

BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: VICTORIA

Preliminaries

The Victorian and Commonwealth Governments are committed to working together to improve mental health and wellbeing outcomes and reduce suicide for all Victorians.

On 2 March 2021, the final report of the Royal Commission into Victoria's Mental Health System (Royal Commission) was released, outlining a comprehensive vision for reforming the mental health and suicide prevention system in Victoria.

The Royal Commission sets out an ambitious agenda to redesign Victoria's mental health and wellbeing system, providing 65 recommendations to transform the way mental health and wellbeing treatment, care, and support is provided in Victoria. The Victorian Government has committed to implementing all its recommendations.

In addition to the Royal Commission, the findings from the Productivity Commission's Inquiry Report on Mental Health and the National Suicide Prevention Adviser's Final Advice have created a strong and comprehensive evidence base from which governments can drive reform and guide investment.

In its 2021-22 Budget, the Victorian Government invested \$3.8 billion in mental health and wellbeing, responding to the Royal Commission's recommendations and setting out a 10-year plan to transform the state's mental health and wellbeing system.

Similarly, the Commonwealth Government committed \$2.3 billion nationally through its 2021-22 Budget for mental health and suicide prevention, as its first phase of responding to the findings of the Productivity Commission's Inquiry Report on Mental Health and the National Suicide Prevention Adviser's Final Advice.

This Bilateral Schedule sets out a range of initiatives where the Victorian and Commonwealth Governments have agreed to partner to support these important reforms.

Parties to the Schedule

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

Term of the Agreement

2. This Bilateral Schedule (Schedule) is expected to expire on 30 June 2026. Funding beyond 30 June 2023 is contingent on Victoria signing the National Mental Health and Suicide Prevention Agreement (the National Agreement).
3. This Schedule may be amended at any time with the agreement of both Parties.
4. This Schedule will fall under the National Agreement and will be subject to all clauses agreed. Where inconsistencies exist between the Schedule and the requirements of the National Agreement, the National Agreement will prevail.
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 Victoria, 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 Victoria through collaborative efforts by the Parties to address gaps in the mental health and suicide prevention system.

Principles

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

Roles and Responsibilities specific to this Schedule

9. This Schedule builds on the roles and responsibilities agreed under the National Health Reform Agreement to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.
10. Broad roles and responsibilities for the Commonwealth and the states and territories will be specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and Victoria as they relate to this Schedule are set out below.
11. Under this Schedule, the Parties will be jointly responsible for:
 - a. addressing the group who are too unwell to have their needs met in primary care but not unwell enough (consistently, or sporadically) to access specialist mental health services, via the following initiatives:
 - i. a network of community-based adult mental health services delivered by multidisciplinary teams who will provide holistic, collaborative care.
 - ii. a network of community-based infant, child and family mental health services delivered by multidisciplinary teams who will provide holistic, collaborative care.
 - iii. a partnership approach to enhance current and planned headspace services to increase access to youth mental health services, consistent with the headspace model, and enhance integration of youth mental health services more broadly to ensure young people can access appropriate support.
 - b. delivering suicide prevention, early intervention, aftercare and postvention programs which reflect and respond to local needs and circumstances, via the following initiatives:
 - i. aftercare services to be universally available to people discharged from hospital after a suicide attempt and trial expanded referral pathways for two sites.
 - ii. Distress Brief Intervention Trial Program and evaluation.
 - iii. Postvention Support to be universally available statewide to support people bereaved or impacted by suicide.
 - c. supporting and strengthening the mental health and suicide prevention workforce in Victoria, including collaborative workforce planning.
 - d. enhancing collection and reporting of nationally agreed perinatal mental health data collected from public antenatal and postnatal care settings in Victoria.

- e. collaboratively developing regional service and capital plans with the Victorian Department of Health, Interim Regional Bodies, Primary Health Networks, Health Service Partnerships, health services, consumers, carers and other key stakeholders.
- f. improving regional planning and commissioning for mental health and suicide prevention services, ensuring appropriate governance, accountability and evaluation of Commonwealth, state planned and funded programs and services.
- g. collecting, sharing and reporting data to support the objectives of this Schedule, including:
 - i. streamlining data collection and reducing data collection burden on consumers and services through an agreed suite of KPIs and outcome measures for co-funded initiatives.
 - ii. providing comprehensive health data access, usage and sharing, whilst maintaining data security and preserving individual's privacy.
 - iii. providing data access to support shared patient-clinician decision making, improved services delivery and system planning, and workforce planning.
 - iv. working together to better harness data, analytics and evidence, to drive meaningful improvements in the health system.

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

- a. providing funding to Victoria in accordance with the terms of the agreement.
- b. supporting Victorian Primary Health Networks to be involved in the regional commissioning and governance arrangements for initiatives under this Schedule.
- c. delivering the following services in accordance with agreed minimum national service models:
 - i. establishing two new headspace sites and enhancing headspace sites to increase access to youth mental health services in accordance with the headspace model.
 - ii. Postvention Support through YouTurn Ltd, using co-funding provided by Victoria.
 - iii. continuing to fund the ongoing operational costs for the existing fourteen mental health clinics funded by the Commonwealth as part of the pandemic response measure annually, until Adult Locals are established in each region subject to the provisions set out at clause 46.
 - iv. continued funding and delivery of the Adult Mental Health Centre in Geelong.
 - v. National Phone / Digital Intake Service in accordance with the national service model.
 - vi. the Initial Assessment and Referral (IAR) tool initiative and its adaption for use with priority population cohorts, and training GPs and Commonwealth funded services in the use of the tool.

