

BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: QUEENSLAND

Parties to the Schedule

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

Term of the Agreement

2. This Schedule is expected to expire on 30 June 2026.
3. This Schedule may be amended at any time with the agreement of both Parties.
4. This Schedule will fall under the National Agreement and will be subject to all clauses agreed. 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 Queensland, if this relates to substantial financial or governance arrangements.
6. Both Parties will ensure prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities or initiatives within this Schedule.

Purpose

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

Principles

8. Activities within this Schedule will align with, and be carried out according to the National Agreement.

Roles and Responsibilities specific to this Schedule

9. This Schedule builds on the roles and responsibilities agreed under the National Health Reform Agreement to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.
10. Broad roles and responsibilities for the Commonwealth and the states and territories are specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and Queensland as they relate to this Schedule are set out below.
11. Under this Schedule, the Commonwealth agrees to be responsible for:
 - a. establishing new Head to Health adult mental health centres across Queensland, including fully funding the:

- i. establishment costs for five new centres and seven new satellites; and
 - ii. continued operation of the Townsville Head to Health centre.
 - b. consulting with Queensland on the establishment and operation of additional Adult Mental Health Centres and Satellites, if established and operational outside of this Schedule.
 - c. fully funding the establishment and ongoing operation of two new headspace sites in Queensland.
 - d. contributing funding for the enhancement of new and existing headspace services in Queensland. The rollout and allocation of enhancement funding to specific headspace services will be determined by the Commonwealth in consultation with Queensland during implementation.
 - e. providing funding to Queensland to establish and operate two Head to Health Kids Hubs.
 - f. co-designing a service model in collaboration with Queensland and providing national support for implementation and operation of the Head to Health Kids Hubs.
 - g. supporting national governance of the Distress Intervention trials, including collaboration across jurisdictions and with Scotland, supporting implementation of the model and a national approach to evaluation.
 - h. funding Beyond Blue to support the transition of existing Way Back Support Service sites under the *Aftercare Following a Suicide Attempt bilateral agreement* into this Schedule and integration of the new services into a national program of universal aftercare.
 - i. providing funding to Queensland to support perinatal mental health screening, and for the development of a perinatal mental health minimum data set.
 - j. providing funding to Queensland to deliver a range of early intervention community support programs in key areas including for perinatal mental health, family support, multicultural and refugees, eating disorders, and Clubhouses.
12. Under this Schedule, Queensland agrees to be responsible for:
- a. establishing and ongoing operation of two Head to Health Kids Hubs, in accordance with Clause 10(f) and in alignment with the Head to Health Kids National Service Model.
 - b. co-branding the Head to Health Kids Hubs, commensurate with both Parties investment and in consultation with relevant stakeholders including Primary Health Networks.
 - c. providing funding for State based child and youth mental health clinical in-reach into new and existing headspace sites (consistent with the headspace model) with the aim of enhancing service integration and thereby bridging gaps in treatment and care for young people.
 - d. working towards universal antenatal and postnatal mental health screening across public maternity and family care settings, enhancing the digital screening and data collection and contributing the data to a national perinatal mental health data set.
 - e. providing a range of early community support programs in key areas including for perinatal mental health, family support, multicultural and refugees, eating disorders, and Clubhouses.
13. To support delivery of the initiatives identified in this Schedule, the Parties will jointly be responsible for:
- a. co-funding, on a 50:50 basis, the ongoing operational costs for three Head to Health centres and five satellites to improve access to multidisciplinary adult mental health services and improve service integration.
 - b. co-funding, on a 50:50 basis, the establishment and ongoing operation of two Head to

Health Kids Hubs to improve access to multidisciplinary team care to infants and children.

