Australian Government

Department of Health and Ageing

PARTNERS IN RECOVERY (PIR)

Coordinated Support and Flexible Funding for People with Severe, Persistent Mental Illness and Complex Needs initiative

Program Guidelines for the engagement of PIR Organisations 2012-13 to 2015-16

CONTENTS

Grant Program Process Flowchart

SUBMIT AN APPLICATION

Applicant submits an application.

APPRAISAL

The application is accepted. The application is assessed against eligibility and appraisal criteria.

ADVICE TO APPROVER

Advice provided to the *Approver on the merits of each application against the Program Guidelines. (*FMA Reg 3 defines Approver as a Minister, a Chief Executive or a person authorised to approve proposals to spend public money)

DECISION/NOTIFICATION

The Approver makes a decision on the application and the applicant is advised of the decision.

CONTRACT/FUNDING

An agreement is negotiated and signed by the applicant and the Department.

DO/COMPLETE/ACQUIT

Applicant undertakes funding activity, completes milestones, provides reports and acquits funds against expenditure.

Department makes payments and monitors progress.

EVALUATION

Department evaluates the outcomes of the program.

Applicant provides information to assist this evaluation.

1. Introduction

1.1. Program Background

The 2011/12 Federal Budget provided $549.8 million (over five years from 2011/12 to 2015/16) for the Partners in Recovery (PIR): *Coordinated Support and Flexible Funding for People with Severe and Persistent Mental Illness with Complex Needs* initiative. PIR aims to better support people with severe and persistent mental illness with complex needs, and their carers and families, by getting services and supports from multiple sectors they may come into contact with (and could benefit from) to work in a more collaborative, coordinated, and integrated way. PIR will facilitate better coordination of and more streamlined access to the clinical and other service and support needs of people experiencing severe and persistent mental illness with complex needs requiring a multi-agency response. Further information about the initiative is available on the Department's website www.health.gov.au/mentalhealth.

There are a number of sectors central to the success of this initiative – primary care (health and mental health), the state and territory specialist mental health systems, the mental health and broader non-government sector, alcohol and other drug treatment services, income support services, as well as education, employment and housing supports. PIR will support the multi-service integration and coordination needed to ensure services and supports are matched to people's need.

The ultimate objective of the initiative is to improve the system response to, and outcomes for, people with severe and persistent mental illness who have complex needs by:

- facilitating better coordination of clinical and other supports and services to deliver 'wrap around' care individually tailored to the person's needs;
- strengthening partnerships and building better links between various clinical and community support organisations responsible for delivering services to the PIR target group;
- improving referral pathways that facilitate access to the range of services and supports needed by the PIR target group; and
- promoting a community based recovery model to underpin all clinical and community support services delivered to people experiencing severe and persistent mental illness with complex needs.

Through system collaboration, PIR will promote collective ownership and encourage innovative solutions to ensure effective and timely access to the services and supports required by people with severe and persistent mental illness with complex needs to sustain optimal health and wellbeing.

Suitably placed and experienced non-government organisations will be engaged as PIR organisations (from 2012/13) in Medicare Local geographic regions[1] and will be the mechanism that 'glues' together all the supports and services the individual requires.

Implementation of PIR will be governed by a number of key principles, including:

- *Recovery oriented and client focused* - PIR will operate under a recovery framework using a personalised approach tailored to address the specific support requirements of an individual and assisting them to maximise their capabilities through social and environmental opportunities.
- *Flexibility in roll out* – how PIR operates from one region to the next may look different, as a result of PIR organisations tailoring their model to best meet the needs of the target group and existing service delivery systems in the region.
- *Complementary to existing service systems* – PIR organisations will assist with, rather than complicate or duplicate, system navigation. PIR does not seek to fully address issues of service availability but focuses on multi-service integration and coordination to drive better outcomes for the most vulnerable clients.
- *Better coordination of systems* - PIR is not intended to offer a new 'service' in the traditional sense. Rather, it will assist in better coordinating existing services and supports. PIR will provide a 'support

[1] Information on Medicare Locals geographic regions is available at www.yourhealth.gov.au and attached

facilitation' service focusing on building pathways and networks between the sectors, services and supports needed by the target group.

1.2. Program Purpose, Scope, Objectives and Outcomes

As outlined above, the funding is being provided to further the ultimate objective of the PIR initiative which is to improve the system response to, and outcomes for, people with severe and persistent mental illness who have complex needs by:

- facilitating better coordination of clinical and other supports and services to deliver 'wrap around' care individually tailored to the person's needs;
- strengthening partnerships and building better links between various clinical and community support organisations responsible for delivering services to the PIR target group;
- improving referral pathways that facilitate access to the range of services and supports needed by the PIR target group; and
- promoting a community based recovery model to underpin all clinical and community support services delivered to people experiencing severe and persistent mental illness with complex needs.

PIR target group

The initiative will focus on 24,000 people who have a severe and persistent mental illness with complex support needs that require a response from multiple agencies. These individuals have persistent symptoms, significant functional impairment and psychosocial disability, and may have become disconnected from social or family support networks. This can lead to extensive reliance on multiple health and community services for assistance to maintain their lives within community-based settings and outside of institutional care. They may have comorbid substance use or physical health issues or both, are likely to experience difficulties maintaining stable accommodation, and experience difficulty in completing basic activities of daily living[2]. These individuals are reported to often fall through the system gaps and require more intensive support to effectively address the complexity of their needs.

It is anticipated PIR clients will generally be in their mid twenties and older, reflective of the typical development of severe and persistent mental illness. At younger ages, there are a range of other Government programs, such as the Early Psychosis Prevention and Intervention Centre (EPPIC) program and headspace, aimed at early intervention for young people who may be developing a mental illness that aim to reduce the risk of long term disability.

Service coordination and integration

The range of sectors, services and supports to be coordinated through PIR will reflect the existing suite of sectors, services and supports within the region that are required by the target group. PIR organisations will bring these sectors, services and supports together to promote collective ownership by all partners and encourage the development of innovative solutions to ensure effective and timely access to the appropriate services and supports required by the client to meet the full range of their needs and to sustain optimal health and wellbeing. Private, government (Commonwealth and state/territory), and non-government services and supports expected to be involved may include, but not be limited to:

- Public community and specialist mental health services;
- Private psychiatrists and psychologists;
- Primary (e.g. GPs), secondary (e.g. OTs, optometrists, diabetes educators, dental) and tertiary (e.g. hospitals, specialists) health care services;
- Alcohol and other drug treatment services;
- Disability services;
- Income support services (e.g. Centrelink as administered by the Department of Human Services);
- Supported accommodation services and other accommodation providers;
- State/Territory public housing;

[2] The target group for PIR is intended to reflect the issues and concepts identified in the *Position Statement by the National Mental Health Consumer and Carer Forum (NMHCCF) on Psychosocial Disability Associated with Mental Health Conditions* – available at www.nmhccf.org.au

- Personal Helpers and Mentors Program providers;
- Support for Day to Day Living Program providers and providers of other relevant community based living skills programs;
- Parenting support services;
- Vocational rehabilitation services;
- Education and employment services; and
- Child protection, domestic violence and justice services.

