

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 2027. This version supersedes the previous version of the Schedule, which came into effect 18 February 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 South Australia, 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 South Australia through collaborative efforts 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 and the National Health Reform Agreement Addendum (NHRA).

Roles and Responsibilities specific to this Schedule

8. This Schedule builds on the roles and responsibilities for the Commonwealth and the states and territories agreed in the NHRA and the National Agreement 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 South Australia 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 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.

11. Under this Schedule, the Commonwealth agrees to be responsible for:

- a. Funding the establishment and operation of two small Medicare Mental Health Centres in South Australia.
- b. Funding the establishment and operation of two full Medicare mental Health Centres:
 - i. one to be integrated with a new South Australian Crisis Stabilisation Centre(Northern Adelaide; and
 - ii. one to be an enhanced centre that aligns with elements of the South Australian Urgent Mental Health Care Centre model(Mount Barker).
- c. Continuing to co-fund operational costs for one existing Urgent Mental Health Care Centre in Adelaide.
- d. Providing a National Service Model and support to inform the development, implementation and operation of a decentralised Head to Health Kids Hubs model.
- e. Providing funding to South Australia to establish and operate a Medicare Mental Health Kids Hub through a decentralised model across up to two locations in accordance with the National Service Model.
- f. Establishing one new headspace site to increase access to youth mental health services.
- g. Maintaining and enhancing the Commonwealth's Initial Assessment and Referral (IAR) Tool and implementing in primary care and Commonwealth-funded mental health services.
- h. Providing funding to South Australia to support implementation of the Aboriginal Mental Health and Wellbeing Centre.
- i. Funding the establishment of one Distress Brief Support Trial site and supporting the trial through national governance and collaboration with participating states, implementation, and evaluation.
- j. Funding postvention support services in South Australia for people bereaved and impacted by suicide.
- k. Providing funding to South Australia to support integration of the IAR tool and the National Phone / Digital Intake Service with existing intake processes.
- l. Aiming to make sure PHNs have sufficient time to deliver on PHN commissioned initiatives.

12. Under this Schedule, South Australia agrees to be responsible for:

- a. Funding the establishment and operation of a new South Australian Crisis Stabilisation Centre; to be integrated with the Commonwealth-funded Northern Adelaide Medicare Mental Health Centre.
- b. Providing funding to enhance the capability of the Northern Adelaide Medicare Mental Health Centre to support full integration with the South Australian Crisis Stabilisation Centre.
- c. Funding the enhancement of the Mount Barker Medicare Mental Health Centre to provide additional urgent and crisis support capabilities, beyond the core requirements of the Medicare Mental Health Centre's national Service Model.
- d. Working towards enhancing digital screening and data collection for antenatal and postnatal mental health screening across public maternity and family care settings, and contributing nationally consistent perinatal mental health screening data to the Australian Institute of

Health and Welfare.