13. Under this Schedule, Victoria agrees to be responsible for:

- a. providing funding and in-kind contributions to the Commonwealth in accordance with the terms of the agreement.
- b. delivering the following co-funded services in alignment with national service models:
 - i. Adult and Older Adult Local Mental Health and Wellbeing Services.
 - ii. Victorian Infant, Child and Family Health and Wellbeing Hubs in accordance with

- the Victorian service specifications.
- iii. Hospital Outreach Post Suicide Engagement (HOPE) program.
- iv. Distress Brief Intervention.
- c. working towards providing nationally agreed perinatal mental health data via agreed mechanisms to the Australian Institute of Health and Welfare and review approaches to perinatal mental health screening.
- d. adopting and implementing the IAR Tool or equivalent in Victorian Adult and Older Adult Local Mental Health and Wellbeing Services whilst working towards alignment with all state and/or Commonwealth funded clinical mental health services intake and triage tools.

Objectives and outcomes

14. The Parties agree on their shared objective to work collaboratively to provide a structured, coordinated, long-term approach to reform of the mental health and suicide prevention system in Victoria.
15. This will be achieved by focusing efforts on the following objectives:
 - 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.
16. The anticipated outcomes of this Schedule align with the outcomes of the National Agreement and include:
 - a. improving the mental health and wellbeing of the Victorian population, with a focus on improving outcomes for priority populations
 - b. reducing suicide, suicidal distress and self-harm through a whole-of-government approach to coordinated prevention, early intervention, treatment, aftercare and postvention supports
 - c. providing a balanced and integrated mental health and suicide prevention system for all communities and groups
 - d. improving physical health and life expectancy for people living with mental health conditions and for those experiencing suicidal distress; and
improving quality, safety and capacity in the Victorian mental health and wellbeing and suicide prevention system.

Implementation

17. The Parties will implement the initiatives supported by this Schedule in accordance with the detail contained in the Initiatives for Collaboration Section.
18. The Parties agree that implementation of this Schedule will:
 - a. be informed by the lived experience of consumers and carers and will enable person-centred care that addresses the needs of Victorians;
 - 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, LGBTQI+SB and culturally and linguistically diverse communities, are addressed and services delivered in a culturally appropriate manner.

Publication

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

Linkages with other Agreements

20. This Schedule builds on, and re-affirms, the roles and responsibilities as agreed through the National Health Reform Agreement Addendum 2020-25 (the NHRA), the clauses in this Schedule do not supersede those in the NHRA.
21. Where inconsistencies exist between the requirements of the Bilateral Schedule and the NHRA, the requirements of the NHRA will prevail.
22. Where relevant to the roles and responsibilities of the Parties, this Bilateral Schedule should be read together with the:
 - a. Fifth National Mental Health and Suicide Prevention Plan;
 - b. National Suicide Prevention Strategy 2020-2023;
 - c. National Aboriginal and Torres Strait Islander Suicide Prevention Strategy;
 - d. National Safety and Quality Digital and Mental Health Standards;
 - e. National Mental Health Workforce Strategy;
 - f. National Mental Health Services Planning Framework;
 - g. National Children's Mental Health and Wellbeing Strategy;
 - h. Equally Well Consensus Statement;
 - i. National Mental Health Performance Framework 2020;
 - j. National Mental Health and Suicide Prevention Information Development Priorities, Third and future editions;
 - k. Intergovernmental Agreement on Data Sharing;
 - l. National Agreement on Closing the Gap;
 - m. National Medical Workforce Strategy 2021-2031;
 - n. The National Aboriginal and Torres Strait Islander Mental Health Workforce Strategic Framework and Implementation Plan 2021-2031;
 - o. Victorian Suicide Prevention Framework 2016-2025;
 - p. Victorian Mental Health and Wellbeing Workforce Strategy; and
 - q. *Mental Health Act 2014* (Victoria) and other relevant state-based legislation.

Whole of Government

23. The Parties recognise that the enablers of mental health and suicide prevention reform are

beyond the influence of the health system alone and span all aspects of where people live, work, learn and socialise. The Parties commit to engaging with other portfolios where required to progress the initiatives and activities under this Schedule.

Governance

24. The Commonwealth Department of Health will be responsible for ongoing administration of this Schedule.
25. Commonwealth and state Ministers with portfolio responsibility for Mental Health are authorised to agree and amend this Schedule. If planned amendments may change the nature of this Schedule or involve significant changes to its associated funding, the Parties agree to notify CFFR prior to finalising these amendments and comply with any advice provided.
26. The Parties will nominate senior officials from their respective jurisdictions to monitor implementation of this Schedule. Where key risks and implementation issues cannot be resolved by senior officials, they will report to the Commonwealth and Victoria Health Chief Executives for resolution. Health Chief Executives will report to Health Ministers on implementation and key risks as required.
27. The Parties commit to a consultative approach throughout the life of the Schedule and, where required, will seek advice from people with lived experience, other experts, and community and working groups on matters of service design, planning, implementation, evaluation, data and governance.

Financial Contributions

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

Data and Evaluation

Data

31. In line with the activities set out in the National Agreement, Victoria will work with the Commonwealth and other states and territories (states) to develop a nationally consistent approach to data collection and data sharing, including data linkage, program evaluation, system evaluation and performance monitoring, including key performance indicators.
32. For each initiative in this Schedule, Victoria and the Commonwealth will agree, within 6 months, the minimum data specifications and reporting process to monitor service activity and achieve optimal workforce planning at the regional level. Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes.
33. If required, the commissioning organisation will be responsible for modifying processes to collect the minimum requirements and facilitating data access for both Victoria and the Commonwealth in a timely manner (at least quarterly).
34. Data collection and reporting processes will transition to nationally agreed approaches as part of the National Agreement.
35. When designing the reporting arrangements for new services, Victoria and the Commonwealth

will collaborate to develop a single suite of service-level KPIs and outcome measures to streamline reporting and reduce data collection burden on consumers accessing health services.