- c. working together to enhance new and existing headspace services in Queensland to improve access to multidisciplinary team care for young people aged 12 to 25 years.
- d. 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.
- e. enhancing electronic collection and central extraction of perinatal mental health screening data collected from public antenatal and postnatal care settings.
- f. supporting the development of joint regional mental health and suicide prevention plans by the PHNs and Queensland Hospital and Health Services (HHS) to inform and strengthen commissioning at a local level.
- g. 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 for two sites.
- h. co-funding, on a 50:50 basis, the establishment of a trial of Distress Intervention in two sites.
- i. co-funding, on a 50:50 basis, universally available, statewide postvention services for people bereaved and impacted by suicide.
- 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. improving 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.
- l. working together to determine and agree the locations for new services.

Objectives and outcomes

14. The Parties agree on their shared objective to work collaboratively to implement systemic reforms that address gaps in the mental health and suicide prevention system, improve mental health outcomes for all people in Queensland, 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, LGBTQ+ people 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 Agreements

19. This Schedule builds on, and re-affirms, the roles and responsibilities as agreed through the National Health Reform Agreement Addendum 2020-25 (the NHRA), the clauses in this Schedule do not supersede those in the NHRA.
20. Where inconsistencies exist between the requirements of the Bilateral Schedule and the NHRA, the requirements of the NHRA will prevail.
21. Where relevant to the roles and responsibilities of the Parties, this Bilateral Schedule should be read together with the:
 - a. Fifth National Mental Health and Suicide Prevention Plan
 - b. National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
 - c. National Safety and Quality Digital 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. *Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023*
 - m. *Connecting Care to Recovery: a plan for Queensland's state-funded mental health alcohol and other drug services 2016-2021*; and

- n. *Mental Health Act 2016* (Queensland) and other relevant state-based legislation.

Whole of Government

22. The Parties recognise that the enablers of mental health and suicide prevention system 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 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 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 escalate to the Commonwealth and Queensland Health Chief Executives for resolution. Health Chief Executives will report to Health Ministers and/or Mental 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.
27. This Schedule will be jointly reviewed by December 2023 to assess progress and opportunity for more substantive reform.
28. The Parties will seek to agree, well in advance of the end of this bilateral schedule, any ongoing funding arrangements for all initiatives contained in this bilateral schedule. This is intended to provide service continuity and enable all Parties to consider continued funding as part of respective Budget processes.

Financial Contributions

29. The Parties agree to fund delivery of initiatives in this Schedule as outlined in Annex A.
30. 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 Agreement or any other Commonwealth program except as specifically exempt.
31. Similarly, the Commonwealth will not fund through other Commonwealth programs any services that are funded through this Agreement.

Data and Evaluation

Data

32. Queensland will work with the Commonwealth and other 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.
33. For each initiative in this Schedule, Queensland 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 Queensland 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.

Evaluation

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

Initiatives for Collaboration

35. The Parties agree on their shared objective to work collaboratively 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 Queensland
 - c. prevent and reduce suicidal behaviour; and
 - d. deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
36. The Commonwealth will provide funding directly to Queensland to fund initiatives to address gaps in the system of care and provide mental health and suicide prevention services for the 'missing middle'. Queensland will deliver a range of early intervention community support programs in key areas including for perinatal mental health, family support, multicultural and refugees, eating disorders, and Clubhouses.
37. As a priority in the first instance, the Parties agree to work together on key initiatives as described below.

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

38. The Commonwealth and Queensland agree to:
- a. 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.
39. The Commonwealth agrees to:
- a. continue operation of an existing centre in Townsville.
 - b. fully fund the establishment costs for five new centres and seven new satellites in Queensland:
 - i. one centre established in 2022-23 (operational from 2023-24)
 - ii. one centre established in 2023-24 (operational from 2024-25)
 - iii. one centre established in 2024-25 (operational from 2025-26)
 - iv. two centres to be established in 2025-26 (operational after 30 June 2026).
 - v. one satellite commences establishment in 2023-24 (operational from 2024-25)
 - vi. four satellites commence establishment in 2024-25 (operational from 2025-26)
 - vii. two satellites commence establishment in 2025-26 (operational after 30 June 2026).