- e. Adopting and implementing the IAR Tool in South Australian mental health clinical services.
 - f. Supporting integration of the National Phone / Digital Intake Service with existing state intake processes.
 - g. Establishing and commissioning operation of a Medicare Mental Health Kids Hub, funded by the Commonwealth, through a decentralised model across up to two locations, in accordance with the National Service Model and Medicare Mental Health Kids branding and in consultation with Primary Health Networks (PHNs)
13. To support delivery of the initiatives identified in this Schedule, the Parties will jointly be responsible for:
- a. Agreeing a decentralised model for the Medicare Mental Health Kids Hub to improve access to multidisciplinary team care for children 0-12 (families, carers and kin)..
 - b. Co-funding the establishment of two integrated services to improve access to multidisciplinary adult mental health care including Medicare Mental Health Centres and state-funded mental health services such as a new Crisis Stabilisation Centre.
 - c. Integration of adult mental health services.
 - d. Co-funding, on a 50:50 basis, the establishment and ongoing operation of an Aboriginal Social and Emotional 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.
 - e. Establishing a partnership approach to enhance, through Commonwealth funding and existing state resource 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.
 - f. 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.
 - g. Enhancing electronic collection and central extraction of perinatal mental health screening data collected from public antenatal and postnatal care settings.
 - h. Co-funding the existing aftercare service (*the Way Back Support Service via the Aftercare Following Suicide Attempt Agreement, the Transition Extension to 2023-24*) to support individuals following a suicide attempt and/or suicidal crisis, existing aftercare services for people discharged from hospital after a suicide attempt or who are in suicidal crisis.
 - i. Working collaboratively towards achieving universal aftercare for people discharged from hospital after a suicide attempt or who are in suicidal crisis, ensuring integration between Commonwealth and state funded services.
 - j. Working collaboratively to implement suitable transition arrangements from the Way Back Support Service to universal aftercare services.
 - k. Working collaboratively to ensure integration of early intervention and non-health services to prevent and reduce distress and suicidal behavior.
 - l. Continuing to support the development and implementation of the joint regional mental health and suicide prevention plan between the South Australia Department of Health and Wellbeing and South Australia's PHNs with a particular focus on supporting the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians.

- m. 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 individuals' 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.
- n. 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

- 14. 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.
- 15. 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 advice and other inquiries.
- 16. 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

- 17. 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;
 - c. ensure the particular needs of priority population groups, including people in rural and remote locations, Aboriginal and Torres Strait Islander people, LGBTQIA+SB and culturally and linguistically diverse communities, are addressed and services delivered in a culturally appropriate manner; and
 - d. encourage co-design between the Commonwealth, PHNs and SA Health as a best practice approach for implementing each initiative.

Publication

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

Linkages with other Agreements

19. While this Schedule builds on, and re-affirms, the roles and responsibilities as agreed through the NHRA and the National Agreement, the clauses within this Schedule do not supersede those in the NHRA.
20. Where inconsistencies exist between the requirements of this Schedule, the NHRA and/or the National Agreement, the requirements of the NHRA will prevail.
21. 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 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;
 - n. *South Australia Mental Health Act 2009*;
 - o. *South Australia Suicide Prevention Act 2021*;
 - p. *South Australia Health Care Act 2008*; and
 - q. *South Australia Criminal Law Consolidation Act 1935*.

Whole of Government

22. 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

23. 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.

24. 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.
25. The South Australian Bilateral Schedule Implementation Working Group (Working Group) will be established as a decision-making governance forum to oversee the implementation of commitments in the bilateral schedule between the Commonwealth and South Australia.
26. Membership will include senior official representation from the Commonwealth Department of Health and Aged Care and the South Australian Department of Health and Wellbeing with responsibility for mental health and suicide prevention policy, programs, South Australia PHNs and other relevant clinical expertise as required.
27. The Working Group will report to the South Australian Joint Health Planning and Commissioning Committee (JPCC), which provides an overarching governance approach to joint Commonwealth-South Australia planning, funding and commissioning of health services within South Australia.
28. Where key risks and implementation issues cannot be resolved by the JPCC, 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.
29. For the purposes of this Schedule, the JPCC will not hold, or administer Commonwealth or State funds. Commonwealth funds will be held and administered by the relevant PHNs, the State or the Commonwealth where applicable. South Australian funds will be held and administered by the South Australian Department of Health and Wellbeing.
30. 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

31. The Parties agree to fund delivery of initiatives in this Schedule as outlined in Annex A.
32. 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.
33. Similarly, the Commonwealth will not fund through other Commonwealth programs any services that are funded through this Schedule.

Data and Evaluation

Data

34. 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.
35. For each initiative in this Schedule, South Australia and the Commonwealth will agree, 3 months prior to each service becoming operational, the minimum data specifications and reporting process to monitor service activity.
36. Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes.