Evaluation

36. The Commonwealth and Victoria 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

37. 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 Victoria;
 - c. prevent and reduce suicidal behaviour;
 - d. deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate; and
 - e. grow, upskill and optimise the use of the mental health and suicide prevention workforce.
38. As a priority in the first instance, the Parties agree to work together on key initiatives as described below.

New community-based mental health and wellbeing services for adults

39. The Commonwealth and Victoria 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.
40. Over the course of the Schedule, up to 60 Adult and Older Adult Local Mental Health and Wellbeing Services (Local Services) will be established across Victoria and one Head to Health Adult Mental Health Centre will continue to be delivered in Geelong to provide mental health care in the community and to create a 'broad front door' so more people can access services.
41. Care will be delivered by multidisciplinary care teams, consisting of psychiatrists, general practitioners, psychologists, alcohol and other drug specialists, mental health nurses, social workers, occupational therapists, counsellors, lived experience workers and other mental health workers.
42. Services established to support the mental health and wellbeing and reduce the risk of suicide of adults and older adults will provide:
 - a. immediate, short and medium term mental health support, consisting of treatment and therapies, including alcohol and other drugs treatment, care and support, fully integrated with clinical supports.
 - b. support for families and carers supporting people with a mental illness.
 - c. adequately supervised placements to train the mental health and suicide prevention workforce.
43. The Commonwealth agrees to:
 - a. fully fund the ongoing operation of one Head to Health adult mental health centre in Geelong.

- b. provide ongoing funding identified in this Schedule from the Commonwealth to Victoria as a contribution to the establishment and operation of Adult and Older Adult Local Mental Health and Wellbeing services in Victoria, with the exception of one Head to Health Adult Mental Health Centre in Geelong.

44. Victoria agrees to:

- a. use the Commonwealth funding contribution identified in this Schedule as a contribution towards the establishment and operation of Adult Locals in Victoria, to be co-branded commensurate with the level of investment.
- b. deliver Local Services according to Victorian service specifications, with objectives that are aligned with the national service model for Head to Health adult mental health centres.

45. The Commonwealth and Victoria agree to:

- a. collaborate to develop a transition plan that will, seek to ensure continued access to services for communities currently accessing supports that were funded as pandemic response measures – Victorian funded Mental Health and Wellbeing Hubs and Commonwealth funded Head to Health services. The transition plan will consider:
 - i. the rollout schedule for Adult and Older Adult Locals
 - ii. Continued access to services, informed by demand and need
 - iii. the shared objective of working towards no service gaps as Adult and Older Adult Local Mental Health and Wellbeing Services are established by 2026.
- b. review and update the transition plan on a yearly basis to ensure transition reflects the principles outlined in 46 (a) and is strategic, accelerated and drives towards one service system provided by Adult and Older Adult Local Mental Health and Wellbeing Services by 2026.
- c. collaborate with PHNs to ensure accelerated transition to Adult and Older Adult Local Mental Health and Wellbeing from Head to Health adult mental health centre services and primary care mental health services while working towards one service system by 2026.
- d. collaborate to develop agreed referral pathways, shared care protocols and consistent intake and assessment processes (including use of the IAR Tool or equivalent and the national Head to Health intake phone service).
- e. provide secondary consultation to primary care providers.
- f. undertake joint capability building activities.

46. In alignment with the transition plan, the Commonwealth agrees to fund ongoing operational costs for the existing fourteen mental health clinics funded by the Commonwealth as part of the pandemic response measure for the life of this bilateral schedule, annually, or until Adult and Older Adult Local Mental Health and Wellbeing services adult locals are established in each region, whichever is sooner, to a maximum value of \$33.1 million. Funding will be provided to PHNs on a financial year basis, and committed in the preceding financial year. As adult locals become operational, uncommitted Commonwealth funding for existing mental health clinics will be transferred to Victoria to support implementation and establishment of the adult locals, while ensuring PHNs are provided a minimum of 12 months' notice of a plan to decommission existing services.

New community-based health and wellbeing services for infants, children and families

47. The Commonwealth and Victoria agree to work collaboratively with the shared objective of

improving access to multidisciplinary team care for all age groups, including children.

48. New community-based health and wellbeing hubs for infants, children and families (hubs) will be established to provide developmentally appropriate health, mental health and wellbeing treatment, care and support. The hubs will strengthen support for parents, improve intervention in early life and increase access to multidisciplinary care for children and their families.
49. Each hub will be a family friendly centre, and care will be supported by care coordinators and delivered by multidisciplinary care teams.
50. Each hub will support adequately supervised placements to train the mental health workforce.
51. The Commonwealth agrees to provide funding to Victoria to support the establishment and operation of three Infant, child and family health and wellbeing hubs, co-branded commensurate with level of investment.
52. Victoria agrees to deliver the hubs according to Victorian service specifications and aligned with the national Head to Health Kids service model.
53. Victoria agrees to provide secondary consultation to primary care providers.
54. The Commonwealth and Victoria agree to:
 - a. collaborate with PHNs to ensure integration between hubs and primary care mental health services.
 - b. work together to flexibly implement a model that integrates with and leverages existing services.
 - c. undertake joint capability building activities.
 - d. support supervised placements to train the mental health workforce.