Role of PIR Organisations

It is intended PIR organisations will work at a systems-level and be the mechanism to drive collaboration between relevant sectors, services and supports within the region to ensure the range of needs of people in the target group are met. This will be achieved through the development of innovative solutions discussed and collectively owned by the PIR partners within the region. Support Facilitators will undertake the day to day tasks and develop the partnerships and relationships required at the individual level to support this.

It is envisaged PIR organisations will undertake a number of tasks, including for instance:

- as a primary role, engage and join up the range of sectors, services and supports within a region from which individuals may need assistance. They will work to build partnerships, establish (or improve) collaborative ways of working together, and establish the framework to oversee implementation of the initiative at a local level. This could be achieved through:
  - undertaking detailed service mapping and gap analysis to establish a profile of the capacities and gaps inherent within the service delivery system in the region;
  - using the information generated through the service mapping and gap analysis to build capacity in the service delivery system through invigorating existing and establishing new partnerships between service providers;
  - establishing governance protocols with service providers to formalise partnerships and accountability mechanisms;
  - building shared goals; shared knowledge; mutual respect; frequent, timely and problem-solving/solution-focused communication; and fostering connectivity and collective ownership/responsibility to ensure the needs of PIR clients in the region are met;
- complement, support or influence care coordination activities that may already be underway in the region;
- through development of system-level partnerships, identify and proactively engage potential PIR clients, support carer and family engagement and reconnection as is appropriate, manage referral pathways, and manage stakeholder relationships;
- employ and supervise appropriately skilled and experienced person/s to undertake the role of Support Facilitators;
- actively participate in monitoring and evaluation processes for the initiative; and
- monitor the ongoing effectiveness of the partnerships through use of appropriate resources and tools.

Support Facilitators will be engaged by the PIR organisation to undertake day to day tasks in supporting the role of the PIR organisation. In delivering the benefits of system collaboration to clients, the Support Facilitator could:

- receive and review referrals[3] that come to the PIR organisation and assess referred individuals against defined inclusion criteria (this could include facilitating the verification or arranging for the diagnosis of a severe and persistent mental illness if this is not immediately apparent or available through existing records[4]);

[3] A standard PIR-specific referral tool with an instructional guide will be developed (by an external consultant engaged by the Department) and made available to PIR organisations to use to their best benefit. For instance, PIR organisations may wish to provide the referral tool to service providers and PIR partners within the region.

[4] Individuals *referred* to PIR organisations do not have to have a diagnosed severe and persistent mental illness with complex needs. However, obtaining such a diagnosis should be a priority.

- following referral, undertake an assessment of the needs of PIR clients (which may involve reviewing previous assessments and require the engagement of appropriately trained specialists to determine the client's clinical needs);
- in collaboration and with the commitment of regional PIR partners (and carers and families as is appropriate), develop, monitor and regularly review a PIR Action Plan[5] that will guide the necessary engagement and integration of required services identified in the needs assessment (the Plan should sequence and prioritise efforts to gain access to services and supports so as to ensure a coherent and logical pathway through the service delivery system);
- engage with existing case managers that may have a role in the care of the client, and ensure their support facilitation/coordination focus is maintained and not shifted to a case management focus. Where sufficient or effective case management functions do not exist for the client, Support Facilitators could under the case management role on an interim basis, with a view to establishing this function and identifying a substantive case manager early in the implementation of the PIR Action Plan;
- in the main, be a coordinator of the service system, not a 'service deliverer' in the traditional sense;
- in working to improve the system response to a PIR client, engage with and chase up services and supports, build service pathways and networks of services and supports needed (wherever possible, the Support Facilitator should try to secure access to existing services and supports, reinforcing the expectation of existing services and supports being available and accessible to assist PIR clients);
- be a point of contact for PIR clients, their families and carers when service arrangements are not working or the client becomes disconnected from required supports;
- maintain the necessary reporting and information provision to PIR organisation management to ensure effective administration of governance arrangements; and
- have a role in the collection of data for the purposes of monitoring, reporting and evaluation of the initiative[6].

In undertaking their roles effectively, PIR organisations and their staff (including Support Facilitators) will need to:

- build and maintain effective relationships and partnerships and have strong networking ability;
- be confident in the appropriate use of authority (with clients and with the range of service providers within the region);
- have strong communication and negotiation skills;
- have capacity to:
  - engage with people who have often been difficult to work with;
  - share experiences and information;
  - analyse and formulate assessment/plans;
- have experience within and understanding of clinical/health and/or welfare service and support systems;
- have an understanding of mental health issues and/or experience working with people with severe mental illness; and
- encourage a recovery-oriented culture and possess personal qualities such as humane concern, empathy with both the client issues and service provider experience, imagination, hope and optimism.

PIR referral pathways, inclusion criteria and exit criteria

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[5] A standard PIR-specific Action Plan will be developed (by an external consultant engaged by the Department) and made available to PIR organisations for their use.

[6] PIR organisations and Support Facilitators will be required to contribute to ongoing monitoring and iterative evaluation processes of the initiative in order to assess the impact of the initiative and its success in contributing to improved system and client outcomes. This will involve the collection of information on program implementation and uptake as well as details on PIR organisations, Support Facilitators, and PIR clients.

Early and thorough communications will need to be delivered by PIR organisations across each region to assist in maximising appropriate referrals and ensuring inappropriate referrals to PIR organisations are kept to a minimum[7]. Referrals will be made to PIR organisations and assessed by Support Facilitators in line with a clear referral protocol which will clearly define the target group and set out the inclusion criteria to assist in assessing eligibility.

Inclusion criteria include:

- the client has complex needs that require substantial services and supports from multiple agencies (this is the main inclusion criteria as PIR is about coordination of services and supports across sectors and multiple agencies);
- the client has a diagnosed mental illness that is severe in degree and persistent in duration, and is willing to be referred for ongoing clinical treatment;
- the client has had recent engagement with services where there is a pressing concern about their mental health and/or related issues (this could include for instance, a hospital admission related to their mental illness);
- existing service arrangements and coordination between services have failed, have contributed to the problems experienced by the client, and are likely to be addressed by acceptance into PIR; and
- the client consents to being involved in PIR.

If the individual meets the inclusion criteria the Support Facilitator will assess what their support and service needs are.

PIR organisations will need to establish appropriate processes to handle referrals that are not accepted, to ensure the individual receives the supports they require outside of PIR. For instance, the individual may be referred back to the referrer with advice of other supports and services available in the region, or they may be referred directly to more appropriate supports in the community.