37. 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.
38. 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

39. 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

40. 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.
41. 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 (Medicare Mental Health Centres)

42. 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.
43. The Commonwealth and South Australia agree to:
 - a. Co-fund the establishment and operation of a new co-commissioned and integrated Medicare Mental Health Centre and a Crisis Stabilisation Unit in Northern Adelaide. This will be delivered in two phases:
 - i. A Commonwealth funded interim Medicare Mental Health Centre to be established in 2022-23, operational in 2023-24, supported by SA funding to extend hours of operation and enhance capability to deliver urgent crisis care.
 - ii. Integrated and co-commissioned Medicare Mental Health Centre and Crisis Stabilisation Unit services to commence establishment in 2022-23, operational from 2025-26.
 - b. Co-fund the establishment and operation of a new enhanced Medicare Mental Health Centre in Mount Barker, to be operational from 2023-24.
 - c. The Mount Barker service will be co-commissioned and will incorporate additional services aligned with the South Australian Urgent Mental Health Care Centre model.
44. The Commonwealth agrees to:
 - a. Co-fund the operating costs for the existing Urgent Mental Health Care Centre in Adelaide.
 - b. Fully fund the establishment and operating costs for the Medicare Mental Health Centre in

Northern Adelaide.

- i. The Northern Adelaide centre will be fully integrated with the state-funded Crisis Stabilisation Unit, and operated in accordance with the Commonwealth Medicare Mental Health Centre national service model.
 - c. Fully fund the establishment and operation costs of two small Medicare Mental Health Centres:
 - i. One to be established in Mount Gambier in 2021-22 and operational in 2022-23.
 - ii. One to be established in Port Pirie in 2022-23 and operational in 2023-24.
45. South Australia agrees to:
 - a. Co-fund the operating costs for the existing Urgent Mental Health Care in Adelaide to extend the service to 24/7 operations.
 - b. Fully fund the establishment and operating costs of a Crisis Stabilisation Unit in South Australia, to be fully integrated with the Northern Adelaide Medicare Mental Health Centre.
 - c. Provide funding to enhance the capability of the Northern Adelaide Medicare Mental Health Centre to support full integration with the Crisis Stabilisation Unit.
46. The Commonwealth will provide its portion of funding for Medicare Mental Health Centres to PHNs in South Australia who will work closely with South Australia to jointly plan and commission services.
47. The Commonwealth and South Australia agree to work collaboratively in determining the enhancements to be delivered through the Mount Barker Medicare Mental Health Centre. An integrated and joint governance arrangement will be established to oversee the operation of the centre.

Aboriginal Social and Emotional wellbeing Centre

48. The Commonwealth and South Australia agree to:
 - a. Co-fund the establishment and operation of one new Aboriginal Mental Health and Wellbeing Centre to commence establishment in 2022-23 and be operational by the end of 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.
49. The Commonwealth agrees to transfer its portion of funding directly to South Australia for the establishment and ongoing operation of the Aboriginal Mental Health and Wellbeing Centre.

Investing in Child Mental Health and Wellbeing

50. The Commonwealth and South Australia agree to:
 - a. Work collaboratively, through Commonwealth funding and existing state resource contribution, to establish and operate one Medicare Mental Health Kids Hub with scope for a jointly agreed decentralised model across up to two locations that integrates with existing services. The location of the Medicare Mental Health Kids Hub will align with existing election commitments announced by Commonwealth and South Australian Governments in May 2022.
 - b. Commence operation of services in 2025-26.

- c. Work collaboratively to continue to improve access to multidisciplinary mental health and wellbeing services for children in South Australia.
 - d. Work together to implement a flexible model that aligns with the Medicare Mental Health Kids National Service Model and national branding.
51. The Commonwealth will fully fund one Medicare Mental Health Kids Hub and provide its funding directly to South Australia to establish and operate the service through a decentralised model agreed by both Parties.

Enhancement and Expansion of Youth Mental Health Services

52. The Commonwealth agrees to fully fund the establishment and operation of one new headspace site in South Australia.
53. The Commonwealth and South Australia agree to work collaboratively to enhance, through Commonwealth funding and existing state resource 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.

