



Australian Government

Department of Health

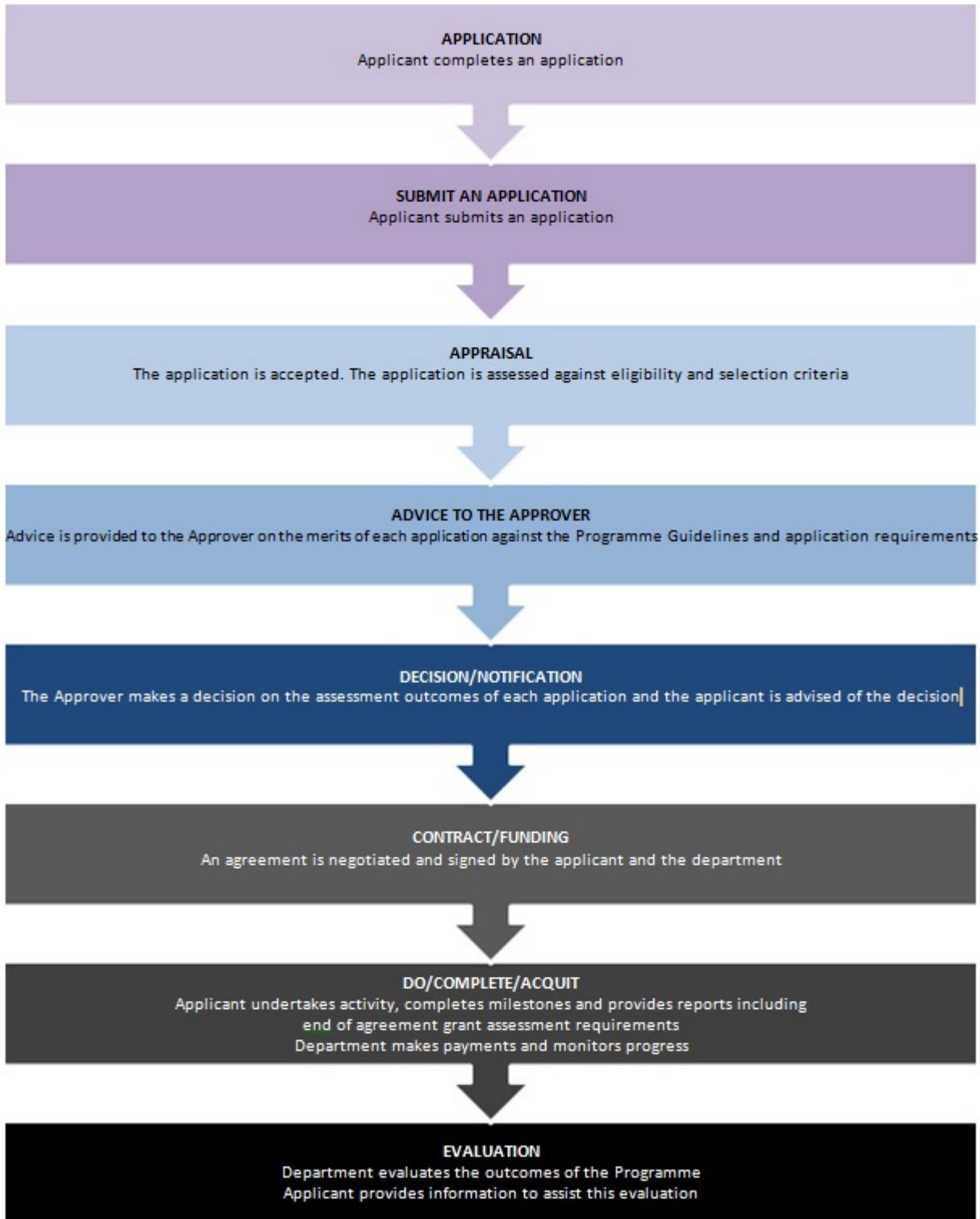
Primary Mental Health Care Services Activities Grant Programme Guidelines

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Grant Programme Process Flowchart



1 Introduction

1.1 Programme Background

The Australian Government is committed to developing a mental health system that improves the lives of Australians with a mental illness and their families. Funding for the provision of frontline mental health services to improve access to effective, low cost treatment for people through the Access to Allied Psychological Services (ATAPS) and the Mental Health Services for Rural and Remote Areas (MHSRRA) programmes has been in place since 2001 and 2007 respectively.