Enhancement and Integration of Youth Mental Health Services

55. The Commonwealth agrees to:
 - a. continue to fund existing headspace services at existing funding levels.
 - b. fund the establishment of two new headspace sites in Victoria at current funding levels.
 - c. contribute to the enhancement of new and existing headspace services.
56. Victoria agrees to:
 - a. provide clinical support to young people through primary and secondary consultation from Area Youth Mental Health and Wellbeing Services to support the enhancement of new and existing headspace services.
57. The Commonwealth and Victoria agree to:
 - a. collaborate with headspace National to develop agreed operational guidelines for enhanced headspace services that builds on the four pillars of the headspace model, and includes multi-disciplinary team care and family-based approaches to care.
 - b. support the development of formal partnerships, step-up and step-down referral pathways, shared staff and infrastructure and co-location between headspace centres and Infant, Child and Youth Area Mental Health and Wellbeing Services.
 - c. work with headspace National and Primary Health Networks to consider opportunities for Infant, Child and Youth Area Mental Health and Wellbeing Services to become the preferred providers of headspace centres.
 - d. support adequately supervised placements to train the mental health and suicide

prevention workforce.

Universal Aftercare Services

58. The Commonwealth and Victoria agree to the objective of achieving universal aftercare services to support individuals following a suicide attempt and / or suicidal crisis.
59. Statewide coverage for aftercare will be achieved in line with the Royal Commission's interim report through one site per area mental health service (total of 22) plus nine subregional outreach services. All sites will deliver both clinical and psychosocial supports through the Hospital Outreach Post-suicidal after Engagement (HOPE) model of care.
60. The Commonwealth agrees to:
 - a. provide ongoing funding as identified in this Schedule from the Commonwealth to Victoria as a contribution to aftercare services to be delivered in Victoria via the HOPE model of care.
 - b. support the transition of services funded under the *Aftercare following a suicide attempt* bilateral agreement, into this Schedule by transitioning to HOPE through extending the end date of the *Aftercare following a suicide attempt* bilateral agreement to 30 June 2023.
61. Victoria agrees to:
 - a. provide ongoing funding, oversight and support to all area mental health services to offer the HOPE program for people discharged from hospital following a suicide attempt and / or suicidal crisis.
 - b. support the transition of the eight services funded under the *Aftercare following a suicide attempt* bilateral agreement into this Bilateral Schedule.
 - c. ensure the HOPE service model meets the minimum standards outlined in the *National Suicide Prevention Strategy*.

Aftercare services – expanded referral pathways trial

62. The Commonwealth and Victoria agree to co-fund, on a 50:50 basis equal joint funding for up to 2 sites in Victoria on a four-year trial basis to broaden the referral pathway for people identified in other contexts such as General Practitioners, emergency services, alcohol and other drug services and community-based health services.
63. Following evaluation of the trial, both Parties will consider the ongoing provision of equal joint recurrent funding from 2025-26 to make expanded pathways into aftercare universally available.

Distress Brief Intervention Trial Program

64. The Commonwealth and Victoria will work collaboratively with the shared objective of preventing and reducing suicidal behaviour in Victoria through implementation of an intensive 14-day support program for adults who are experiencing psychological distress, modelled on Scotland's distress brief Intervention program.
65. The program will be trialled at two sites in Victoria, including a location in regional Victoria and a location in metropolitan Melbourne.
66. The trial sites will enable people presenting in psychological distress, who do not otherwise meet criteria to access clinical services, and do not require emergency care, to receive support and care-coordination before their distress escalates. The trial will involve:
 - a. a training component to ensure that frontline workers can recognise signs of distress,

- respond compassionately, and offer the individual a referral to a tailored intervention.
- b. developing regionally based government and community level referral pathways, using existing structures and service providers, to deliver a brief and proactive intervention to ensure all people presenting in distress can access immediate support and care coordination for a period of up to 14 days that links them to ongoing supports that fit their needs, and equips people with the skills and supports to manage their own health and to prevent future crisis.
 - c. providing support within 24 hours of an individual's referral, tailored to their individual needs, including accessing early intervention and prevention care and referrals to community-based services such as financial or relationship counselling.
 - d. a balance of face to face and digital delivery of services.
67. Victoria agrees to lead the trial's phased implementation in specified settings, which will be considered during program design, taking into account local need and lessons learned from the Scotland Distress Brief Intervention program. Settings will be formalised in the Implementation Plan and may include:
- a. commencing with General Practitioners and emergency services (police, ambulance) in Year 1; and
 - b. extending to referrals from front line workers (including justice and legal services, family violence services, alcohol and other drug services, crisis phone lines and social services) in Year 2. Self-referrals may also be accepted.
 - c. ensuring the cultural appropriateness of the Distress Intervention Trial Program.
68. The Commonwealth and Victoria agree to work together to:
- a. co-fund two Distress Intervention Trial sites in Victoria with the objective of preventing and reducing suicidal behaviour through early intervention in non-mental health settings.
 - b. agree on principles and objectives of the Distress Intervention Trial, including pilot locations in regional Victoria and metropolitan Melbourne.
 - c. ensure the program integrates within the existing service system.
69. Following evaluation of the trial, both Parties will consider the ongoing provision of equal joint recurrent funding from 2025-26 to make access to Distress Brief Intervention programs universally available.

Postvention Support

70. The Commonwealth and Victoria agree to work collaboratively with the shared objective of preventing and reducing suicidal behaviour in Victoria and to ensure that, if suicidal behaviour does occur, evidenced based, compassionate responses are available from early stages of distress.
71. Postvention services will be tailored for and integrated into the Victorian system, and will deliver both community postvention responses and individual bereavement services.
72. Postvention services will provide support through face to face, outreach and telephone support, as well as referrals to other support services based on individual client needs. The services will be accessible 24 hours a day 7 days a week and will provide free face to face or telephone support at a time and place that is best for the individual.
73. The Commonwealth and Victoria agree to:
- a. co-fund Youturn Ltd to deliver postvention support through the StandBy Support After

Suicide Program to ensure all people in Victoria who are bereaved or impacted by suicide can access its services.

- b. support the National and Victorian Suicide Prevention offices to collaborate with each other, StandBy and its delivery partners, PHNs and other relevant services to implement support for families, friends and communities affected by suicide.