A PIR client may 'exit' a PIR organisation when stable arrangements are in place, and they are accessing the required services and supports to meet their needs with no need for additional coordination or flexible funding support.

PIR organisations could consider registering PIR clients as 'active' or 'non-active' recognising that some clients may need support periodically and at different levels of intensity. Non-active clients could access the PIR organisation as the need arises and as they are able to benefit from it. PIR organisations will be required to determine how best to manage clients in the longer term, following the provision of more intensive support received as 'active' clients.

Assessment of client needs and PIR Action Plan

Once a PIR client becomes registered with a PIR organisation, the Support Facilitator will undertake an initial assessment of the client's service and support needs. The Support Facilitator should use an appropriate needs assessment framework to assist with this. The needs assessment should also identify the client's existing capacities that could be built on (this may require the involvement of specialists such as an occupational therapist). An assessment of the client's needs and capacities should be repeated at regular intervals.

As appropriate, the Support Facilitator will review assessments already undertaken (in recognition the PIR target group is likely to have had many assessments over extended periods of time).

Based on the needs assessment, the Support Facilitator will develop a PIR Action Plan in collaboration with the client, their carer and family, relevant local networks of service providers, and regional PIR partners.

[7] The referral protocol will require referrers to state the individual being referred either has or appears to have a mental illness that is severe in degree and persistent in duration. Prior to acceptance of the referral, the Support Facilitator will need to verify a diagnosis or arrange for a diagnosis to be made (as per the inclusion criteria).

The PIR Action Plan will identify how the clinical and other support needs will be addressed, and ideally, will be signed by the client, the Support Facilitator and all relevant service managers and/or deliverers listed in the Plan thereby committing all stakeholders to deliver what they have agreed to deliver.

Flexible funding

PIR organisations will have access to a limited amount of flexible funding which can be used to purchase services and appropriate supports when client needs are identified but are not immediately able to be met through normal channels. The flexible funding pool will enable the PIR organisation to buy-in these services and supports, and is intended to be used to build system capacity for the benefits of PIR clients within the region, rather than divert responsibility from existing service providers.

It is important that in the main, PIR clients access services available within the existing network of service providers, rather than build a reliance on the flexible funding. The flexible funding will not be sufficient to meet the acute health care and intensive social support and housing needs of PIR clients on an ongoing basis. PIR organisations will need to establish an expectation that PIR clients will be serviced by the existing network of providers. PIR organisations should also be aware of the availability of any other flexible funding sources which they could be eligible to use to supplement the PIR flexible funding.

PIR flexible funding need not necessarily be attached to individual PIR clients but will provide a pool for the PIR organisation to draw upon to best meet the needs of PIR clients within the region. For instance, the funding could be used to meet individual service purchasing needs, or be combined to address essential regional service gaps. Funds could also be used to cover a range of short term expenses to meet the priority needs of a PIR client, particularly while longer term solutions are being considered. The funds could allow services and supports to be purchased through readily available commercial markets, and could be used, for instance, to support access to clinical care (e.g. physical health checks or dental care), to meet urgent accommodation or other social support needs (e.g. short-term accommodation in a private hotel if public housing is not immediately available), or support to get to services (e.g. taxi and bus fares). It could also be used for parenting support and skills programs, vocational skills development, peer support, counselling/behavioural management, connection to social activities and recreation, transport, respite, or assistance with financial management.

Clear parameters will be established by the Department to ensure consistency in the use of the funds across PIR regions, while still allowing flexibility so that the funds can be used in a way that enables tailored support and provides maximum benefit to the PIR organisation and PIR clients within the region.

PIR resources and tools

PIR organisations and Support Facilitators will have access to, and as required, training in the use of, a suite of baseline resources and tools to support and assist them in undertaking their roles. A contractor will be engaged by the Department to collate existing and develop new resources and tools to support implementation of PIR. The types of resources and tools that will be made available to PIR organisations may include, for instance:

- PIR operational guidelines, including parameters on how the flexible funding can be used;
- a standard PIR referral tool with accompanying instructional guide;
- a PIR Action Plan;
- a PIR information booklet for consumers, carers and families;
- examples of needs assessment frameworks/tools;
- examples of partnership building and governance tools and protocols, including multi-agency agreements (for instance, Memorandums of Understanding) and regional level service agreements;
- examples of information sharing protocols (which have regard to relevant legislative requirements and issues of consumer consent); and
- examples of planning, coordination, and communication tools.

1.3. Policy Context

Around one in three Australians experience mental illness at some stage in their life. Mental illness accounts for 13 per cent of the total burden of disease in Australia, and is the largest single cause of disability, comprising 24 per cent of the burden of non-fatal disease. Around 600,000 Australians experience severe mental illness and some 60,000 have enduring and disabling symptoms with complex, multi-agency support needs. PIR targets 24,000 people in this 60,000 group.

Addressing severe and persistent mental illness requires a complex system of treatment, care and support, requiring the engagement of multiple areas of government, including health, housing, income support, disability, education and employment. The Australian and state/territory governments as well as the non-government sector, all deliver programs for people with mental illness and their carers. Building a coherent system of care is a challenging task.

Over recent years, all levels of government have been increasing their investment in mental health. The Commonwealth's *Better Access*, *Access to Allied Psychological Services*, *Mental Health Services in Rural and Remote Australia* and *Mental Health Nurse Incentive* programs have brought treatment to many who previously missed out. The significant increase in community mental health services, including the *Personal Helpers and Mentors* program and respite services for mental health carers, has also been widely welcomed by consumers and their carers and families.

One of the most consistent themes fed back to the Australian Government is that care for the most vulnerable people with severe and persistent mental illness is not adequately integrated or coordinated, and people with complex needs often fall through the resulting gaps.

1.4. Roles and responsibilities

The Funding Approver for the PIR initiative is the First Assistant Secretary, Mental Health and Drug Treatment Division, Department of Health and Ageing.

The Minister for Mental Health and Ageing, Minister for Social Inclusion, and Minister Assisting the Prime Minister on Mental Health Reform will also be consulted throughout the decision making process, including prior to finalising decisions on applications to be funded.

1.5. Approach to Grant Funding

Open Grant Round:

Access to funding for PIR organisations will be available through an Invitation to Apply (ITA) process which will be issued to cover each of the 61 Medicare Local geographic regions. The funding round will have capacity to stage the engagement of PIR organisations depending on the quality of the applications assessed, and the readiness of organisations to commence PIR roll-out. The ITA will involve one competitive funding round that opens and closes to applications on nominated dates, with eligible applications being assessed against identified selection criteria and then ranked and prioritised against competing, eligible applications for the available funding.

Funding for PIR organisations will be available from January 2013.