Historically, these programmes have been generally delivered through Divisions of General Practice and subsequently transitioned to Medicare Locals after they were established in 2011.

On 2 April 2015, the Minister for Health, the Hon Sussan Ley MP announced the extension of funding for the provision of frontline mental health services in 2015-16 to allow services to continue to be delivered while work progressed on the review of mental health services and programmes undertaken by the National Mental Health Commission (NMHC).

In 2014-15, approximately \$123 million (GST exclusive) was directly allocated to more than 70 organisations responsible for the delivery of primary mental health care services and associated project support. These organisations were primarily Medicare Locals. In 2014 a review of the Medicare Locals was conducted by Professor John Horvath (Horvath Review), a former Commonwealth Chief Medical Officer. The report contained 12 key findings and 10 recommendations which are available on the Department's [website](#). The Government accepted all the Horvath Review's recommendations and in the 2014-15 Budget announced that new Primary Health Networks (PHNs) will replace Medicare Locals and begin operations from 1 July 2015.

An open competitive round was undertaken to select PHN organisations. The Government also decided that core services delivered by Medicare Locals would be delivered by PHNs once these are established.

To streamline administration and reduce red tape, funding for the two programmes in the 2015-16 transition year will be provided under a single funding agreement called Primary Mental Health Care Services Activities. The Primary Mental Health Care Services Activities Grant Programme Guidelines (the Guidelines) outline the funding arrangements for these services from 2015-16 under the two programmes.

Organisational ability to provide service continuity and capacity to implement frontline mental health services previously delivered by Medicare Locals or other associated organisations (directly, or by purchasing and commissioning) is a priority. Where services are delivered by PHNs, it is essential to have a purchasing and commissioning model in place by the start of 2016-17. For further information on purchasing and commissioning refer to the PHN guidelines.

These Guidelines provide an overview of the arrangements for the delivery of Primary Mental Health Care Services Activities. The Guidelines may be updated to reflect any changes in response to the NMHC Review. Any future changes to the design of the services will be made available to funded organisations.

1.2 Programme Purpose, Scope, Objectives and Outcomes

Aim and Scope

The aim of the Primary Mental Health Care Services Activities is to assist in improving the mental health of people living in communities that would otherwise have little or no access to mental health

services, such as Medicare subsidised mental health services. This will be informed by needs based planning undertaken by the funded organisations.

In the 2015-16 transition year, funded organisations are required to ensure the delivery of frontline services and associated project support activities are undertaken as part of the following ongoing programmes:

- ATAPS programme; and
- MHSRRA programme.

For details on the operational arrangements for these programmes, refer to the existing Operational Guidelines for each programme.

Objectives

The key objectives of the funding are outlined below:

- ATAPS programme:
 - produce better outcomes for individuals with common mental disorders through offering evidence based short-term psychological interventions within a primary care setting;
 - target services to those individuals requiring primary mental health care who are not likely to be able to have their needs met through Medicare subsidised mental health services;
 - complement other fee-for-service programmes and address service gaps for people in particular geographical areas and population groups;
 - offer referral pathways for General Practitioners (GPs) to support their role in primary mental health care;
 - offer non-pharmacological approaches to the management of common mental disorders; and
 - promote a team approach to the management of mental disorders.
- MHSRRA programme:
 - improve the mental health of people with a mild to moderate diagnosable mental illness, living in rural and remote areas by providing greater access to mental health services. This will be achieved through the engagement of allied and/or nursing mental health professionals through non-government health organisations in rural and remote Australia.

Funded organisations will be provided with Operational Guidelines to assist service providers in implementing and administering the funding. Organisations should also consider the broader PHN Programme Guidelines developed by the Department, and the Funding Agreement for these activities.

