

BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: TASMANIA

Parties to the Schedule

1. This is a Schedule between:
 - a. the Commonwealth of Australia; and
 - b. the state of Tasmania.

Term of the Schedule

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 22 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 Tasmania, 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 Tasmania 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.

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 will be specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and Tasmania 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. continued operational funding for the Launceston Medicare Mental Health Centre.
- b. fully funding the establishment and operation of three small Medicare Mental Health Centres in Tasmania.
- c. providing funding directly to the Tasmanian Government to integrate three Medicare Mental Health Kids Hubs with Tasmania's Child and Family Learning Centres (CFLCs).
- d. fully funding the establishment and operation of one new headspace site in Tasmania.
- e. increasing access to youth mental health services in alignment with Tasmania's youth mental health reform program.
- f. contributing funding to the Tasmanian Government to support perinatal mental health screening, and the provision of the iCOPE perinatal mental health screening platform and the development of a national perinatal mental health minimum data set.
- g. maintaining and enhancing the Commonwealth's Initial Assessment and Referral Tool and implementing in primary care and Commonwealth-funded mental health services.
- h. contributing funding to the Tasmanian Government to support establishing and operating three eating disorders day programs.

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

- a. fully funding two Integration Hubs (to be co-branded Medicare Mental Health) in southern Tasmania.
- b. continuing to deliver Tasmania's CFLCs.
- c. working towards providing nationally consistent perinatal mental health screening data to the Australian Institute of Health and Welfare from 2023-24 and identify and address gaps in perinatal mental health screening.
- d. establishing and operating three eating disorder day programs which are integrated within the stepped system of care for eating disorder services in Tasmania.
- e. adopting and implementing the Initial Assessment and Referral Tool in Tasmanian mental health clinical services to support integration and referral pathways between services.

13. To support delivery of the initiatives identified in this Schedule, the Parties will jointly be responsible for:

- a. working collaboratively to provide a more integrated, seamless mental health care system for adults and older adults, including working together to establish a network of Head to Health adult mental health services.
- b. agreeing and implementing an integrated service model for child health and wellbeing services within the three Tasmanian CFLCs, where Medicare Mental Health Kids Hubs will be integrated to improve access to multidisciplinary team care. This model will:
 - i. consider Tasmania's current system and population needs; and
 - ii. align with the principles of Medicare Mental Health Kids National Service Model and Medicare Mental Health Kids Hubs branding and draw on national support where applicable.
- c. work in partnership to improve access to multidisciplinary youth mental health services in Tasmania, ensuring integration with existing services without causing increased fragmentation.
- d. enhancing digital capture of perinatal mental health screening data collected from public antenatal and postnatal care settings.

- e. establishing and operating an intake and assessment phone service that promotes seamless integration between all Tasmanian mental health services and avoids duplication.
- f. supporting the Local Health Network and Tasmania Primary Health Network to work together to develop and implement Joint Comprehensive Plans and to commission local services to undertake activities in accordance with these plans where agreed between the Parties.
- g. continue existing service provision of aftercare services (Way Back Support Service) to the end of the current co-funding agreement (30 June 2023).
- h. co-funding aftercare services for people in suicidal crisis and after a suicide attempt, as part of Tasmania's comprehensive approach to people in suicidal distress from 1 July 2023.
- i. collecting and reporting data to support the objectives of this Schedule, including achieving comprehensive health data access, usage and sharing, whilst maintaining data security and preserving individual's privacy.

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 Tasmania, 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; and
 - c. ensure the particular needs of vulnerable 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.

Publication

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

Linkages with other Schedules

19. 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.
20. Where inconsistencies exist between the requirements of the Schedule and the NHRA, 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 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; and
 - l. Rethink 2020: A state plan for mental health in Tasmania 2020-2025.

Whole of Government

22. The Parties recognise that the enablers of mental health 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.
24. Commonwealth and state Ministers with portfolio responsibility for Mental Health are authorised to agree and amend this Schedule.
25. 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 Health Chief Executives for resolution. Health Chief Executives will report to Health Ministers on implementation and key risks as required.
26. 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

27. The Parties agree to fund delivery of initiatives in this Schedule as outlined in Annex A.
28. 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.
29. Similarly, the Commonwealth will not fund through other Commonwealth programs any services that are funded through this Schedule.