Aftercare Services

54. The Commonwealth and South Australia agree to work towards achieving universal aftercare services to support individuals following a suicide attempt and/or suicidal crisis.
55. The Commonwealth and South Australia agree to:
- a. Co-fund the continuation of the existing service being delivered under *the Way Back Support Service via the Aftercare Following Suicide Attempt Agreement, the Transition Extension to 2023-24* (the Way Back Support Service), until 30 June 2024.
 - b. Work together to implement suitable transition arrangements from the Way Back Service to continue aftercare services, commissioned by the PHN, until 30 June 2026.
 - c. Work towards achieving universal aftercare services to support individuals following a suicide attempt and/or suicidal crisis, which could be through the Way Back Service, or other models.

Distress Brief Support Trial

56. The Commonwealth and South Australia agree to work collaboratively with the shared objective of preventing and reducing suicidal behavior in South Australia.
57. The Commonwealth agrees to:
- a. Fund one Distress Brief Support Trial site in South Australia with the objective of preventing and reducing suicidal behaviour through early intervention in non-mental health settings.
58. The Commonwealth and South Australia will:
- a. Agree to the principles and objectives of the Distress Brief Support Trial, including pilot location, implementation and delivery approach, and evaluation of the trial.
 - b. Ensure the program integrates with the existing service system.

Postvention Support

59. The Commonwealth agrees to fund YouTurn Ltd until 2024-25 to continue existing service provision for postvention support in South Australia, modelled on the StandBy Support After Suicide Program to ensure people in South Australia who are bereaved or impacted by suicide can access its services.

Preventing and Reducing Suicidal Behaviour

60. In addition to the above measures, 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.
61. The Parties recognise South Australia's *Working Towards Zero Suicide* initiative is an approach to suicide prevention that is a key priority within South Australia's Mental Health Services Plan 2020-25. The *Towards Zero Suicide* initiative provides best practice suicide prevention care, support for people in contact with healthcare services, and ensures leadership of people with lived experience.

Perinatal Mental Health Screening

62. South Australia agrees to work towards providing nationally consistent perinatal mental health screening data to the Australian Institute of Health and Welfare (AIHW) from 2023-24 and on identifying and addressing gaps in perinatal mental health screening.
63. The Commonwealth agrees to:
 - a. Continue to fund the Centre of Perinatal Excellence to at least 2026-27
 - b. through existing arrangements for provision of the iCOPE tool to states for use in public antenatal and postnatal settings free of charge.
 - c. Continue to fund the AIHW through existing arrangements to support national perinatal mental health reporting.

Initial Assessment and Referral

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

National Phone/Digital Intake Service

67. 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, including those with lived experience, who will offer compassionate and consistent triage warm referrals to the most appropriate local services.
68. South Australia agrees to support referral pathways between state services and the Medicare Mental Health Centres.
69. The Commonwealth agrees to provide a one-time payment to South Australia to support implementation costs.

Regional Planning and Commissioning

70. 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, 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

71. The Commonwealth and South Australia agree to work collaboratively to:
 - a. Support alignment with the National Mental Health Workforce Strategy and similar

measures already funded by the Commonwealth and South Australia.

- 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

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

Performance and Reporting Requirements

- 73. Performance and reporting requirements are outlined in Annex B.

Annex A: Financial contributions

The Commonwealth will provide an estimated financial contribution of \$125.02m in respect of this Schedule, as outlined in Table 1.

South Australia will provide an estimated financial contribution of \$80.18m as outlined in Table 1, and in-kind support in respect of this Schedule. The Commonwealth recognises South Australia's broader significant investment to reform its mental health and suicide prevention system in parallel to this schedule totaling \$40.8m, including \$3.1m for additional community mental health staff; \$7.8 million for Child and Adolescent Mental Health Services, including additional child psychiatrists and child psychologists; and \$29.9 million for Community Mental Health services.