Targeted Grant Round:

Funding may also be made available through targeted or restricted competitive funding rounds from time to time depending on availability of funds and need. For instance, following the open grant round, consideration may be given to funding more than one PIR organisation in a Medicare Local geographic region if need is identified and funding is available.

Fund under-expenditure:

Funding allocations will be monitored throughout the initiative and potential underspends identified. Consideration will be given to how best to use any identified underspends, including through expansion or enhancement funding to new or existing PIR organisations, or for purpose-specific projects to support

implementation. For instance, should such underspends be identified, applications received through the open or targeted grant round identified as being able to meet the initiative's aims and objectives but which did not receive funding, may be revisited and considered for future funding.

1.6. Anticipated key dates

The following table outlines the anticipated timeline for the engagement of PIR organisations.

Milestone	Anticipated Dates
Program Guidelines for the engagement of PIR organisations published	August 2012
Information sessions for potential applicants	August-September 2012
Applications for PIR organisations Open (through an Invitation to Apply)	September 2012
Applications for PIR organisations Close	October 2012
Assessment and Decision on PIR organisations	October - December 2012
Funding Agreements executed	From December 2012

2. Eligibility

2.1. Who is eligible to apply for funding?

The Department is seeking applications from interested parties that have the capability to best implement PIR in a defined Medicare Local geographic region. Specifically, the following organisations are eligible to apply for funding:

- Suitably placed and experienced non-government organisations in Medicare Local regions, who can implement PIR in a way that best complements existing support and service systems and any existing care coordination efforts already being undertaken.
- For legal and accountability reasons, only incorporated, non-government health and welfare service providers are eligible to apply for funding. They could be funded by Commonwealth and/or State/Territory Governments, but would be governed independently, and be non-profit/charitable or for-profit or local community groups.
- Favourable consideration will be given to consortium applications. Consortium applications must identify the lead organisation to be contracted to the Department, and outline the role of each partner in the consortium. An authorised representative of the lead organisation must sign the application form, along with any representatives of any partner organisations.
- Joined up or multi-regional approaches will also be considered if it can be demonstrated such an approach is a more effective and efficient way to deliver PIR (if, for instance, the PIR target group population numbers in one region are too small to sustain a PIR organisation and the system of service delivery extends to adjoining regions).

2.2. What is eligible for funding?

In general, only one PIR organisation will be funded in each Medicare Local geographic region[8].

Funding will be provided to support approaches which:

- identify a suitably placed and experienced non-government organisation to undertake the role of a PIR organisation for that Medicare Local geographic region; and
- enable realistic achievement of PIR objectives within a region.

Funding will only be provided for new PIR-specific tasks to be undertaken by an existing and established non-government organisation, even if the organisation engaged as a PIR organisation receives funding from another source to deliver programs and services other than PIR.

Retrospective items/activities will not be funded through the PIR initiative.

3. Probity

The Australian Government is committed to ensuring the process for providing funding under the PIR initiative is transparent and in accordance with published Guidelines. Note: Guidelines may be varied from time-to-time by the Australian Government as the needs of the initiative dictate. Amended Guidelines will be published on the Department's website.

3.1. Conflict of interest

A conflict of interest may exist, for example, if the applicant or any of its personnel:

- Has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a Department staff member;
- Has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicant in carrying out the proposed activities fairly and independently; or
- Has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the granting of funding under the PIR initiative.

Each applicant will be required to declare as part of their application, existing conflicts of interest or that to the best of their knowledge there is no conflict of interest, including in relation to the examples above, that would impact on or prevent the applicant from proceeding with the initiative or any funding agreement it may enter into with the Australian Government.

Where an applicant subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to this application for funding, the applicant must inform the Department in writing immediately.

3.2. Confidentiality and Protection of Personal Information

Each applicant will be required to declare as part of their application, their ability to comply with the following Legislation/Clauses in the funding agreement it may enter into with the Australian Government.

The Protection of Personal Information Clause requires the Participant to:

- comply with the *Privacy Act (1988)* ('the Privacy Act'), including the 11 Information Privacy Principles (IPPs), as if it were an agency under the Privacy Act, and the National Privacy Principles (NPPs);
- refrain from engaging in direct marketing (s 16F of the Privacy Act), to the extent that the NPPs and/or s 16F apply to the Participant; and
- impose the same privacy obligations on any subcontractors it engages to assist with the initiative.

[8] Only under exceptional circumstances will consideration be given to funding more than one PIR organisation in a Medicare Local geographic region. Such consideration will be given on a case by case basis.

The Confidentiality Clause imposes obligations on the Participant with respect to special categories of information collected, created or held under the Agreement. The Participant is required to seek the Commonwealth's consent in writing before disclosing Confidential Information.

4. How to Apply

4.1. Obtaining an application

Applicants may obtain an application form as part of an Invitation to Apply (ITA) from the Department's website: www.health.gov.au.

4.2. Essential requirements to be covered in applications

Applications must be submitted to the Department by the date specified in the ITA, and should meet all the requirements outlined below. Applicants should ensure they are thoroughly familiar with details about the PIR initiative (available from www.health.gov.au/mentalhealth) and Medicare Local geographical regions (available from www.yourhealth.gov.au and attached).

Applications must contain the following:

- Proposed Model – applications must describe in detail:
  - the name of the Medicare Local region in which the applicant will implement PIR;
  - a model that will best achieve the objectives of PIR in the specified Medicare Local region;
  - the staffing profile required to support implementation of the model (for instance, number of Support Facilitators, management time, administration staff), including how the client case load will be managed and how formalised partnerships will be forged;
  - a map of the clinical and other support and service system architecture in the region;
  - the basis upon which relevant services and supports will be co-opted to participate in PIR;
  - how linkages with services and supports identified in the map will be fostered and maintained through the proposed model, including the approach to be taken to establish, maintain and strengthen effective partnerships at the systems level and at the Support Facilitator level, including governance protocols/processes to be established and strategies to be used to overcome any partnership barriers;
  - how the PIR organisation will work with and augment existing service delivery systems and care coordination efforts in implementing PIR, including how it will engage and sustain existing service providers' participation in the implementation of PIR and break down any barriers to participation and engagement;
  - how the PIR organisation will address ebbs and flows in demand for PIR, and how it will manage clients with episodic and varying degrees of support need in the longer term and when exiting the initiative following the provision of more intensive support received as 'active' clients;
  - how referrals that are not accepted will be appropriately managed; and
  - how the PIR organisation will encourage a recovery-oriented culture and promote personal qualities within its staff and PIR partners, including humane concern, empathy with both the client issues and service provider experience, imagination, hope, optimism, and confidence in the appropriate use of authority (with clients and with the range of service providers within the region).