Data and Evaluation

Data

30. Tasmania will work with the Commonwealth and other states and territories (states) through the National Agreement 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.
31. For each initiative in this Schedule, Tasmania and the Commonwealth will agree, within 6 months, the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes.
32. If required, the commissioning organisation will be responsible for modifying processes to collect the minimum requirements and facilitating data access for both Tasmania and the Commonwealth in a timely manner (at least quarterly in line with the requirements in the National Agreement at Part 7 [Data and Evaluation] and Annex C [Nationally Consistent evaluation principles]). Data collection and reporting processes will transition to nationally agreed approaches as part of the National Agreement.

Evaluation

33. The Commonwealth and Tasmania 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

34. 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 Tasmania
 - c. prevent and reduce suicidal behaviour, and
 - d. deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
35. 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)

36. The Commonwealth and Tasmania agree to work collaboratively with the shared objective to address gaps in the mental health and suicide prevention system and provide more integrated, seamless mental health care for adults and older adults.

37. The Commonwealth agrees to:

- a. fully fund the operating costs for Launceston Medicare Mental Health Centre.
- b. fully fund the establishment and operation of three small Medicare Mental Health centres located in Burnie, Devonport and outer Hobart to be established in 2021-22 and operational in 2022-23.

38. Tasmania agrees to:

- a. fully fund two Integration Hubs (to be co-branded as Medicare Mental Health) in southern Tasmania.

39. The Commonwealth and Tasmania agree to:

- a. work together to develop and align consumer pathways in all relevant community-based adult mental health services.

Investing in Child Mental Health and Social and Emotional Wellbeing

40. The Commonwealth agrees to provide funding to integrate three Medicare Mental Health Kids Hubs with Tasmania's CFLCs, to be established in 2022-23 and operational in 2023-24.

41. The Commonwealth and Tasmania agree to:

- a. work collaboratively to continue to improve access to multidisciplinary team care to children.
- b. establish and co-fund child health and wellbeing services in Tasmania, noting Tasmania's investment in response to the review of the Child and Adolescent Mental Health Services will be recognised as its funding contribution.
- c. work together to flexibly integrate the Medicare Mental Health Kids Hubs into existing services which considers both Tasmania's existing service model for its CFLCs and aligns with the Medicare Mental Health Kids National Service Model principles and Medicare Mental Health Kids Hubs branding.

42. The Commonwealth agrees to provide its portion of the funding directly to the Tasmanian Government to support commissioning of child health and wellbeing services in Tasmania.

Enhancement and Expansion of Youth Mental Health Services

43. The Commonwealth agrees to fully fund the establishment and operation of one new headspace site in Tasmania.

44. The Commonwealth and Tasmania will work in partnership to improve access to multidisciplinary youth mental health services in Tasmania, ensuring integration with existing services without causing increased fragmentation.

Aftercare Services

45. The Commonwealth and Tasmania agree to the objective of achieving universal aftercare services to support individuals following a suicide attempt and/or suicidal crisis.

46. The Commonwealth and Tasmania agree to:

- a. continue the existing service (the Way Back Support Service) being delivered under the *Bilateral Agreement for Aftercare Following a Suicide Attempt Measure* which is due to cease on 30 June 2023.
- b. work together to implement suitable transition arrangements from the Way Back Support Service towards universal aftercare arrangements, which could include the Way Back Support Service model of aftercare, from 1 July 2023.
- c. continue to provide aftercare services to support individuals following a suicide attempt

and/or suicidal crisis, as part of Tasmania's comprehensive approach to people in suicidal distress, from 1 July 2023.

- d. provide funding from the Commonwealth and Tasmania to PHN to directly commission the services or undertake a co-commissioning approach with the Local Hospital Network or Tasmanian Government.

Perinatal Mental Health Screening

47. The Commonwealth and Tasmania agree to work collaboratively to:
 - a. build on existing infrastructure to enhance digital capture and reporting of perinatal mental health screening data from public antenatal and postnatal care settings in Tasmania.
 - b. Tasmania agrees to work towards providing nationally consistent perinatal mental health screening data to the Australian Institute of Health and Welfare from 2023-24.
 - c. Tasmania agrees to work towards identifying and addressing gaps in perinatal mental health screening.