Perinatal Mental Health Screening

74. The Commonwealth and Victoria agree to work collaboratively to build on existing infrastructure to enhance collection and reporting of nationally agreed perinatal mental health data from public antenatal and postnatal care settings in Victoria.
75. The Commonwealth agrees to provide funding to Victoria to support the development of a perinatal mental health minimum data set.
76. Victoria agrees to:
 - a. work towards providing nationally consistent perinatal mental health data, via agreed mechanisms, to the Australian Institute of Health and Welfare within the first 12 months of this schedule where feasible.
 - b. review its approaches to perinatal mental health screening to identify and address gaps in screening as recommended by the Royal Commission into Victoria's Mental Health System.
77. Both Parties agree to consider opportunities to co-invest in enhancements to perinatal screening based on the outcomes of the review.

National Phone/Digital Intake Service

78. The Commonwealth and Victoria will work collaboratively to:
 - a. share information about existing state-wide assessment and referral systems to investigate opportunities for integration and avoid duplication.
 - b. implement a consistent, state-wide intake and assessment phone and digital service that integrates with existing systems and aligns with the national intake service model.
79. Victoria agrees to support referral pathways between state services and Commonwealth services, including Commonwealth Head to Health Centres.

Initial Assessment and Referral

80. The Commonwealth and Victoria agree to work collaboratively to share information about reforms to state-wide assessment and referral systems, and to investigate opportunities for integration and avoid duplication.
81. Victoria agrees to:
 - a. align the IAR and state mental health intake and assessment tools to ensure appropriately staged access to care for Victorians experiencing mental ill health or psychological distress.
 - b. adopt and implement the IAR tool and adaptations when available, in Victorian Local Services.
82. The Commonwealth agrees to:
 - a. maintain and continuously improve the current IAR tool and its adaptations for use with priority population cohorts in consultation with Victoria.
 - b. provide training to GPs and Commonwealth funded services in the use of the tool.
 - c. extend the IAR tool where clinically appropriate to address the specific needs of vulnerable cohorts.

- d. support implementation of the IAR tool in general practice and Commonwealth-funded mental health care services.

Workforce

- 83. The Commonwealth and Victoria agree to work collaboratively to align the Victorian Mental Health and Wellbeing Workforce Strategy with the National Mental Health Workforce Strategy and broader national workforce plans and strategies, including the National Medical Workforce Strategy.
- 84. Recognising that responsibility for workforce is shared, the Commonwealth and Victoria agree to the following joint objectives to support and strengthen the mental health workforce:
 - a. Actively promoting mental health careers as an attractive career option.
 - b. Supporting attraction and recruitment of an overseas workforce while growing domestic supply to reduce long term reliance on overseas supply.
 - c. Building a sustainable workforce pipeline across the mental health system.
 - d. Expanding placements for higher education students and training pathways for graduates in consultation with universities and service providers.
 - e. Advancing opportunities to address the shortage of addiction specialists in Victoria.
 - f. Expanding effective rural and regional workforce attraction and retention activities.
 - g. Collaborating with the university sector to improve contemporary mental health training, to advocate for the inclusion of job ready skills in undergraduate curricula, recognising the Commonwealth's role in in the higher education sector.
 - h. Working collaboratively to grow, upskill and support the Peer (lived experience) Workforce.
- 85. Victoria and the Commonwealth both commit to:
 - a. Coordinated action using the levers within each jurisdiction's control to achieve these objectives, with a priority focus on increasing workforce supply, and optimising and supporting the current workforce.
 - b. Collaborate on mental health workforce planning for new services commissioned by both the Commonwealth and Victoria to ensure local workforce requirements are planned and coordinated.
 - c. Collaborate and coordinate investments in scholarships, training posts, placements and other workforce incentives to ensure critical workforces are not diverted away from areas of need.
 - d. Collate, maintain and share workforce data to support workforce planning activities.
 - e. Increase representation of Aboriginal and Torres Strait Islander peoples in the mental health workforce and upskill the mental health workforce in culturally appropriate care.
 - f. Grow the lived experience (peer) workforce through subsidised vocational training and support, across entry to practice and ongoing professional development opportunities.
- 86. The Commonwealth will:
 - a. Lead collaboration with the Royal Australian & New Zealand College of Psychiatrists (RANZCP) to grow the psychiatry workforce including through additional psychiatry

training posts, developing a rural and remote training pathway, and activities to encourage medical students to undertake a fellowship in psychiatry.

- b. Lead collaboration with professional bodies, to streamline training, accreditation and registration pathways which support growth in key allied health workforces of social work, psychology and occupational therapy. This should consider:
 - i. new work-based training pathways,
 - ii. paid employment towards minimum placement hours,
 - iii. expediting registration of international recruits (in psychology), and
 - iv. setting both targets for student placements and standards for generalist degrees.
- c. Review and revise skilled immigration pathways to address workforce supply issues, including in relation to working restrictions for international students, age restrictions for skilled visas and permanent residency, as well as expediting skilled visas, permanent residency and student visas.
- d. Continue to support and subsidise training pathways to practice for allied health and nursing students through scholarships, clinical placements, internships and graduate positions in Commonwealth funded services, NGOs and other community-based settings to support workforce growth.
- e. Continue to support the mental health of workforce by funding national early intervention and treatment services, and implementation of Every Doctor, Every Setting: A National Framework.
- f. Work with colleges to ensure specialised training and support for GPs and other medical practitioners to enhance their capacity to address the mental health concerns of patients, and continuing to support rural generalist practitioners.
- g. Develop and promulgate messaging to reduce the stigma associated with mental health among the health workforce and encourage tertiary undergraduate students to undertake careers in mental health.
- h. Collate and maintain workforce data in Commonwealth and co-funded services and lead national coordination of mental health workforce activities, including workforce planning and data collection, in consultation with states and territories and the sector.
- i. Collaborate with Victoria, and the private and NGO mental health sector to review the overall system demand profile against the utilisation of Commonwealth-supported places in universities.
- j. Grow the rural and regional workforce through targeted incentives that work to increase overall supply.