- Project Plan – applications must include a comprehensive plan that sets out the key steps, timeline, and key milestones for implementation of the proposed PIR model within the specified Medicare Local region. PIR organisations should be able to be established, staffed and operational ready to commence delivery of PIR to clients within three months of entering into contract with the Department.

- Budget – applications must include a detailed recurrent budget for the proposed PIR model, identifying all associated costs. These costs should be itemised, where possible, according to the key stages and

milestones in the project plan and cover the years 2012-13 to 2015-16. Budget costs must be justified and be limited to the costs of implementation of PIR within a specific Medicare Local geographic region. Applicants must demonstrate that the Budget is sufficient to meet the PIR initiative's objectives and outcomes, and describe the intended benefits of the investment for the region (that is, demonstrates value for money). Budget costs must be in Australian dollars and identified as GST exclusive.

The budget estimates provided below suggest the indicative budget amount PIR organisations can expect to receive based on the estimated number of PIR clients eligible to access PIR within the region. Final budgets to be approved by the Department will be primarily guided by population size, and will incorporate weightings for rurality and socioeconomic disadvantage.

One-off *establishment funding* will be provided to each PIR organisation in the first year of operation in recognition that organisations may require some financial assistance to develop the required infrastructure, staffing, partnerships and networks, and to undertake the necessary marketing and communication strategies prior to engaging clients. The *recurrent funding* is to be used for all costs and expenses associated with the delivery of PIR within a region (staffing and on-costs, administration, regional capacity building, maintaining partnerships and networks, participation in monitoring and evaluation activities, operation, flexible funding pool).

VERY LARGE region, based on total population of > 600,000 (650 – 1,000 PIR clients)
Indicative average one-off establishment funding = $750,000 - $800,000
Indicative recurrent funding = $5.2 to $7.8 million/year* (when maximum number of clients are being seen)

LARGE region, based on total population of 400,000 to 600,000 (425 – 650 PIR clients)
Indicative average one-off establishment funding = $750,000 - $800,000
Indicative recurrent funding = $3.4 to $5.2 million/year*

MEDIUM region, based on total population of 200,000 to 400,000 (200 – 425 PIR clients)
Indicative average one-off establishment funding = $500,000 - $600,000
Indicative recurrent funding = $1.6 to $3.4 million/year*

SMALL region, based on total population 100,000 to 200,000 (100 – 200 PIR clients)
Indicative average one-off establishment funding = $250,000 – $300,000
Indicative recurrent funding = $0.9 to $1.6 million/year*

VERY SMALL region, based on total population < 100,000 (50 – 100 PIR clients)
Indicative average one-off establishment funding = $250,000 – $300,000
Indicative recurrent funding = $0.4 to $0.9 million/year*

* Estimated budget figures are indicative only and will be refined and finalised during contract negotiations. The recurrent funding ranges reflect 'full year of operation' costs when the organisation will be seeing its maximum number of PIR clients. The indicative recurrent funding ranges have also not been weighted for rurality and socioeconomic disadvantage (when weightings are applied, funding amounts may vary by 20 - 30%).

- Project Partners – the Department strongly encourages organisations to form partnerships to deliver PIR, and consortium applications will be highly regarded. For consortium applications, one organisation must be identified as the lead organisation.

  Applications would desirably include letters of support from any other key partners (for instance, relevant State/Territory government-agencies and funded services, local mental health service, Medicare Local).

For consortia applications, the following details should be provided in relation to non-lead organisations:

- an overview of how the organisation will work with the lead organisation to support the successful implementation of PIR within the region;
- an outline of the relevant experience and/or expertise the organisation will bring to the PIR team/consortia;
- the roles/responsibilities the organisation will undertake, and the resources it will contribute (if any); and
- details of a nominated management level contact officer.

- Communication strategy – applications must include a communication strategy outlining how PIR will be appropriately marketed in the region in a way that encourages:
  - appropriate referrals (minimising the risk of high numbers of ineligible client referrals) and so that PIR is not considered a 'new service deliverer';
  - engagement and support from all relevant sectors, services and supports within the region; and
  - awareness about the initiative and how consumers, carers and families can benefit.

- Risk Management – applications must include details of factors/risks which are known and will impact on the ability to achieve the PIR initiative's objectives or timelines. For each risk identified, details should be provided on the likelihood and the consequences of the identified risk, and what steps have been taken/will be undertaken to manage the risk.

- Capability and Capacity requirements - applicants must *demonstrate*:
  - their experience within and understanding of clinical/health and/or welfare service and support systems;
  - their experience and track record working with people with severe mental illness;
  - their relevant expertise and knowledge to equip them to understand and be the bridge between Commonwealth, state/territory, and local services and supports;
  - their capacity to engage with people who have often been difficult to work with; share experiences and information; and analyse and formulate assessment/plans;
  - they have strong networking ability, and a high level of communication and negotiation skills;
  - an understanding of what services are in the region and who needs to be connected with whom to successfully meet the objectives of PIR; and
  - an understanding of the region's demographics and number of people within the PIR target group in the region (see regional population estimates attached).

  Applications that do not completely satisfy all capability and capacity requirements listed above, must describe how they will acquire these to successfully implement PIR within a region.

4.3. How to submit an application

Applications may be submitted on the official application form and must be lodged electronically.

To assist with the assessment of an application, clarifying information may be requested by the Department. Applicants will be notified by email or post where this is required.

5. Assessment

5.1. Assessment process

Applications for funding under this initiative will undergo a formal assessment process. Applications must be complete and meet all requirements outlined in Clause 4.2 above. Applications that are incomplete and/or which do not satisfy the Eligibility Criteria (Clause 2 above) may not be considered.

Based on the information provided, an assessment committee convened by the Department will undertake an evaluation of eligible applications against the assessment criteria. Independent advice, such as from the

relevant State/Territory Mental Health Directorate and others, on the feasibility of applications, may be sought by the Department. This will ensure models proposed in applications are viable and operational within the existing service system architecture operating in that Medicare Local geographic region.

Any party involved in the assessment process of applications (for instance, assessment committee members, personnel providing independent advice, the Funding Approver) will be required to maintain the highest standards of probity and official conduct. As appropriate, such parties will be required to sign a Code of Ethics and/or a Deed of Confidentiality, which address conflicts of interest through requiring them to undertake certain actions in relation to any actual, potential, or apparent conflict of interest. This includes making a declaration to an appropriate authority as soon as any actual, potential, or apparent conflict of interest arises, and to take such steps as the appropriate authority may reasonably require to resolve or to otherwise deal with the conflict. The appropriate course of action and management strategies determined by the appropriate authority may include considering whether the party can continue to participate in the assessment process, and if so, how the conflict will be managed.