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	2026-27	Total
Estimated total budget	3,070,000	20,507,561	41,184,573	46,037,558	43,122,464	51,276,189	205,198,345
Commonwealth total contribution	170,000	7,707,561	28,284,573	29,637,558	26,322,464	32,901,469	125,023,625
Estimated payments to South Australia	-	400,000	7,437,000	9,174,415	9,413,465	9,762,151	36,187,031
Other Commonwealth payments	170,000	7,307,561	20,847,573	20,463,143	16,908,999	23,139,318	88,836,594
South Australia total contribution	2,900,000	12,800,000	12,900,000	16,400,000	16,800,000	18,374,720	80,174,720
South Australia financial commitments	2,900,000	12,800,000	12,900,000	16,400,000	16,800,000	18,374,720	80,174,720

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	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Commonwealth payments to South Australia	-	400,000	7,437,000	9,174,415	9,413,465	9,762,151	36,187,031
Adult mental health centre and satellite network (Medicare Mental Health Centres)							
Urgent Mental Health Care Centre (Commonwealth contribution)	-	-	-	4,143,415	4,201,465	4,425,063	12,769,943
Aboriginal Social and Emotional Wellbeing Centre	-	-	2,100,000	1,600,000	1,700,000	1,740,800	7,140,800
Investing in child mental health and wellbeing	-	-	5,337,000	3,431,000	3,512,000	3,596,288	15,876,288
IAR Tool	-	200,000	-	-	-	-	200,000
National Phone Digital Intake Service	-	200,000	-	-	-	-	200,000
Other Commonwealth payments	170,000	7,307,561	20,847,573	20,463,143	16,908,999	23,139,318	88,836,594
Adult mental health centre and satellite network (Medicare Mental Health Centres)							
Northern Adelaide Medicare Mental Health Centre (co-located with the Crisis Stabilisation Centre) (Commonwealth only funded)	-	1,750,000	4,086,269	4,143,415	4,201,465	4,302,300	18,483,449
Mount Barker Medicare Mental Health Centre (enhanced to include Urgent Mental Health Care Centre) (Commonwealth only-funded)	-	1,750,000	4,086,269	4,143,415	4,201,465	4,302,300	18,483,449
Mount Gambier and Port Pirie Medicare Mental Health Centres (Commonwealth only funded)	170,000	1,237,561	2,165,035	2,195,313	2,226,069	2,279,495	10,273,473
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	4,823,040	17,713,040
Service delivery costs at new sites	-	-	-	1,090,000	1,570,000	1,607,680	4,267,680

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	Total
Aftercare services	-	-	5,341,000	3,891,000	-	4,068,056	13,300,056
Distress Brief Support Trial	-	-	1,823,000	624,000	-	652,394	3,099,394
Postvention	-	-	1,056,000	1,056,000	-	1,104,052	3,216,052
Commonwealth total contribution	170,000	7,707,561	28,284,573	29,637,558	26,322,464	32,901,469	125,023,625

South Australia contribution

South Australia financial commitments	2,900,000	12,800,000	12,900,000	16,400,000	16,800,000	18,374,720	80,174,720
Adult mental health centre and satellite network							
Crisis Stabilisation Centre (to be co-located with a Medicare Mental Health Centre) (state funded)	2,900,000	11,700,000	10,000,000	8,500,000	8,600,000	9,169,680	50,869,680
Urgent Mental Health Care Centre (to be co-located with a Medicare Mental Health Centre) (state-funded)	-	500,000	1,400,000	1,500,000	1,600,000	1,701,440	6,701,440
Urgent Mental Health Care Centre (existing centre) (state funded)	-	-	-	4,800,000	4,900,000	5,690,880	15,390,880
Aboriginal Social and Wellbeing Centre	-	600,000	1,500,000	1,600,000	1,700,000	1,812,720	7,143,000
South Australia total in-kind contribution	-	-	-	-	-	-	-
South Australia total contribution	2,900,000	12,800,000	12,900,000	16,400,000	16,800,000	18,374,720	80,174,720