87. Victoria will:

- a. Fund pre-qualification employment programs for health and allied health students.
- b. Progress an international recruitment campaign to encourage overseas recruitment in priority workforces.
- c. Work with the Royal Australian & New Zealand College of Psychiatrists (RANZCP) and other partners to review current state for psychiatry training in Victoria and identify opportunities to better coordinate and support training and trainees.
- d. Contribute to discussions led by the Commonwealth with the Royal Australian & New Zealand College of Psychiatrists (RANZCP) to grow the psychiatry workforce

including through additional psychiatry training posts, developing a rural and remote training pathway, and activities to encourage medical students to undertake a fellowship in psychiatry.

- e. Contribute to discussions led by the Commonwealth with professional bodies, to streamline training, accreditation and registration pathways which support growth in key allied health workforces of social work, psychology and occupational therapy.
- f. Increase Victoria's mental health workforce pipeline through subsidised training places in core disciplines, including psychiatry, psychology, social work, occupational therapy, mental health nursing and other allied health workforces, as well as explore opportunities to increase supply through new workforce cohorts.
- g. Support the growth of the mental health workforce in rural and regional areas through funded incentives and collaborate with the Commonwealth on similar policies for maximum benefit.
 - i. Collate and maintain workforce data in State funded services, and services funded through this Schedule, and contribute to coordination of mental health workforce activities, including workforce planning and data collection, in consultation with the Commonwealth and the sector. Support lived experience workforces, allied health and nursing graduates through funded scholarships.
- h. Support international mental health recruits through training programs as well as settlement and migration support activities and programs and develop statewide international recruitment resources for Victorian services.
- i. Lead development of structures and supports for lived experience workforces including developing discipline frameworks and delivering organisational supports, training and development for lived experience workforces.
- j. Promote physically and psychologically safe workplaces and work practices for mental health workers in Victoria.
- k. Contribute to national coordination and collaboration of workforce activities with the Commonwealth, other states and territories and the broader sector.

Regional Planning and Commissioning

- 88. The Commonwealth and Victoria are committed to working together to strengthen regional planning and commissioning of mental health and wellbeing and suicide prevention services to provide person-centred care and place-based care.
- 89. The Parties acknowledge the importance of regional planning and commissioning to identify and address the specific mental health and support needs of local communities, particularly in rural and regional areas and supporting better integration.
- 90. Victoria and the Commonwealth agree to take a complementary approach to commissioning services, along with collaborating on improved integration and implementation of initiatives at all levels of the system, as outlined in Annex C: Regional Planning and Commissioning Framework.
- 91. The Commonwealth will provide funding to Victorian Primary Health Networks to support their participation in regional commissioning and governance arrangements for initiatives under this Schedule.
- 92. The Parties note that Victoria is developing a statewide service and capital plan by the end of 2022, with regional plans to follow by the end of 2023. The regional plans will respond to the priorities as set out by the statewide plan.

93. The Parties agree to work together to strengthen regional planning by collaborating on the development, implementation and monitoring of the first Victorian regional mental health, wellbeing service and capital plans, developed between the Victorian Department of Health, in collaboration with Primary Health Networks, Health Service Partnerships, health services, consumers, carers, Interim Regional Bodies and other key stakeholders. The Parties agree as a first priority to focus on opportunities for data sharing, and identifying opportunities for system design responses to integration between Commonwealth and state-funded services. This foundational approach will enable the Parties to move to a consolidated and fully joined up planning approach in the next cycle of regional planning. This aligns with Royal Commission's recommendation regarding a transition to regional governance and commissioning through Regional Mental Health and Wellbeing Boards.
94. The Parties recognise the value that joint planning processes can bring to improving outcomes for Victorians at the regional level and agree to continue working towards integrated approaches to planning and commissioning across the life of this Schedule.
95. The Victorian Government, with advice from Interim Regional Bodies, will work with the Commonwealth and Primary Health Networks to identify opportunities to trial a co-commissioning approach designed to improve the integration between Commonwealth and state-funded services that builds on joined up planning approaches. This could focus on population cohorts who would benefit the most from integration.
96. This work will strengthen and build on the progress made under the Fifth National Mental Health and Suicide Prevention Plan, where PHNs and local health networks jointly developed and have been in the process of implementing Joint Regional Plans.

Performance and Reporting Requirements

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

Annex A: Financial contributions

The Commonwealth will provide an estimated financial contribution of \$247.86 million in respect of this Schedule, as outlined in Table 1. Victoria's investment of \$35.52 million is recognized as in-kind contribution in respect of this schedule, for enhancement and expansion of youth mental health services. Victoria will provide an estimated additional financial contribution of \$529.21 million.