5.2. Assessment criteria

Applications will be assessed against the following criteria:

- *Eligibility Criteria* are the criteria that an application must satisfy in order to be considered for funding. These are also variously expresses as 'threshold criteria', 'mandatory criteria', 'compliance criteria', or 'gateway criteria'. Threshold Criteria often involve the use of expressions such as 'must', 'must not', 'will' or 'will not'. Threshold Criteria include those requirements described in Section 2 above.

- *Assessment Criteria* are the criteria against which all eligible, compliant applications will be assessed in order to determine the merits of the proposed PIR model in being able to effectively achieve the objectives of PIR. Assessment criteria include:
  - how well the application's proposed PIR model meets the PIR initiative's aims and objectives;
  - what the applicant's ability is to implement the proposed PIR model within budget and timeframes, as well as abide by and meet all accountability and audit requirements (as described in the project plan and budget);
  - whether the application represents value for money;
  - how the applicant will work collaboratively with partners;
  - how the application's proposed PIR model will be communicated to all key stakeholders (as described in the communication strategy);
  - what the level and proposed management of risk is associated with the application's proposed PIR model (as described in the risk management plan);
  - what the relevance and strength of the knowledge, skills, capabilities and experience of the applicant is in achieving the proposed PIR model;
  - what the capacity of the applicant is to undertake all establishment phase activities and be ready to start accepting clients within three months of entering into contract with the Department; and
  - what the readiness of the region is to start effectively implementing PIR (as demonstrated by the project plan, risk management plan and the partnership development strategy).

6. Decisions

6.1. Approval of funding

Following an assessment of the applications by the assessment committee, advice will be provided by the Department to the Funding Approver on the merit, suitability and regional readiness of the applications.

Applications will be ranked according to merit, suitability, readiness, and value for money:

- *Highly suitable* – application is of high merit, proposes a highly suitable model, is in a region that is ready to implement PIR, and demonstrates value for money. Contract negotiations should commence for immediate engagement.
- *Suitable* – application is of merit, proposes a suitable model, is in a region that is ready to implement PIR, and demonstrates value for money. Contract negotiations should commence following clarification of issues to the Department's satisfaction.
- *Further work required* – application has some merit, or proposes a somewhat suitable model, the region is building its readiness to implement PIR, and/or there are concerns over value for money. Further work on the application is required to address concerns of viability and/or readiness. Applicant to rework application for future consideration.
- *Unsuitable* – application is of low merit, proposes an unsuitable model, is in a region that is not ready/does not have the capacity to implement PIR, and/or does not represent value for money. The application will not be recommended for funding.

The Funding Approver will consider whether each of the highly suitable and suitable applications recommended for funding will make an efficient, effective and ethical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

Funding approval is at the discretion of the Funding Approver. Where the number of highly suitable and suitable applications exceeds the number of regions and/or PIR organisations able to be funded, the assessment committee will prioritise the recommended applications, as determined by applications with:

- a proposed model described in a way that illustrates it as having the best chance of meeting the objectives of PIR within a region;
- regional need;
- the strongest regional readiness; and
- State/Territory Government Mental Health Directorate support.

In regions where unsuitable applications are received, consideration will be given to providing the region with development support, or releasing a further ITA, in order to expedite the region's capacity development and readiness to participate and engage in PIR.

The Funding Approver will consult the Minister's Office as required, throughout the decision making process, including prior to finalising decisions on applications to be funded.

6.2. Advice to applicants

Applicants will be advised by letter of the outcome of their application. Letters to successful applicants will contain details of any specific conditions attached to the funding. Funding approvals will also be listed on the Department's website.

The Department will notify all unsuccessful applicants, in writing, after execution of the agreements or after the Funding Approver's decision. The Department is not able to provide feedback on applications prior to the Funding Approver's decision.

6.3. Complaint handling

The Department's Procurement and Funding Complaints Handling Policy applies to complaints that arise in relation to a procurement or funding process. It covers events that occur between the time the request documentation is released publicly and the date of contract execution, regardless of when the actual complaint is made. The Department requires that all complaints relating to a procurement or funding process must be lodged in writing. Further details of the policy are available on the 'About Us' page on the Department's website (www.health.gov.au).

Any enquiries relating to funding decisions for the PIR initiative should be directed to partnersinrecovery@health.gov.au.

7. Conditions of Funding

7.1. Contracting arrangements

Successful applicants will be required to enter into a funding agreement with the Australian Government (as represented by the Department).

The Department will work with successful applicants with the aim of having funding agreements for those ranked 'highly suitable' executed by December 2012 for a 1 January 2013 commencement. The remaining applicants will be engaged in subsequent stages, to be determined by their ranking. All organisations will need to be sufficiently staffed, networked and well established to start accepting clients within three months of contract execution.

7.2. Specific conditions

There may be specific conditions attached to the funding approval required as a result of the assessment process or imposed by the Approver. These will be identified in the offer of funding or during funding agreement negotiations.

7.3. Payment arrangements

Payments will be made on achievement of agreed milestones and on the Department's acceptance of specified contract deliverables. Before any payment can be made, funding recipients will be required to provide:

- a tax invoice for the amount of the payment;
- evidence of meeting the obligations of the funding agreement, including achieving milestones; and
- contract deliverables and have them accepted by the Department as per the agreement.

Where payments are linked to the achievement of specific milestones, payments will only be made after the Department is satisfied that those milestones and associated obligations of the funding agreement have been met.

7.4. Reporting requirements

Funding recipients will be required to provide progress reports on the agreed milestones. These progress reports may include funding acquittal requirements. The timing of progress reports will be negotiated as part of the funding agreement, however it is expected that at a minimum, six monthly progress reports, including reports on projected and actual expenditure, will be required. An annual audited statement will also be required.

7.5. Monitoring and Evaluation

The funding recipient will be required to actively manage the delivery of the initiative. The Department will monitor progress against the funding agreement through assessment of progress reports and by conducting site visits as necessary.

An independent and iterative evaluation will determine how the funding contributed to the objectives of the initiative, and will examine:

- The extent to which the PIR initiative has improved the system of care available to people with severe and persistent mental illness who have complex multi-agency care needs, as judged by:
    - the level of coordination between clinical and community support service providers;
    - the nature and strength of partnerships between service providers;
    - the effectiveness of referral pathways in ensuring access to necessary services; and

- the adoption of a recovery framework by clinical and community support providers who serve people in the PIR target group.

- The extent to which the PIR initiative has been an effective approach for people with severe and persistent mental illness who have complex multi-agency support needs, as judged by:
  - whether the initiative has been able to effectively focus on, and provide appropriate responses to, the PIR target group;
  - the extent to which the initiative contributes to improvement in key outcome domains experienced by PIR clients, particularly:
    - clinical functioning, including GP attendance, chronic disease management, attendance at community health follow-up, and compliance with medication
    - social inclusion domains, especially housing stability, and participation in employment, education and social activities
    - quality of life
  - the extent to which the initiative contributes to improvements in broader outcomes for families and carers of PIR clients, and the community more generally; and
  - the extent to which the initiative contributes to more cost effective use of health and social care resources for the PIR target group.