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"> • Medicare Mental Centre and Satellite Network (Medicare Mental Health Centres) • Aboriginal Mental Health and Wellbeing Centre • Child mental health and wellbeing • Enhancement and integration of youth mental health services • Initial Assessment and Referral tool 	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.	Three months prior to each service becoming operational	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)
Revised Joint Commonwealth-State Implementation plan and Annual Performance report	<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"> • Adult Mental Health Centre and Satellite Network(Medicare Mental Health Centres) • Aboriginal Social and Emotional Wellbeing Centre • Child mental health and wellbeing 	31/10/2023	\$7,437,000 (Aboriginal Mental Health and Wellbeing Centre, Medicare Mental Health Kids Hubs)

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
	<ul style="list-style-type: none"> • Enhancement and integration of youth mental health services • Aftercare services • Distress Brief Support Trial • Postvention support • Initial Assessment and Referral tool <p>Performance report against the Joint Commonwealth-State 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.</p>		
Annual performance report	<p>Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from 01/07/2023 to 30/06/2024.</p> <p>Refer to Table 4 for detail of the requirements.</p>	31/08/2024	<p style="text-align: right;">\$9,174,415</p> <p>(Existing adult mental health centre, Aboriginal Mental Health and Wellbeing Centre, Medicare Mental Health Kids Hubs)</p>
Annual performance report	<p>Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from 01/07/2024 to 30/06/2025.</p> <p>Refer to Table 4 for detail of the requirements.</p>	31/08/2025	<p style="text-align: right;">\$9,413,465</p> <p>(Existing adult mental health centre, Aboriginal Mental Health and Wellbeing Centre, Medicare Mental Health Kids Hubs)</p>
Annual performance report	<p>Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from 01/07/2025 to 30/06/2026.</p> <p>Refer to Table 4 for detail of the requirements.</p>	31/08/2026	<p style="text-align: right;">\$9,762,151 (Commonwealth payment to South Australia for Aboriginal Social and Emotional Wellbeing Hubs and Medicare Mental Health Centre)</p>
Annual performance report	<p>Performance report against the Joint Commonwealth-State Implementation Plan and key deliverables for the period from 01/07/2026 to 30/06/2027.</p> <p>Refer to Table 4 for detail of the requirements.</p>	31/08/2027	<p style="text-align: right;">Nil</p>
Final report	<p>Final report for the period from execution of this Schedule to 30/06/2026, for:</p>	31/08/2027	<p style="text-align: right;">Nil</p>

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
	<ul style="list-style-type: none"> • Adult Mental Health Centre and Satellite Network (Medicare Mental Health Centres) • Aboriginal Social and Emotional Wellbeing Centre • Child mental health and wellbeing • Enhancement and integration of youth mental health services • Aftercare services • Distress Brief Support Trial • Postvention support • Initial Assessment and Referral tool • Collaboration, implementation and governance in line with joint regional mental health and suicide prevention plan <p>Refer to Table 5 for detail of the requirements.</p>		

Table 4: Performance reporting requirements

Initiative	Requirements
<p>Adult Mental Health Centre and Satellite Network (Medicare Mental Health Centres)</p>	<ul style="list-style-type: none"> • 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"> ○ growth in service volume, ○ 100% of clients at risk of suicide followed up within 7 days, ○ proportion of services delivered to the Aboriginal and Torres Strait Islander population that were culturally appropriate; and ○ 70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia within a month of the evaluation's completion.
<p>Aboriginal Mental Health and Wellbeing Centre</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-State Implementation Plan. • Evidence of improved mental health outcomes for consumers, and positive consumer and carer experiences.
<p>Child Mental Health and Wellbeing</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-South Australia Implementation Plan. Performance reports against Key Performance Indicators developed through the National Agreement, and including: <ul style="list-style-type: none"> ○ growth in service volume, ○ 100% of clients at risk of suicide followed up within 7 days, ○ proportion of services delivered to the Aboriginal and Torres Strait Islander population that were culturally appropriate; and ○ 70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia within a month of the evaluation's completion.
<p>Enhancement and integration of youth mental health services</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-State Implementation Plan. • Quantification of financial and in-kind contributions • Report on regular engagement to monitor implementation. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia within a month of the evaluation's completion.
<p>Aftercare services</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-South Australia Implementation Plan. • Evaluation plan.