40. The Commonwealth and Queensland agree to:
- a. co-fund on a 50:50 basis the operation of three new centres and five new satellite clinics before 30 June 2026.
 - i. one centre operational from 2023-24 (established in 2022-23)
 - ii. one centre operational from 2024-25 (established in 2023-24)
 - iii. one centre operational from 2025-26 (established in 2024-25).
 - iv. two centres operational after 30 June 2026 (established in 2025-26), with ongoing operational funding arrangements to be determined.
 - v. one satellite operational in 2024-25 (commences establishment in 2022-23)
 - vi. four satellites operational in 2025-26 (commence establishment in 2024-25)
 - vii. two satellites to be operational after 30 June 2026 (established in 2025-26), with ongoing operational funding arrangements to be determined.
 - viii. work together to determine the location of the new centres and satellite clinics.
41. The Commonwealth agrees to provide its funding contribution directly to PHNs in Queensland for commissioning Adult Mental Health Centres and Satellite Network.
42. Queensland agrees to provide its funding contribution directly to PHNs in Queensland for commissioning of Adult Mental Health Centres and Satellite Networks for the operation of the agreed three new Centres and five new Satellites.
43. The Parties will establish arrangements that enable the Queensland Department of Health, HHSs and PHNs to have a role in the governance and commissioning and oversight of ongoing operation of the Adult Mental Health Centres and Satellites.
44. The Commonwealth will consult with Queensland on the establishment and operation of any Adult Mental Health Centres and Satellites funded outside of this Schedule.

Investing in Child Mental Health and Social and Emotional Wellbeing

45. The Commonwealth and Queensland agree to:
- a. co-fund on a 50:50 basis the establishment and ongoing operation of two Head to Health Kids Hubs in Queensland with agreed areas of policy, funding, and service delivery responsibility:
 - a. one hub to commence establishment 2022-23 (and operation by 2023-24)
 - b. one hub to commence establishment in 2024-25 (and operation from 2025-26)
 - b. work collaboratively to continue to improve access to multidisciplinary team care for infants and children up to the age of 12.
 - c. work together to flexibly implement a model that aligns with the national Head to Health Kids Service Model and integrates with existing services.
46. The Commonwealth agrees to provide funding directly to Queensland to support the establishment and ongoing operation of two Head to Health Kids Hubs.

Enhancement and Integration of Youth Mental Health Services

47. The Commonwealth agrees to:
- a. fully-fund the establishment and operation of two new headspace sites in Queensland.
 - b. fund the enhancement of new and existing headspace services in Queensland, with the rollout and allocation of enhancement funding to specific headspace services to be determined by the Commonwealth in consultation with Queensland.

48. Queensland agrees to provide funding directly to HHS to support employment of specialist clinicians to support clinical in-reach and dedicated consultation-liaison to new and existing headspace sites, with the aim of enhancing integration and consistent with the headspace model.
49. The Commonwealth and Queensland agree to:
- a. work together to enhance current and planned headspace services to increase access to multidisciplinary youth mental health services in Queensland, with a focus on ensuring young people can access an appropriate level of support, wait times are minimised, and transition between headspace and Queensland's mental health and alcohol and other drug services is streamlined.
 - b. work collaboratively to identify an approach to improving access to multidisciplinary treatment and care for adolescents and young people aged 12-25 years, whilst supporting integration with existing services in Queensland.