National Phone/Digital Intake Service

48. The Commonwealth and Tasmania will work collaboratively to implement a single, state-wide intake and assessment phone service that integrates with Tasmania's existing state-based systems.
49. The service will be staffed by therapeutic professionals who will offer compassionate and consistent triage using the Initial Assessment and Referral (IAR) tool and support warm referrals to the most appropriate local services.
50. The Intake Phone Service will support integration of all mental health services in Tasmania to offer a seamless care pathway for consumers into and between services.

Initial, Assessment and Referral

51. Tasmania agrees to adopt and support the use of the Initial, Assessment and Referral (IAR) tool to support consistent intake, referral and integration across all state-funded services and clinical services in Tasmania.
52. The Commonwealth agrees to maintain the current IAR tool and implement the IAR in general practice and Commonwealth-funded mental health care services.

Eating Disorders Day Program and Residential Eating Disorder Centres

53. Tasmania will ensure its residential eating disorder centre is completed in accordance with the provisions of the Community Health and Hospitals Program Agreement.
54. The Commonwealth will provide the Tasmanian Government with funding to establish and deliver three eating disorders day programs in 2022-23, to provide additional support for people with eating disorders in Tasmania.
55. Tasmania will ensure that funding allocated to support the establishment and operation of eating disorder initiatives is maintained throughout the life of the Schedule.

Workforce

56. The Commonwealth and Tasmania agree to work collaboratively:
 - a. to support alignment with the soon-to-be finalised National Medical Workforce Strategy and similar measures already funded by the Commonwealth;
 - b. on training and placements to 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;
 - c. to promote mental health careers as an attractive career option;

- d. to support a national approach to attracting an overseas workforce with consideration given to broader health workforce needs; and
- e. with all governments to build structures and supports for the Lived Experience workforce.

Regional Planning and Commissioning

- 57. The Parties acknowledge the importance of regional planning to identify the specific mental health, suicide prevention and support needs of local communities, particularly in rural and regional areas.
- 58. The Parties agree to continue to support the development, implementation and monitoring of joint regional mental health and suicide prevention plans between the Tasmanian Primary Health Network, its local hospital networks and consumers, carers and service providers. This includes undertaking activities in accordance with this plan and supporting the joint service planning and commissioning of services to meet local needs and establishment of governance to enable shared decision making and evaluation.
- 59. Tasmania agrees to 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.

Performance and Reporting Requirements

- 60. Performance and reporting requirements are outlined in Annex B. A template for performance reporting will be developed and agreed by both Parties as part of implementation.
- 61. Tasmania will provide annual performance reports in accordance with Annex B during the operation of the Schedule providing information about progress against each initiative.
- 62. The performance reporting requirements in Table 4 outline information already reported on by services commissioned by the Tasmanian Primary Health Network. The reporting requirements under this Schedule will not duplicate this existing reporting, and Tasmania will not be required to provide additional reporting to that which is already in place between the Tasmanian Primary Health Network and its commissioned services.
- 63. For new initiatives where there is no preexisting reporting in place, the Parties will agree relevant performance indicators as part of implementation planning.
- 64. The Parties will jointly provide a final report against all initiatives under this Schedule, in line with the template to be referenced at Clause 61. The final report will include advice on the progress of implementation against the jointly developed implementation plans, total expenditure, assessment of approach and outcomes, and evaluation information. Details regarding final reports will be settled as part of the implementation planning process and will not be onerous for both Parties.
- 65. The final report will be consistent with Part 7 [‘Data and Evaluation’] and Annex C [Nationally Consistent evaluation principles] of the National Agreement, once finalised. In accordance with clause 17 of the National Agreement, preparation of the final report will recognise Tasmania’s individual circumstances and priorities (including the availability of appropriate data and resourcing requirements for evaluation activities).

Annex A: Financial contributions

The Commonwealth will provide an estimated financial contribution of \$60.49m in respect of this Schedule, as outlined in Table 1.

Tasmania will provide an estimated in-kind contribution of \$12.50m as outlined in Table 1, in respect to this Schedule.

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

Detailed financial contributions are outlined in Table 2.