Initiative	Requirements
	<ul style="list-style-type: none"> Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia within a month of the evaluation's completion.
Distress Brief Support Trial	<ul style="list-style-type: none"> Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-South Australia Implementation Plan. Progress report against key program outcomes when available, including: <ul style="list-style-type: none"> Reduction of psychological distress in consumers Increased service system capability to identify and respond to distress when and where it presents. Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia within a month of the evaluation's completion.
Postvention Support	<ul style="list-style-type: none"> Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-South Australia Implementation Plan. Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia within a month of the evaluation's completion.
Initial Assessment and Referral tool	<ul style="list-style-type: none"> Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth State Implementation Plan.
Joint regional mental health and suicide prevention plan	<ul style="list-style-type: none"> Performance report on support and engagement provided to the joint regional planning processes by South Australia Health and South Australian PHNs.

Table 5: Final Report requirements

Initiative	Requirements
Adult Mental Health Centre and Satellite Network (Medicare Mental Health Centres)	<ul style="list-style-type: none"> Confirmation of total expenditure Assessment of integration approach, including referral in and out of Head to Health Assessment of outcomes at start and end of episode Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Schedule
Aboriginal Mental Health and Wellbeing Centre	<ul style="list-style-type: none"> Confirmation of total expenditure Assessment of integration approach, including referral in and out of the Wellbeing Centre Assessment of outcome improvement Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Schedule Report on any other agreed performance indicators
Child Mental Health and Wellbeing	<ul style="list-style-type: none"> Confirmation of total expenditure Assessment of integration approach, including referral in and out of Medicare Mental Health Kids Hubs

Initiative	Requirements
	<ul style="list-style-type: none"> • Assessment of outcomes at start and end of episode • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Schedule.
Enhancement and integration of youth mental health services	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Assessment of integration approach • Identification of ongoing activities to maintain integration of services • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Schedule.
Aftercare services	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Schedule.
Distress Brief Support Trial	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Schedule.
Postvention Support	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and South Australia by the end of this Schedule.
Initial Assessment and Referral tool	<ul style="list-style-type: none"> • Report on any remaining State-funded services and clinical services that have not adopted the Initial Assessment and Referral tool.
Joint regional mental health and suicide prevention plan	<ul style="list-style-type: none"> • Ongoing collaboration, implementation and governance in line with comprehensive joint regional mental health and suicide prevention plan, with identified priorities and actions. • Identified priorities and actions should inform further reform and planning processes.

Table 6: Number of proposed sites for initiatives

Initiative	Funding		Number of sites					Total
			2021-22	2022-23	2023-24	2024-25	2025-26	
Medicare Mental Health Centres	Full centres, Co-located, enhanced	Established	0	2	0	0	0	0
		Operational	1 [^]	1	3	3	3	3
Medicare Mental Health Centres	Small centres, Commonwealth only funded	Established	1	1	0	0	0	0
		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
Medicare Mental Health Kids Hubs	Commonwealth only funded	Established	0	0	1	0	0	1
		Operational	0	0	0	0	1	1

[^] 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 Mark Butler MP

Minister for Health, Disability and Ageing

Minister for Disability and the National Disability Insurance Scheme

[Day] [Month] [Year]

28 11 25

Signed for and on behalf of South Australia by



The Honourable Chris Picton MP

Minister for Health and Wellbeing

[Day] [Month] [Year]

2 11 26