- The critical elements that support effective implementation of PIR and the barriers and challenges which hinder effective implementation.

Funding recipients will:
- be required to provide information to assist, and to participate, in monitoring and evaluation activities for a period of time, as stipulated in the funding agreement, after funding has been provided;
- be required to work with a consultant engaged to undertake the monitoring and iterative evaluation activities which will be used to inform roll-out of the initiative as it progresses;
- need to abide by any monitoring and reporting infrastructure, requirements and arrangements established to support this function (for instance, qualitative and quantitative data requirements; core/minimum datasets to be maintained and reported; methodologies and processes for data collection and reporting); and
- be required to participate in any training to support their participation in these activities as required.

8. Glossary

Carer
A person who has a caring role for a person with a mental health problem or mental illness. They could be family, friends or staff and be paid or unpaid. The role of the carer is not necessarily static or permanent, and may vary over time according to the needs of the consumer and carer. (*Fourth National Mental Health Plan 2009*)

Consumer
A person who uses or has used a mental health services. (*Fourth National Mental Health Plan 2009*)

PIR flexible funding
PIR organisations will have access to a limited amount of flexible funding which can be used to purchase services and appropriate supports when client needs are identified but are not immediately able to be met through normal channels. The flexible funding pool will enable the PIR organisation to buy-in these services and supports, and is intended to be used to build system capacity for the benefits of PIR clients within the region, rather than divert responsibility from existing service providers.

PIR organisation

A suitably placed and experienced non-government organisation contracted with the Australian Government to deliver the PIR initiative in a Medicare Local geographic region.

Prevalence
The proportion of individuals in a particular population who have an illness during a specific period of time. (*Fourth National Mental Health Plan 2009*)

Recovery
A personal process of changing one's attitudes, values, feelings, goals, skills and/or roles. It involves the development of new meaning and purpose and a satisfying, hopeful and contributing life as the person grows beyond the effects of psychiatric disability. The process of recovery must be supported by individually-identified essential services and resources. (*National Mental Health Policy 2008*)

Severe and persistent mental illness with complex needs
A diagnosed mental illness that is severe in degree and persistent in duration, and complex needs that require a service response from multiple agencies across different sectors.

Social inclusion
Contemporary concepts of disadvantage often refer to social exclusion. Social inclusion refers to policies which result in the reversal of circumstances or habits which lead to social exclusion. Indicators of social inclusion are that all Australians are able to secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voices heard. (*Fourth National Mental Health Plan 2009*)

Supported accommodation
Safe, secure and affordable community based housing combined with non-clinical and clinical supports and services which enable people with mental health problems and metal illness to live independently in the community. (*Fourth National Mental Health Plan 2009*)

Support Facilitator
An appropriately skilled and experienced individual engaged by a PIR organisation to progress the day to day tasks to achieve the PIR objectives.

Wrap around service
The term refers to individualised and integrated services provided through a single coordinated process to comprehensively meet the needs of a person with a mental illness. (*Fourth National Mental Health Plan 2009*)

Regional Population Estimates

The Department estimates the 61 Medicare Local regions have the following number of people with a severe and persistent mental illness with complex needs (totalling around 60,000 people nationally in 2016) [9]. The PIR initiative targets 40% of this 60,000.

S/T	Medicare Local region	Estimated Total Resident Population	Region size classification (based on estimated total resident population)	Estimated number of people eligible for PIR within the region (18-64 age group with SPMICN[10])[11]	40% of the estimated number of people eligible for PIR within the region[12]
NSW	Western Sydney	840,650	Very large	2187	875
NSW	Hunter	700,577	Very Large	1706	682
NSW	New England	185,932	Small	442	177
NSW	Murrumbidgee	191,486	Small	455	182
NSW	Nepean – Blue Mountains	349,288	Medium	894	358
NSW	Northern Sydney	397,303	Medium	1001	400
NSW	Illawarra – Shoalhaven	389,549	Medium	941	376
NSW	North Coast NSW	508,652	Large	1188	475
NSW	Western NSW	257,456	Medium	608	243
NSW	Eastern Sydney	377,840	Medium	1094	437
NSW	Inner West Sydney	576,469	Large	1627	651
NSW	South Eastern Sydney	464,022	Large	1191	476
NSW	South Western Sydney	871,903	Very large	2199	880
NSW	Central Coast NSW	319,715	Medium	748	299
NSW	Southern NSW	200,430	Medium	486	195
NSW	Far West NSW	39,986	Very Small	97	39
NSW	Sydney North Shore and Beaches	446,760	Large	1174	470
Vic	Inner North West Melbourne	434,109	Large	1256	502
Vic	Northern Melbourne	620,364	Very Large	1614	646
Vic	Inner East Melbourne	623,220	Very Large	1589	636
Vic	Barwon	282,139	Medium	691	276
Vic	Bayside	587,230	Large	1577	631
Vic	Macedon Ranges and North Western Melbourne	466,616	Large	1228	491
Vic	South Eastern Melbourne	467,535	Large	1190	476
Vic	Frankston – Mornington Peninsula	280,700	Medium	678	271
Vic	Lower Murray	70,371	Very small	168	67