Universal Aftercare Services

50. The Commonwealth and Queensland agree to the objective of achieving universal aftercare services to support individuals following a suicide attempt and / or suicidal crisis.
51. The Commonwealth and Queensland agree to:
- a. co-fund universal aftercare services to support individuals following a suicide attempt and / or suicidal crisis via a two-part approach:
 - i. Part 1: Implement twenty-four services to support those who have been discharged from hospital following a suicide attempt (Aftercare Services program); and
 - ii. Part 2: Implement a pilot to expand referral and entry pathways to Aftercare Services from other health settings in two of the twenty-four services to support those who have experienced a suicidal crisis without being admitted to hospital (Aftercare Pilot program).
 - b. the Commonwealth agrees to support the extension of the seven existing services funded under the *Aftercare following a suicide attempt bilateral agreement* until 30 June 2023. Following this extension, these services will transition into this Schedule.
 - c. establish commissioning arrangements that enable Queensland and PHNs to have joint responsibility for governance and decision-making for the Aftercare Services Program and Aftercare Pilot Program.
52. The Commonwealth agrees to provide funding directly to PHNs in Queensland.
53. Queensland agrees to provide funding directly to PHNs in Queensland to commission aftercare services.
54. Queensland will retain a portion of this funding to support HHS clinical components of the Aftercare program.

Distress Intervention Trial Program

55. The Commonwealth and Queensland will work collaboratively with the shared objective of preventing and reducing suicidal behaviour in Queensland through implementation of a Distress Intervention trial. This trial will provide timely access to support for those experiencing distress and who may be at heightened risk of suicide.
56. The Commonwealth and Queensland agree to work together to:
- a. co-fund and establish two Distress Intervention Trial sites in Queensland with the objective of preventing and reducing suicidal behaviour through early intervention in non-clinical health settings.

- b. agree on principles and objectives of the Distress Intervention Trial, including pilot locations
 - c. ensure the program integrates with the existing service system.
57. The Commonwealth and Queensland agree to co-commission the two Distress Intervention Trial sites with arrangements to be settled in the implementation plan. The Commonwealth and Queensland agree to provide their financial contributions to jointly fund the co-commissioned trial sites.

Postvention Support

58. The Commonwealth and Queensland agree to co-fund Youturn Ltd to deliver postvention support based on the StandBy Support After Suicide Program to ensure all people in Queensland who are bereaved or impacted by suicide can access its services.
59. Queensland agrees to provide funding directly to the Commonwealth to commission the postvention services.
60. The Parties will establish arrangements with Youturn Ltd including decision making in respect of service delivery, co-design of local arrangements, governance, oversight and evaluation of postvention services to ensure services meet the needs of all Queenslanders.

Perinatal Mental Health Screening

61. The Commonwealth and Queensland agree to work collaboratively to build on existing infrastructure to enhance digital capture and centralised extraction and national reporting of perinatal mental health screening data from public antenatal and postnatal care settings in the Queensland.
62. Queensland agrees to work towards providing nationally consistent perinatal mental health data to the Australian Institute of Health and Welfare (AIHW) within the first 12 months of the AIHW establishing an agreed approach to data extraction and reporting with Queensland.
63. Queensland agrees to strengthen existing approaches to universal antenatal screening, and work towards universal postnatal mental health screening across public maternity and family care settings.
64. The Commonwealth agrees to provide funding to Queensland to support perinatal mental health screening and the development of a perinatal mental health minimum data set.

National Phone/Digital Intake Service

65. The Commonwealth and Queensland will work collaboratively to:
- a. share information about existing assessment and referral systems to investigate opportunities for integration and avoid duplication
 - b. monitor and review the implementation of the National Phone/Digital Intake Service in other states and territories to consider its applicability in Queensland to support an integrated approach to consistent intake, assessment and referral across state-funded services and Commonwealth-funded services that does not duplicate existing arrangements for triage and referral in Queensland.
 - c. implement a consistent, state-wide intake and assessment phone service that integrates with existing systems.
66. Queensland agrees to support development of referral pathways between state services and Commonwealth services, including the Adult Mental Health Centres and Satellites (Head to Health).