1.3 Consultation

The Australian Government tasked the NMHC to do a thorough review of all existing services to assess how well and efficiently they are helping their clients. The Final Report of the Review of Mental Health Programmes and Services undertaken by the NMHC was presented to Government on 1 December 2014 and released on 16 April 2015.

The mental health sector was consulted as part of the review undertaken in 2014. Services provided under these activities will continue in 2015-16 under the same arrangements and the same funding levels as in 2014-15. The Government will consider the recommendations of the Report and explore short-term and longer-term practical strategies to address these recommendations, including future funding arrangements for this funding beyond 30 June 2016.

1.4 Relevant Legislation

The programmes draw their administrative authority from the Commonwealth Grants Rules and Guidelines (CGRGs) that are issued by the Minister for Finance under the Public Governance, Performance and Accountability Act 2013 (PGPA Act). The legal authority for the grant is Section 23 of the *Public Governance, Performance and Accountability Act 2013 and Financial Framework (Supplementary Powers) Act 1997* Section 32(b) and Schedule 1AA Part 4 section 415.034 – Mental Health: “to provide funding to improve the mental health system, invest in more and better coordinated services for people with mental illness, and expand suicide prevention activities”. Department of Health staff involved in grants administration are accountable for complying with the CGRGs, the PGPA Act and other policies and legislation that interact with grants administration.

1.5 Roles and Responsibilities

The [Grant Programme Process Flowchart](#) on page 4 outlines the general roles and responsibilities of each party. The roles and responsibilities of the Approver, the Department, and funding recipients are more broadly described below.

Department of Health

The Department is responsible for the development and dissemination of all documentation regarding this funding, and for ensuring that documentation is in accordance with the objectives and priorities. The Department is also responsible for notifying applicants of the outcome of any funding process, responding to queries in relation to the funding process, and for resolving any uncertainties that may arise in relation to funding requirements.

The Department will be responsible for decisions regarding the internal administration, assessment recommendations and the management of arrangements relating to the subcomponents of the funding, including:

- assessing proposals where appropriate;
- developing funding agreements or any alternative contractual arrangement;
- monitoring the performance of projects to ensure the conditions of the funding agreement or other contractual arrangement are met;
- assessing performance and financial reports and undertaking follow up activity as necessary;
- making payments as specified in the funding agreement or contractual arrangement; and

providing feedback to funded organisations during the funding period and following the conclusion of activities.

The Assessment Committee

From 2016-17 where the Department undertakes a funding process to identify a suitable provider, for one or more activities under these programmes, an assessment committee will be established by the Department to appraise proposals against the selection criteria and select the shortlisted applicants. Assessment of the proposals may require specific advice from subject “experts” from within the Department or externally.

Approver

The Approver is the Minister for Health or their delegate, or agency Chief Executive or their delegate. The Approver considers whether the proposal will make an efficient, effective, ethical and economical use of Australian Government 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 Approver. The funding Approver for activities is in accordance with the PGPA Act and associated instruments of Delegation for the Department.

Funding Recipients

Organisations receiving funding are responsible for the efficient and effective delivery of activities in accordance with the obligations contained in any funding agreement or contractual arrangement entered into. Organisations are also responsible for:

- ensuring that the terms and conditions of the funding agreement are met and that the project is managed in a cost effective and efficient manner;
- ensuring the activity achieves value with money;
- employing and managing project staff (including purchasing and/or commissioning where appropriate);
- maintaining contact with the Department and advising of any emerging issues that may impact on the success of the activity;
- identifying, documenting and managing risks and putting in place appropriate mitigation strategies;
- meeting the reporting requirements identified under section 10.4;
- ensuring outcome and output reporting in accordance with the funding agreement; and
- participating in activity evaluation as necessary.

1.6 Risk Management

The Department is committed to a comprehensive and systematic approach to the effective management of potential opportunities and adverse effects. Any contractual arrangement may be managed according to its level of risk to the Commonwealth. As such, applicants and funding recipients may be subject to a risk management assessment prior to the negotiation of any contractual arrangement and periodically thereafter.