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	66,465,300	117,095,115	160,854,197	229,359,729	238,810,644	812,584,984
Commonwealth total contribution	14,381,372	53,303,030	51,095,297	61,678,530	67,403,523	247,861,752
Estimated payments to Victoria	4,709,159	36,897,242	29,677,735	39,378,553	41,409,059	152,071,749
Other Commonwealth payments	9,672,212	16,405,788	21,417,561	22,299,977	25,994,465	95,790,003
Victoria total contribution	52,083,928	63,792,085	109,758,900	167,681,199	171,407,121	564,723,232
Victoria financial commitments	49,533,928	57,407,297	101,594,339	157,761,638	157,947,121	524,244,322
Victoria payment to Commonwealth	-	1,654,788	1,654,561	1,654,561	-	4,963,910
Victoria total in-kind contribution	2,550,000	4,730,000	6,510,000	8,265,000	13,460,000	35,515,000

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 Victoria	4,709,159	36,897,242	29,677,735	39,378,553	41,409,059	152,071,749
Perinatal mental health screening - National perinatal mental health check initiative	875,000	875,000	-	-	-	1,750,000
Aftercare services for people discharged from hospital after a suicide attempt						
Aftercare services	-	12,020,933	9,097,137	9,224,464	9,353,606	39,696,140
Outside hospital trial	-	965,048	620,744	629,369	-	2,215,161
Distress Intervention Trial Program	-	1,207,250	615,750	624,375	-	2,447,375
Adult and Older Adult Local Mental Health Services (Adult Locals)	3,834,159	15,698,011	14,029,104	23,510,345	26,590,453	83,662,073
Infant, child and family health and wellbeing hubs	-	6,131,000	5,315,000	5,390,000	5,465,000	22,301,000
Other Commonwealth payments	9,672,212	16,405,788	21,417,561	22,299,977	25,994,465	95,790,003
Postvention	-	1,654,788	1,654,561	1,654,561	-	4,963,911
Adult mental health centre and satellite network						
Adult mental health centre (Commonwealth only funded)	-	-	-	4,143,415	4,201,465	8,344,880
Existing adult mental health clinics (Commonwealth only funded)	8,612,212	4,321,000	10,053,000	5,017,000	5,093,000	33,096,212
Enhancement and expansion of youth mental health services						
Boosting clinical capacity at existing sites	-	6,850,000	5,640,000	7,375,000	12,560,000	32,425,000
Service delivery costs at new sites	1,060,000	2,580,000	3,070,000	3,110,000	3,140,000	12,960,000
PHN Regional Commissioning and Governance	-	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Commonwealth total contribution	14,381,372	53,303,030	51,095,297	61,678,530	67,403,523	247,861,752

Victoria contribution						
Victoria financial commitments	49,533,928	57,407,297	101,594,339	157,761,638	157,947,121	524,244,322
Aftercare services for people discharged from hospital after a suicide attempt						
Aftercare services	43,670,000	27,826,067	28,648,863	29,461,536	30,130,394	159,736,860
Outside hospital trial	-	965,048	620,744	629,369	-	2,215,161
Distress Intervention Trial Program	911,000	1,683,750	721,250	-	-	3,316,000
Adult and Older Adult Local Mental Health Services (Adult Locals)	2,091,731	20,574,432	64,105,482	119,917,733	120,138,727	326,828,104
Infant, child and family health and wellbeing hubs	2,861,197	6,358,000	7,498,000	7,753,000	7,678,000	32,148,197
Victoria payment to Commonwealth	-	1,654,788	1,654,561	1,654,561	-	4,963,910
Postvention	-	1,654,788	1,654,561	1,654,561	-	4,963,910
Victoria total in-kind contribution	2,550,000	4,730,000	6,510,000	8,265,000	13,460,000	35,515,000
Enhancement and expansion of youth mental health services	2,550,000	4,730,000	6,510,000	8,265,000	13,460,000	35,515,000
Victoria total contribution	52,083,928	63,792,085	109,758,900	167,681,199	171,407,121	564,723,232

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	Victoria to provide feedback on the proposed draft Head to Health Child Hubs model.	Within two months of execution of this schedule	\$4,709,159 (Commonwealth payment to Victoria for Perinatal Initiative and Adult Locals)
Joint Commonwealth-Victoria Implementation plan	Joint Commonwealth-Victoria Implementation plan including key deliverables, proposed service model and timeframes.	Four months from the date of execution of this schedule	\$36,022,242 (Commonwealth payment to Victoria for Infant, Child and Family Health and Wellbeing Hubs; Adult Locals; Universal Aftercare and Distress Brief Intervention Trial) \$1,654,788 (Victoria payment to the Commonwealth for Postvention)
Agreed Minimum Data Specifications	Victoria and the Commonwealth will agree the minimum data specifications and reporting process to monitor service activity for co-funded activities under this Schedule, and achieve optimal workforce planning at the regional level. 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

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Joint Regional Mental Health and Suicide Prevention, Wellbeing Service and Capital Plans	By the end of 2023, Victoria will develop a regional plan for each region in collaboration with the Commonwealth (through the Victorian Primary Health Networks) and Interim Regional Bodies.	On or after 31 December 2023	Nil
Data for Perinatal mental health	Work towards nationally agreed, consistent perinatal mental health data provided via agreed mechanisms to the Australian Institute of Health and Welfare (or evidence that working toward data provision)	Within 12 months of execution of this Schedule	\$875,000 (Commonwealth payment to Victoria for Perinatal Initiative)
Annual performance report	Performance report against the Joint Commonwealth-Victoria Implementation Plan and key deliverables for the period from 01/07/2022 to 30/06/2023. Refer to Table 4 for detail of the requirements.	31/08/2023	\$29,677,735 (Commonwealth payment to Victoria for Infant, Child and Family Health and Wellbeing Hubs; Adult Locals; Universal Aftercare and Distress Brief Intervention Trial) \$1,654,561 (Victoria payment to the Commonwealth for Postvention)
Annual performance report	Performance report against the Joint Commonwealth-Victoria Implementation Plan and key deliverables for the period from 01/07/2023 to 30/06/2024. Refer to Table 4 for detail of the requirements.	31/08/2024	\$39,378,553 (Commonwealth payment to Victoria for Infant, Child and Family Health and Wellbeing Hubs; Adult Locals; Universal Aftercare and Distress Brief Intervention Trial)