Initial Assessment and Referral

67. The Commonwealth and Queensland agree to work collaboratively to:

- a. share information about existing state-wide assessment and referral systems to investigate opportunities for integration and avoid duplication; and
 - b. monitor and review the implementation of the Commonwealth Initial Assessment and Referral tool in other states and territories to consider opportunities to integrate intake, assessment and referral approaches across state-funded services and Commonwealth-funded services that does not duplicate existing arrangements for triage and referral in Queensland.
68. Queensland agrees to work towards adopting and supporting 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 during the life of this Schedule.
69. The Commonwealth agrees to maintain the current IAR tool and implement the IAR in general practice and Commonwealth-funded mental health care services and Adult Mental Health Centres and Satellites (Head to Health).

Workforce

70. The Commonwealth and the Queensland agree to work collaboratively to:
- a. support alignment with the soon-to-be finalised National Mental Health Workforce Strategy and similar measures funded by the Commonwealth and Queensland.
 - 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.
 - e. build structures and supports for Lived Experience workforce.

Regional Planning and Commissioning

71. The Parties acknowledge the importance of regional planning to identify the specific mental health and support needs of local communities, particularly in rural and regional areas.
72. The Parties agree to continue to support and encourage the development and implementation of joint regional mental health and suicide prevention plans between PHNs, the HHS, consumers, carers and service providers. This includes supporting the use of planning tools and methodologies including the National Mental Health Service Planning Framework; undertaking activities in accordance with these plans; supporting the joint service planning and commissioning of services to meet local needs; and establishing governance to enable shared decision making and evaluation.

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 \$150.85 million in respect of this Schedule, as outlined in Table 1. Queensland will provide an estimated financial contribution of \$109.55 million as outlined in Table 1, and in-kind support in respect of this Schedule. The Parties will ensure the collection, sharing and reporting of service activity data for all initiatives in this Schedule, and ensuring all initiatives are evaluated. Detailed financial contributions are outlined in Table 2.

Table 1: Summary of Financial Contributions

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Estimated total budget	1,935,000	57,699,192	52,517,247	69,276,100	78,974,840	260,402,378
Commonwealth total contribution	1,935,000	32,237,096	29,959,304	40,675,438	46,047,530	150,854,367
Estimated payments to Queensland	875,000	7,424,050	6,016,385	6,951,385	6,482,755	27,749,576
Other Commonwealth payments	1,060,000	24,813,046	23,942,918	33,724,052	39,564,775	123,104,792
Queensland total contribution	-	25,462,096	22,557,943	28,600,662	32,927,310	109,548,011
Estimated payments to Commonwealth	-	1,561,894	1,561,680	1,561,680	-	4,685,254
Queensland financial commitments	-	23,900,202	20,996,263	27,038,982	32,927,310	104,862,757

Notes:

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

Table 2: Detailed Financial Contributions

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Commonwealth contribution	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Commonwealth payments to Queensland	875,000	7,424,050	6,016,385	6,951,385	6,482,755	27,749,576
Investing in child mental health and social and emotional wellbeing	-	2,623,000	1,772,000	2,707,000	3,644,000	10,746,000
Perinatal mental health screening						
Universal perinatal mental health screening	-	1,926,050	1,405,630	1,405,630	-	4,737,310
National perinatal mental health check initiative	875,000	875,000	-	-	-	1,750,000
Gaps in the system of care	-	2,000,000	2,838,755	2,838,755	2,838,755	10,516,265
Other Commonwealth payments	1,060,000	24,813,046	23,942,918	33,724,052	39,564,775	123,104,792
Aftercare services for people discharged from hospital after a suicide attempt						
Additional aftercare services	-	11,083,029	8,586,456	8,706,634	8,828,527	37,204,646
Outside hospital trial	-	910,873	585,898	594,038	-	2,090,809
Distress Intervention Trial Program	-	1,207,250	615,750	624,375	-	2,447,375
Postvention	-	1,561,894	1,561,680	1,561,680	-	4,685,254
Adult mental health centre and satellite network						
Adult mental health centres (co-funded)	-	1,750,000	3,793,134	5,893,415	9,802,197	21,238,746
Adult mental health satellite clinics (co-funded)	-	-	170,000	1,228,828	3,122,586	4,521,414
Adult mental health centres (Commonwealth only funded)	-	-	-	4,143,415	4,201,465	8,344,880
Enhancement and expansion of youth mental health services						
Boosting clinical capacity at existing sites	-	5,720,000	5,560,000	7,861,667	10,470,000	29,611,667
Service delivery costs at new sites	1,060,000	2,580,000	3,070,000	3,110,000	3,140,000	12,960,000
Commonwealth total contribution	1,935,000	32,237,096	29,959,304	40,675,438	46,047,530	150,854,367
Queensland contribution	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Queensland payment to Commonwealth						
Postvention	-	1,561,894	1,561,680	1,561,680	-	4,685,254
	-	1,561,894	1,561,680	1,561,680	-	4,685,254
Queensland financial commitments						
Perinatal mental health screening	-	23,900,202	20,996,263	27,038,982	32,927,310	104,862,757
Aftercare services for people discharged from hospital after a suicide attempt	-	1,926,050	963,025	963,025	-	3,852,100
Additional aftercare services – PHN component	-	6,642,653	5,250,000	5,250,000	5,410,000	22,552,653
Additional Aftercare services – clinical coordination and governance support	-	4,440,376	3,336,456	3,456,634	3,418,527	14,651,993
Outside hospital trial	-	910,873	585,898	594,038	-	2,090,809
Distress Intervention Trial Program	-	1,207,250	615,750	624,375	-	2,447,375
Adult mental health centre and satellite network						
Adult mental health centres (co-funded)	-	-	2,043,134	4,143,415	6,302,197	12,488,746
Adult mental health satellite clinics (co-funded)	-	-	-	548,828	2,782,586	3,331,414
Investing in child mental health and social and emotional wellbeing	-	2,623,000	1,772,000	2,707,000	3,644,000	10,746,000
Enhancement of youth mental health services	-	6,150,000	6,430,000	8,751,667	11,370,000	32,701,667
Queensland total contribution	-	25,462,096	22,557,943	28,600,662	32,927,310	109,548,011

Annex B: Reporting requirements and payments

Table 3: Reporting requirements, due dates and payment summary

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Head to Health Child Hubs Model	Queensland to provide feedback on the proposed draft Head to Health Child Hubs model.	Within two months of execution of this schedule	\$875,000 (Commonwealth payment to Queensland for Perinatal initiative)
Joint Commonwealth-Queensland Implementation plan	<p>Joint Commonwealth-Queensland 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 • Child mental health and social and emotional wellbeing hubs • Enhancement and Integration of youth mental health services • Aftercare services for people after a suicide attempt • Distress Intervention Trial Program, also including: <ul style="list-style-type: none"> ○ evidence base on site selection, logistical arrangements, workforce training, and plan for data sharing for national evaluation of the Distress Intervention Trial. • Postvention Support • Perinatal mental health screening • Gaps in the System of Care 	Four months from the date of execution of this schedule	<p>\$4,623,000 (Commonwealth payment to Queensland for Head to Health Kids Hubs and Gaps in the System of Care)</p> <p>\$1,561,894 (Queensland payment to Commonwealth for Postvention)</p>
Agreed Minimum Data Specifications	For each initiative in this bilateral Schedule, Queensland and the Commonwealth will agree the minimum data specifications and reporting process to monitor service activity. Where appropriate, data	Six months from the date of execution of this schedule	Nil

