 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	\$3,449,912 (Commonwealth payment to Australian Capital Territory for child hubs, Enhancement and integration of youth mental health services - multidisciplinary early intervention service and Early Intervention Service Eating Disorders)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-Territory 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	\$3,943,333 (Commonwealth payment to Australian Capital Territory for Medicare Mental Health Kids Hub, Perinatal Mental Health Screening, Youth at Risk Mental Health Service, and Early Intervention Service for Eating Disorders)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-Territory Implementation Plan and key deliverables for the period from 01/07/2026 to 30/06/2027. Refer to Table 4 for detail of the requirements.	31/08/2027	Nil
<b>Final report</b>	Final report for the period from execution of this Schedule to 30 June 2027. Refer to Table 5 for detail of the requirements.	31/08/2027	Nil

**Table 4: Annual Performance reporting requirements**

Initiative	Requirements
<p><b>Medicare Mental Health Centre</b></p>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory 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 the Australian Capital Territory within a month of the evaluation's completion.</li> </ul>
<p><b>Investing in Child Mental Health and Social and Emotional Wellbeing</b></p>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory 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 the Australian Capital Territory within a month of the evaluation's completion.</li> </ul>
<p><b>Enhancement and integration of youth mental health services - boosting clinical capacity at existing site</b></p>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan.</li> <li>• Regular engagement to monitor implementation.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and the Australian Capital Territory within a month of the evaluation's completion.</li> </ul>
<p><b>Enhancement and integration of youth mental health services - multidisciplinary early intervention service to support young people at risk of developing mental health concerns</b></p>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan.</li> <li>• Regular engagement to monitor implementation.</li> </ul>
<p><b>Aftercare services for people after a suicide attempt</b></p>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan.</li> <li>• Evaluation plan.</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 the Australian Capital Territory within a month of the evaluation's completion.</li> </ul>
<b>Perinatal mental health screening</b>	<ul style="list-style-type: none"> <li>Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan and provision of perinatal mental health screening data to the Australian Institute of Health and Welfare.</li> <li>Progress against evaluation and all evaluation findings have been made available to the Commonwealth and the Australian Capital Territory within a month of the evaluation's completion.</li> </ul>
<b>Early Intervention Service Eating Disorders</b>	<ul style="list-style-type: none"> <li>Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan.</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-Territory 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 the Local Hospital Network and the PHN in the Australian Capital Territory.</li> </ul>

**Table 5: Final Report requirements**

Initiative	Requirements
<b>Medicare Mental Health Centre (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> <li>Progress against evaluation and all evaluation findings have been made available to the Commonwealth and the Australian Capital Territory by the end of this Agreement.</li> </ul>
<b>Investing in Child Mental Health and Social and Emotional Wellbeing</b>	<ul style="list-style-type: none"> <li>Progress of implementation against jointly developed plan.</li> <li>Confirmation of total expenditure.</li> <li>Assessment of integration approach, including referral pathways.</li> <li>Assessment of outcomes at start and end of episode.</li> <li>Progress against evaluation and all evaluation findings have been made available to the Commonwealth and the Australian Capital Territory by the end of this Agreement.</li> </ul>
<b>Enhancement and integration of youth mental health services - boosting clinical capacity at existing site</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 the Australian Capital Territory by the end of this Agreement.</li> </ul>
<b>Enhancement and integration of youth mental health services - multidisciplinary early</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> </ul>

Initiative	Requirements
<b>Intervention service to support young people at risk of developing mental health concerns</b>	<ul style="list-style-type: none"> <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 the Australian Capital Territory by the end of this Agreement.</li> </ul>
<b>Aftercare services for people after a suicide attempt</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>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and the Australian Capital Territory by the end of this Agreement.</li> </ul>
<b>Perinatal mental health screening</b>	<ul style="list-style-type: none"> <li>• Progress of implementation against jointly developed plan, including national reporting of perinatal mental health screening data to the AIHW.</li> <li>• Assessment of initiative outcomes.</li> <li>• Confirmation of total expenditure.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and the Australian Capital Territory by the end of this Agreement.</li> </ul>
<b>Early Intervention Service Eating Disorders</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>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and the Australian Capital Territory by the end of this Agreement.</li> </ul>
<b>Initial Assessment and Referral tool</b>	<ul style="list-style-type: none"> <li>• Report on which Territory-funded services and clinical services have/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, review, implementation, monitoring and governance in line with comprehensive ACT joint regional mental health and suicide prevention plan (2019-2024), with identified priorities and actions, including to cover the life of this Schedule.</li> <li>• Identified priorities and actions should inform further reform and planning processes.</li> </ul>

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

Signed for and on behalf of the  
Commonwealth of Australia by



**The Honourable Mark Butler MP**  
Minister for Health, Disability and Ageing  
Minister for Disability and the National  
Disability Insurance Scheme

[Day] [Month] [Year]

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Signed for and on behalf of the  
Australian Capital Territory by



**Ms Rachel Stephen Smith MLA**  
Minister for Health  
Minister for Mental Health

[Day] [Month] [Year]

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