Table 1: Summary of Financial Contributions

(\$)	2021-22 (\$)	2022-23 (\$)	2023-24 (\$)	2024-25 (\$)	2025-26 (\$)	2026-27 (\$)	Total (\$)
Estimated total budget	1,385,000	9,041,189	11,492,770	17,013,753	16,074,873	17,981,273	72,988,857
Commonwealth total contribution	1,385,000	7,969,352	9,086,593	14,026,178	13,139,839	14,878,651	60,485,613
Estimated payments to Tasmania	875,000	2,446,837	3,133,502	3,158,502	1,822,000	3,289,184	14,725,025
Other Commonwealth payments	510,000	5,522,515	5,953,091	10,867,676	11,317,839	11,589,467	45,760,588
Tasmania total contribution	-	1,071,837	2,406,177	2,987,574	2,935,035	3,102,622	12,503,245
Tasmania in-kind contribution	-	1,071,837	2,406,177	2,987,574	2,935,035	3,102,622	12,503,245

Notes:

- Other Commonwealth payments include payments to Primary Health Networks 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 Tasmania	875,000	2,446,837	3,133,502	3,158,502	1,822,000	3,289,184	14,725,025
Perinatal mental health screening							
Universal perinatal mental health screening	-	185,837	361,502	361,502	-	377,952	1,286,793
National perinatal mental health check initiative	875,000	875,000	-	-	-	-	1,750,000
Investing in child mental health and social and emotional wellbeing	-	886,000	1,772,000	1,797,000	1,822,000	1,865,728	8,142,728
Eating Disorder Day Program	-	500,000	1,000,000	1,000,000	-	1,045,504	3,545,504
Other Commonwealth payments	510,000	5,522,515	5,953,091	10,867,676	11,317,839	11,589,467	45,760,588
Aftercare services for people discharged from hospital after a suicide attempt - additional aftercare services	-	1,749,833	1,125,539	1,141,292	1,157,270	1,185,044	6,358,978
Adult mental health centre and satellite network (Medicare Mental Health Centres)							
Launceston Medicare Mental Health Centre (Commonwealth only funded)	-	-	-	4,143,415	4,201,465	4,302,300	12,647,180
Medicare Mental Health Centres (small centres, Commonwealth only funded)	510,000	3,202,682	3,247,552	3,292,969	3,339,104	3,419,242	17,011,549
Enhancement and expansion of youth mental health services							
Boosting clinical capacity at existing sites	-	570,000	510,000	740,000	1,050,000	1,075,200	3,945,200
Service delivery costs at new sites	-	-	1,070,000	1,550,000	1,570,000	1,607,680	5,797,680
Commonwealth total contribution	1,385,000	7,969,352	9,086,593	14,026,178	13,139,839	14,878,651	60,485,613
Tasmania contribution							
Tasmania In-kind contribution	-	1,071,837	2,406,177	2,987,574	2,935,035	3,102,622	12,503,245

OFFICIAL

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	Total
Perinatal mental health screening	-	185,837	92,918	92,918	-	97,146	468,819
Adult mental health centre and satellite network (Integrated Hubs)	-	-	541,259	1,097,656	1,113,035	1,139,748	3,891,698
Investing in child mental health and social and emotional wellbeing	-	886,000	1,772,000	1,797,000	1,822,000	1,865,728	8,142,728
Tasmania total contribution	-	1,071,837	2,406,177	2,987,574	2,935,035	3,102,622	12,503,245

Annex B: Reporting requirements and payment summary

Table 3: Reporting requirements, due dates and payments

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Medicare Mental Health Kids National Service Model	Tasmania to provide feedback on the proposed draft Medicare Mental Health Child National Service model.	Completed	\$875,000 (Perinatal mental health screening initiative)
Agreed Minimum Data Specifications	For each initiative in this bilateral Schedule, Tasmania and the Commonwealth will agree the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes.	Six months from the date of execution of this schedule	Nil
Joint Commonwealth-Tasmania Implementation plan	Joint Commonwealth-Tasmania 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: <ul style="list-style-type: none"> • Adult Mental Health Centre and Satellite Network • Child mental health and social and emotional wellbeing hubs • Enhancement and Integration of youth mental health services • Perinatal mental health screening • Eating Disorder Day Programs 	30 November 2022	\$2,446,837 (Perinatal mental health screening initiative, child mental health, and Eating Disorder Day Program)
Data for Perinatal mental health screening	Nationally consistent perinatal mental health data provided to the Australian Institute of Health and Welfare	Within the first 18 months of execution of this Schedule.	Nil
Annual performance report	Performance report against the Joint Commonwealth-Tasmania Implementation Plan and key deliverables for the period from 01/12/2022 to 30/06/2023.	31/08/2023	\$3,133,502 (Perinatal mental health screening initiative, child mental health,