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Joint Regional Plan	<p>collection will use the commissioning organisation's existing data collection and reporting processes.</p> <p>Queensland 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.</p>	<p>Within two years from the date of execution of this schedule</p> <p>Nil</p>	
Data for Perinatal mental health screening	<p>Nationally consistent perinatal mental health data provided to the Australian Institute of Health and Welfare as per clause 58 (or evidence that working toward data provision).</p> <p>Note: provision of data will be within 12 months of the AIHW establishing with Queensland an agreed approach to data extraction and reporting with Queensland (Clause 58)</p>	<p>Within 12 months of the AIHW establishing an agreed approach as per clause 58</p>	<p>\$2,801,050 (Commonwealth payment to Queensland for Perinatal initiative)</p>
Annual performance report	<p>Performance report against the Joint Commonwealth-Queensland Implementation Plan and key deliverables for the period from 01/07/2022 to 30/06/2023.</p> <p>Refer to Table 5 for detail of the requirements.</p>	<p>31/08/2023</p>	<p>\$6,016,385 (Commonwealth payment to Queensland for Perinatal initiative, Head to Health Kids Hubs and Gaps in the System of Care)</p> <p>\$1,561,680 (Queensland payment to Commonwealth for Postvention)</p>
Annual performance report	<p>Performance report against the Joint Commonwealth-Queensland Implementation Plan and key deliverables for the period from 01/07/2023 to 30/06/2024.</p> <p>Refer to Table 5 for detail of the requirements.</p>	<p>31/08/2024</p>	<p>\$6,951,385 (Commonwealth payment to Queensland for Perinatal</p>

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Annual performance report	Performance report against the Joint Commonwealth- Queensland Implementation Plan and key deliverables for the period from 01/07/2024 to 30/06/2025. Refer to Table 5 for detail of the requirements.	31/08/2025	initiative, Head to Health Kids Hubs and Gaps in the System of Care) \$1,561,680 (Queensland payment to Commonwealth for Postvention)
Distress Intervention Trial Evaluation	Jurisdiction's performance in national evaluation conducted by independent party to inform future service provision.	01/07/2026	\$6,482,755 (Commonwealth payment to Queensland for Head to Health Kids Hubs and Gaps in the System of Care)
Annual performance report	Performance report against the Joint Commonwealth- Queensland Implementation Plan and key deliverables for the period from 01/07/2025 to 30/06/2026. Refer to Table 5 for detail of the requirements.	31/08/2026	Nil
Final report	Final report for the period from execution of this Schedule to 30/06/2026, for: <ul style="list-style-type: none"> • Adult Mental Health Centre and Satellite Network (Head to Health) • Child mental health and social and emotional wellbeing hubs • Enhancement and integration of youth mental health services • Aftercare services for people after a suicide attempt 	31/08/2026	Nil

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
	<ul style="list-style-type: none"> • Distress Intervention Trial Program • Postvention Support • Perinatal mental health screening • Initial Assessment and Referral tool • Gaps in the System of Care • 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: Payment breakdown for Commonwealth payment to Queensland and Queensland payment to Commonwealth.

Payment total	Payment due	Funding flow
\$875,000	Within two months of execution of this schedule	Commonwealth payment to Queensland for Perinatal initiative
\$4,623,000	Four months from the date of execution of this schedule	Commonwealth payment to Queensland for Head to Health Kids Hubs and Gaps in the System of Care
\$1,561,894	Four months from the date of execution of this schedule	Queensland payment to Commonwealth for Postvention
\$2,801,050	Within 12 months of the AIHW establishing an agreed approach as per clause 58	Commonwealth payment to Queensland for Perinatal Initiative
\$6,016,385	31/08/2023	Commonwealth payment to Queensland for Perinatal Initiative, Head to Health Kids Hubs and Gaps in the System of Care
\$1,561,680	31/08/2023	Queensland payment to Commonwealth for Postvention
\$6,951,385	31/08/2024	Commonwealth payment to Queensland for Perinatal initiative, Head to Health Kids Hubs and Gaps in the System of Care
\$1,561,680	31/08/2024	Queensland payment to Commonwealth for Postvention
\$6,482,755	31/08/2025	Commonwealth payment to Queensland for Head to Health Kids Hubs and Gaps in the System of Care

Table 5: Performance reporting requirements

Commissioning leads for each initiative, in collaboration with relevant organisations, will be responsible for preparing one report to address the requirements outlined below for each initiative. The report will be provided to both Parties.