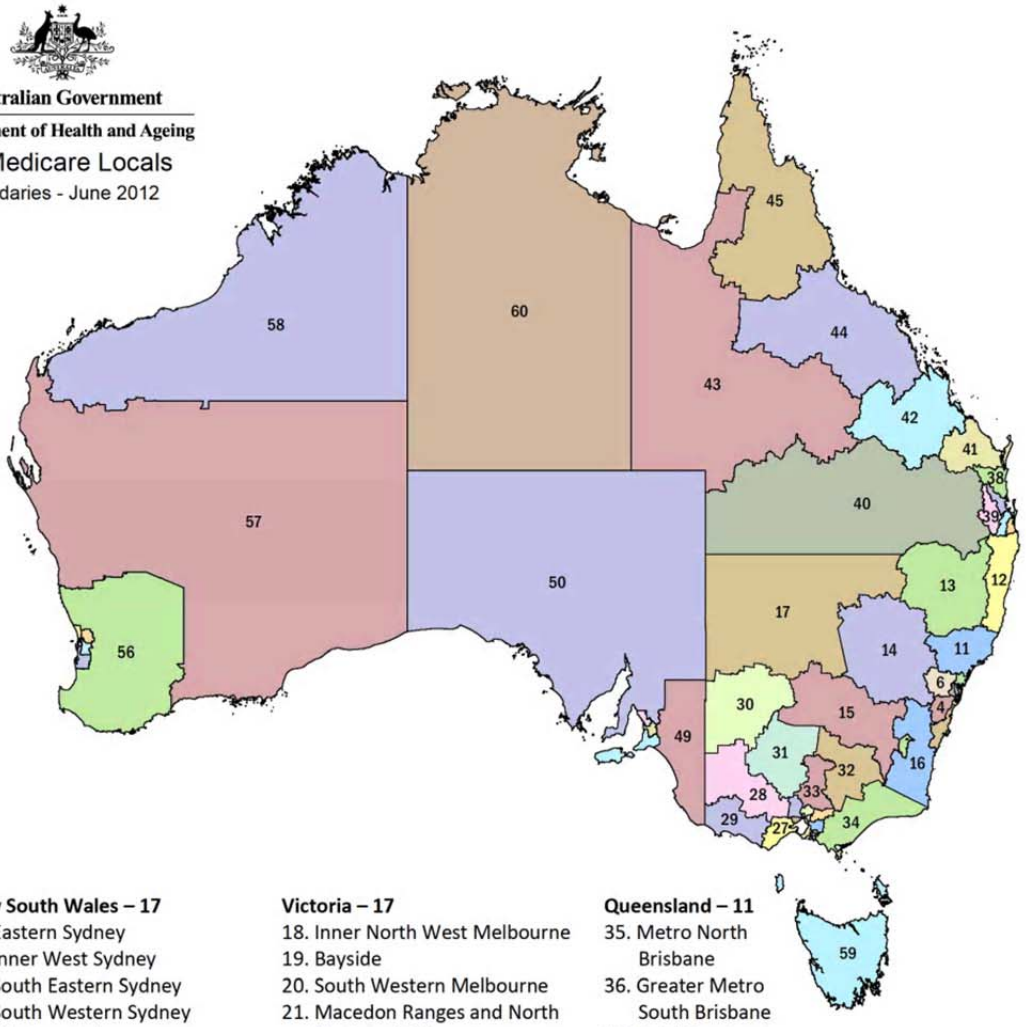
[9] Based on 2010 Estimated Residential Population (preliminary) by single year ages (0-84 then 85 years and over) by Census Collection District (CD, ASGC 2006)
[10] Severe and Persistent Mental Illness with Complex Needs (SPMICN)
[11] Calculations assume there is equitable distribution of people with SPMICN (who represent 0.4% of the adult population) across all Medicare Local regions
[12] Actual need for PIR amongst the client group may differ depending on regional context and service delivery system.

S/T	Medicare Local region	Estimated Total Resident Population	Region size classification (based on estimated total resident population)	Estimated number of people eligible for PIR within the region (18-64 age group with SPMICN)	40% of the estimated number of people eligible for PIR within the region
Vic	Loddon – Mallee - Murray	225,111	Medium	535	214
Vic	Eastern Melbourne	414,127	Large	1068	427
Vic	Grampians	212,432	Medium	513	205
Vic	Goulburn Valley	151,281	Small	361	144
Vic	Hume	207,958	Medium	501	200
Vic	Gippsland	266,094	Medium	635	254
Vic	South Western Melbourne	244,626	Medium	638	255
Vic	Great South Coast	107,072	Small	255	102
Qld	Metro North Brisbane	871,075	Very large	2278	911
Qld	Gold Coast	541,586	Large	1394	558
Qld	Greater Metro South Brisbane	897,437	Very large	2334	934
Qld	West Moreton – Oxley	358,329	Medium	891	357
Qld	Townsville – Mackay	412,865	Large	1063	425
Qld	Darling Downs – South West Queensland	303,278	Medium	720	288
Qld	Central and North West Queensland	43,798	Very small	111	45
Qld	Sunshine Coast	380,268	Medium	913	365
Qld	Wide Bay	215,888	Medium	501	200
Qld	Central Queensland	216,497	Medium	538	215
Qld	Far North Queensland	272,829	Medium	690	276
SA	Central Adelaide and Hills	510,071	Large	1311	524
SA	Country North SA	201,370	Medium	481	192
SA	Northern Adelaide	398,613	Medium	1009	404
SA	Southern Adelaide – Fleurieu – Kangaroo Island	397,099	Medium	992	397
SA	Country South SA	137,429	Small	332	133
WA	Perth North Metro	499,060	Large	1295	518
WA	South West WA	298,803	Medium	733	293
WA	Fremantle	229,907	Medium	597	239
WA	Perth South Coastal	222,815	Medium	536	214
WA	Goldfields – Midwest	126,737	Small	320	128
WA	Pert Central and East Metro	448,639	Large	1181	472
WA	Bentley – Armadale	385,300	Medium	1024	410
WA	Kimberley - Pilbara	84,316	Very small	231	92
Tas	Tasmania	507,643	Large	1240	496
ACT	Australian Capital Territory	358,571	Medium	967	387
NT	Northern Territory	229,711	Medium	616	246

Australian Government
Department of Health and Ageing

61 Medicare Locals

Boundaries - June 2012



New South Wales – 17

1. Eastern Sydney
2. Inner West Sydney
3. South Eastern Sydney
4. South Western Sydney
5. Western Sydney
6. Nepean – Blue Mountains
7. Northern Sydney
8. Sydney North Shore and Beaches
9. Central Coast NSW
10. Illawarra – Shoalhaven
11. Hunter
12. North Coast NSW
13. New England
14. Western NSW
15. Murrumbidgee
16. Southern NSW
17. Far West NSW

Northern Territory – 1

60. Northern Territory

Australian Capital Territory – 1

61. Australian Capital Territory

Victoria – 17

18. Inner North West Melbourne
19. Bayside
20. South Western Melbourne
21. Macedon Ranges and North Western Melbourne
22. Northern Melbourne
23. Inner East Melbourne
24. Eastern Melbourne
25. South Eastern Melbourne
26. Frankston – Mornington Peninsula
27. Barwon
28. Grampians
29. Great South Coast
30. Lower Murray
31. Loddon – Mallee – Murray
32. Hume
33. Goulburn Valley
34. Gippsland

South Australia – 5

46. Northern Adelaide
47. Central Adelaide and Hills
48. Southern Adelaide – Fleurieu – Kangaroo Island
49. Country South
50. Country North

Queensland – 11

35. Metro North Brisbane
36. Greater Metro South Brisbane
37. Gold Coast
38. Sunshine Coast
39. West Moreton – Oxley
40. Darling Downs – South West QLD
41. Wide Bay
42. Central Queensland
43. Central and North West QLD
44. Townsville – Mackay
45. Far North QLD

Western Australia – 8

51. Perth Central East Metro
52. Perth North Metro
53. Fremantle
54. Bentley – Armadale
55. Perth South Coastal
56. South West WA
57. Goldfields – Midwest
59. Kimberley – Pilbara

Tasmania – 1

59. Tasmania

National Health Reform