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
			\$1,654,561 (Victoria payment to the Commonwealth for Postvention)
Annual performance report	Performance report against the Joint Commonwealth-Victoria Implementation Plan and key deliverables for the period from 01/07/2024 to 30/06/2025. Refer to Table 4 for detail of the requirements.	31/08/2025	\$41,409,059 (Commonwealth payment to Victoria for Infant, Child and Family Health and Wellbeing Hubs; Adult Locals and Universal Aftercare)
Distress Intervention Trial Evaluation	National evaluation of Distress Intervention Trial conducted by independent party to inform future service provision.	01/07/2026	Nil
Annual performance report	Performance report against the Joint Commonwealth-Victoria Implementation Plan and key deliverables for the period from 01/07/2025 to 30/06/2026. Refer to Table 4 for detail of the requirements.	31/08/2026	Nil
Final report	Final report for the period from execution of this Schedule to 30/06/2026. Refer to Table 5 for detail of the requirements.	31/08/2026	Nil

Table 4: Performance reporting requirements

Initiative	Requirements
<p>New community-based mental health and wellbeing services for adults</p>	<ul style="list-style-type: none"> • Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Victoria Implementation Plan. • Performance reports against Key Performance Indicators developed through the National Agreement when available and consistent with Primary Mental Health Care Minimum Data Set (PMHC MDS), including: <ul style="list-style-type: none"> • 100% of clients at risk of suicide followed up within 7 days, • 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 Victoria within a month of the evaluations completion.
<p>New community-based health and wellbeing services for infants, children and families</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Victoria Implementation Plan. Performance reports against Key Performance Indicators developed through the National Agreement and consistent with Primary Mental Health Care Minimum Data Set (PMHC MDS), including: <ul style="list-style-type: none"> • 70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End, when this data is available. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Victoria within a month of the evaluation’s completion.
<p>Enhancement and Integration of headspace services</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Victoria Implementation Plan. • Quantification of financial and in-kind contributions • Regular engagement to monitor implementation. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Victoria within a month of the evaluation’s completion.
<p>Universal 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-Victoria Implementation Plan. • Evaluation plan. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Victoria within a month of the evaluation’s completion.
<p>Regional Planning and Commissioning</p>	<ul style="list-style-type: none"> • Performance report on support and engagement provided to the joint regional planning processes by Victoria and the Victorian PHNs.
<p>Distress Intervention Trial Program</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Victorian 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;

Initiative	Requirements
	<ul style="list-style-type: none"> ○ Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Vic 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-Victoria Implementation Plan. ● Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Victoria within a month of the evaluation's completion.
Perinatal mental health screening	<ul style="list-style-type: none"> ● Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Victoria Implementation Plan and provision of nationally agreed perinatal mental health data via agreed mechanisms to the Australian Institute of Health and Welfare. ● Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Victoria 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-Victoria Implementation Plan.

Table 5: Final Report requirements

Initiative	Requirements
<p>New community-based mental health and wellbeing services for adults</p>	<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 Victoria by the end of this Schedule.
<p>New community-based health and wellbeing services for infants, children and families</p>	<ul style="list-style-type: none"> • Confirmation of total expenditure • Assessment of integration approach, including referral in and out of Victoria’s Infant, Child and Family Hubs • Assessment of outcomes at start and end of episode • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Victoria by the end of this Schedule.
<p>Enhancement and Integration of youth mental health services</p>	<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 Victoria by the end of this Schedule.
<p>Universal Aftercare Services</p>	<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 Victoria by the end of this Schedule.
<p>Regional Planning and Commissioning</p>	<ul style="list-style-type: none"> • Ongoing collaboration, implementation and governance in line with comprehensive statewide plan for each region, with identified priorities and actions.

Initiative	Requirements
	<ul style="list-style-type: none"> • Progress towards co-commissioning trials to improve integration between Commonwealth and State funded services. • Identified priorities and actions should inform further reform and planning processes.
Distress Intervention Trial Program	<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 Victoria 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 Victoria by the end of this Schedule.
Perinatal mental health screening	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan, including national reporting of nationally agreed perinatal mental health data to the AIHW via agreed mechanisms. • Assessment of initiative outcomes. • Confirmation of total expenditure.
Initial Assessment and Referral	<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.

Annex C: Regional Planning and Commissioning Framework

The regional planning and commissioning framework articulates governance instruments and mechanisms at state, regional and initiative levels (**Table 6**).

At each level of this framework, all Parties agree to:

- align with national guidelines on regional planning and commissioning (to be jointly developed by all Parties to the National Agreement)
- develop agreed referral pathways, shared care protocols and consistent intake and assessment processes
- share service and outcomes data
- collaborate on joint capability building activities such as workforce training, secondary consultation, and communities of practice.

Table 6: Regional commissioning framework between Victoria and the Commonwealth Government

System level	Governance Instrument	Governance group (frequency)	Objective
Statewide	Bilateral Schedule between Victoria and the Commonwealth and associated implementation plan	Bilateral schedule strategic oversight: Commonwealth and Victorian Departments of Health (quarterly)	Oversight of the Schedule through regular reporting Collaboration on service design, proportionate to investment Issue resolution
	Bilateral Implementation Plan	Victorian Department of Health and VTPHNA forum (twice yearly)	Provide advice on bilateral implementation successes and challenges Share learnings Issue resolution
Regional	Regional planning	Propose Regional planning advisory committee: PHN representative, Interim Regional Body representative, HSP Chair, Lived Experience representative, key health service providers. Frequency to be determined.	Work towards aligning PHN and State Government Regional Planning (IRB to provide advice to Vic DoH) Collaboration and sharing of needs analysis, data sharing for regional service and capital planning.
Initiative	Program guidance	Initiative level governance structures such as steering committees (as needs basis)	Engagement between PHNs, IRBs and commissioned organisations to drive service integration

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
5 April 2022

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



The Honourable James Merlino MP
Minister for Education, Mental Health
and Disability, Ageing and Carers
8 April 2022