OFFICIAL

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
			and Eating Disorder Day Program)
Joint Regional Plan	Tasmania 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-Tasmania Implementation Plan and key deliverables for the period from 01/07/2023 to 30/06/2024.	31/08/2024	\$3,158,502 (Perinatal mental health screening initiative, child mental health, and Eating Disorder Day Program)
Annual performance report	Performance report against the Joint Commonwealth-Tasmania Implementation Plan and key deliverables for the period from 01/07/2024 to 30/06/2025.	31/08/2025	\$1,822,000 (Child mental health initiative)
Annual performance report	Performance report against the Joint Commonwealth-Tasmania Implementation Plan and key deliverables for the period from 01/07/2025 to 30/06/2026.	31/08/2026	\$3,289,184 (Commonwealth payment to Tasmania for Kids Hubs, Universal Perinatal Mental Health Screening, and Eating Disorder Day Program)

OFFICIAL

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Annual performance report	Performance report against the Joint Commonwealth-Tasmania Implementation Plan and key deliverables for the period from 01/07/2026 to 30/06/2027.	31/08/2027	Nil
Final report	Final report for the period from execution of this Schedule to 30/06/2027, for: <ul style="list-style-type: none"> • Adult Mental Health Centre and Satellite Network (Head to Health) • Enhancement and Integration of youth mental health services • Aftercare services for people after a suicide attempt • Perinatal mental health screening • Eating Disorders Day Program • Initial Assessment and Referral tool 	31/08/2027	Nil

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-Tasmania Implementation Plan. Performance reports against Key Performance Indicators developed through the National Schedule, 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 Tasmania within a month of the evaluations completion.
<p>Investing in Child Mental Health and Social and Emotional Wellbeing</p>	<ul style="list-style-type: none"> • Performance requirements to be agreed between the Parties as part of implementation.
<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-Tasmania Implementation Plan. • Regular engagement to monitor implementation. • Progress against evaluation and all evaluation findings to be made available to the Commonwealth and Tasmania within a month of completion.
<p>Aftercare services for people after a suicide attempt</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Tasmania Implementation Plan. • Evaluation plan. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Tasmania within a month of the evaluations completion.
<p>Perinatal mental health screening</p>	<ul style="list-style-type: none"> • Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Tasmania Implementation Plan and provision of perinatal mental health screening data to the Australian Institute of Health and Welfare. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Tasmania within a month of the evaluations completion.
<p>Eating disorder day programs</p>	<p>Performance report on the provision of services through the Eating Disorder Day Programs in Launceston and Burnie. Including:</p> <ul style="list-style-type: none"> • delivery of training; • staffing levels and skill set; • hours of operation; • participant numbers and diagnoses; • referral in source and referral out destination; and • clinical outcome measurement at baseline and discharge.

OFFICIAL

Initiative	Requirements
Initial Assessment and Referral tool	<ul style="list-style-type: none">• Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Tasmania 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 Tasmania Health and Tasmania's PHN.

Table 5: 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 centre, Commonwealth only funded (Launceston)	Established	0	0	0	0	0	0
		Operational	1	1	1	1	1	1
Medicare Mental Health Centres	Small centres, Commonwealth only funded	Established	3	0	0	0	0	0
		Operational	0	3	3	3	3	3
Integration Hubs	Tasmania only funded	Established	0	0	0	0	0	0
		Operational	2	2	2	2	2	2
Medicare Mental Health Kids Hubs	Co-funded	Established	0	3	0	0	0	3
		Operational	0	0	3	3	3	3
Enhancement and Expansion of Youth Mental Health Services	Commonwealth only funded	Boosting clinical capacity at existing sites*	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	1	0	0	1
		Operational	0	0	0	1	1	1
Eating Disorders Day Program	Commonwealth only funded	Established	0	3	0	0	0	3
		Operational	0	0	3	3	3	3

[^]Note that established sites are recorded as individual counts in the year they are established, whereas operational or existing sites are recorded as a cumulative total.

* The rollout and allocation of enhancement funding to specific headspace services will be determined by the Commonwealth. The number of services enhanced per year is indicative at this stage.

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 Tasmania by



The Honourable Bridget Archer MP
Minister for Health, Mental Health and
Wellbeing
Minister for Ageing
Minister for Aboriginal Affairs

[Day] [Month] [Year]

21 JAN 2026