Initiative	Requirements
Adult Mental Health Centre and Satellite Network (Head to Health)	<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

Initiative	Requirements
	<ul style="list-style-type: none"> ○ 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 QLD within a month of the evaluations completion.
Investing in Child Mental Health and Social and Emotional Wellbeing	<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 QLD within a month of the evaluations completion.
Enhancement and Integration of headspace services	<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. ● Regular engagement to monitor implementation. ● Progress against evaluation and all evaluation findings have been made available to the Commonwealth and QLD within a month of the evaluations completion.
Aftercare services for people after a suicide attempt	<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. ● Evaluation plan. ● Progress against evaluation and all evaluation findings have been made available to the Commonwealth and QLD within a month of the evaluations completion.
Distress Intervention Trial Program	<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. ● Progress report against deliverables in each location for the period, including: <ul style="list-style-type: none"> ● Number of clients receiving Level 1 response, Level 2 response, and measures of improved wellbeing/decreased levels of distress/short-term needs met; ● Average wait time for contact from Level 2 response; ● Number of distress management plans developed; ● Evidence of referral pathways for Level 2 responses; and ● Staffing levels and skill set at each response level. ● Progress against evaluation and all evaluation findings have been made available to the Commonwealth and QLD within a month of the evaluations 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-Queensland Implementation Plan. ● Progress against evaluation and all evaluation findings have been made available to the Commonwealth and QLD within a month of the evaluations completion.

Initiative	Requirements
Perinatal mental health screening	<ul style="list-style-type: none"> • Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Queensland Implementation Plan and provision of perinatal mental health data to the Australian Institute of Health and Welfare. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and QLD within a month of the evaluations completion.
Gaps in the System of Care	<ul style="list-style-type: none"> • Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Queensland Implementation Plan.
Initial Assessment and Referral tool	<ul style="list-style-type: none"> • Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Queensland 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 Queensland Health, Queensland Health and Hospital Services (HHS) and Queensland PHNs. • Each PHN and related HHS to develop and report on joint regional mental health and suicide prevention plans

Table 6: Final Report requirements

Initiative	Requirements
Adult Mental Health Centre and Satellite Network (Head to Health)	<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 Queensland by the end of this Agreement.
Investing in Child Mental Health and Social and Emotional Wellbeing	<ul style="list-style-type: none"> • Confirmation of total expenditure • Assessment of integration approach, including referral in and out of Head to Health Kids • Assessment of outcomes at start and end of episode • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Queensland by the end of this Agreement.
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 Queensland by the end of this Agreement.
Aftercare services for people after a suicide attempt	<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 Queensland by the end of this Agreement.
Distress Intervention Trial Program	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan. • Assessment of initiative outcomes.

Initiative	Requirements
	<ul style="list-style-type: none"> • Confirmation of total expenditure. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Queensland by the end of this Agreement.
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 Queensland by the end of this Agreement.
Perinatal mental health screening	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan, including national reporting of perinatal mental health data to the AIHW. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Queensland by the end of this Agreement.
Gaps in the System of Care	<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 Queensland by the end of this Agreement.
Initial Assessment and Referral tool	<ul style="list-style-type: none"> • Report on any remaining State-funded services and clinical services that has 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.

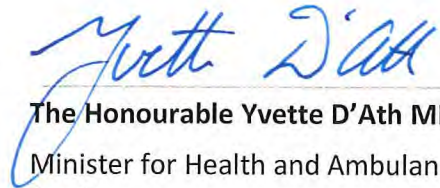
The Parties have confirmed their commitment to this schedule as follows:

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



The Honourable Greg Hunt MP
Minister for Health and Aged Care
[24] [March] [2022]

**Signed for and on behalf of the
Queensland by**



The Honourable Yvette D'Ath MP
Minister for Health and Ambulance
Services

[Day] [Month] [Year]

31 March 2022