The inclusion of Supplementary Conditions, which could override and/or amend and/or impose additional terms to the Standard Funding Agreement, may be included for organisations with a risk rating of medium or above.

Consistent with the responsibilities described under Section 1.5, funded organisations are responsible for managing risks to their own business activities and priorities. The Commonwealth will manage the risks to the funds and outcomes through its management of the grant.

2 Eligibility

2.1 What entities are eligible to receive funding?

The majority of funding will be allocated to PHN organisations, however funding may also be provided to other organisations.

Funded organisations must be a legal entity to be eligible for funding, for example:

Incorporated association incorporated under Australian State/Territory legislation;

- Incorporated cooperative incorporated under Australian State/Territory legislation;
- Aboriginal corporation registered under the Corporations (Aboriginal and Torres Strait Islander Act 2006);
- Organisation established through specific Commonwealth or State/Territory legislation;
- Company incorporated under Corporations Act 2001 (Commonwealth of Australia);
- Partnerships;
- Trustee on behalf of a trust;
- An Australian Local government body; and
- An Australian State/Territory government.

Consortia

The Department encourages organisations to form collaborations, consortia or partnerships to deliver activities. If more than one organisation will be involved in the application, one organisation must be identified as the lead organisation and an authorised representative of the lead organisation must sign the application form.

2.2 What is eligible for funding?

Activities and services to be funded must be consistent with the aim, scope, objectives and outcomes and include activities supported under these programmes. They include frontline service delivery as well as project support such as national and local data collection, analysis and evaluation projects, and workforce support, including the operation of a suicide support service for clients receiving services under the programmes.

Activities that may be considered eligible for frontline service funding include short term, goal oriented focussed psychological strategies services for people that have a common mental disorder of mild to moderate severity such as anxiety and depression; or have a severe mental illness that will benefit from short term psychological treatment as part of their overall treatment; or people who are at risk of suicide or self harm.

The frontline mental health services to be funded will require the engagement of nursing and allied health professionals to deliver clinical treatment (sessions) designed to meet the needs of a range of specific population group needs, including:

People who are not able to access Medicare funded mental health services;

- People who are less able to pay fees;
- Culturally and linguistically diverse (CALD) communities;
- Aboriginal and Torres Strait Islander people;
- Children under the age of 12 years;

- People in rural and remote locations;
- People who have self harmed or attempted suicide or are at risk of suicide; and
- Women with perinatal depression.

Each grant recipient will have annual client and session targets to meet based on previous service levels for each geographical region. The final agreed targets will be outlined in an Annual Plan and Budget, and monitored as outlined at Section 10.4.

These activities will rely on a range of service requirements, including:

- comprehensive planning and needs analysis to identify specific needs in the region, service gaps, and more effective ways to target priority groups (including people in rural and remote areas) and deliver services;
- high quality services delivered by qualified, credentialed, registered and experienced professionals;
- innovative treatment models and modalities, including telephone and web based treatments to reflect client needs;
- service continuity and ongoing client intake supported by appropriate demand management systems to ensure client intake throughout the year;
- the engagement of the community, stakeholders and other providers in the region, including Local Hospital Networks (LHNs);
- established referral pathways for a range of clinicians and services/supports who come into contact with people with a mental illness; and
- appropriate crisis support mechanisms for clients after hours.

Funding for frontline services under the MHSRRA programme relates only to the geographical areas that received services under the MHSRRA programme in 2014-15.

For further details regarding funded activities, organisations should consider the Operational Guidelines.

What is not eligible for funding?

Unless otherwise agreed with the Department, the following items are not eligible for funding:

- capital works, such as the purchase of any land, the purchase or construction of a completely new premises, the demolition (whether or not followed by the replacement) of the majority of an existing premises or works including minor capital works;
- legal or other costs to settle unfair dismissal grievances and/or settle other claims brought against the funding recipient;
- retrospective items/activities; and
- activities undertaken by political organisations.

3 Probity

The Australian Government is committed to ensuring that the process for providing funding under the programmes is transparent and in accordance with published Guidelines.

Note: Guidelines may be varied from time-to-time by the Australian Government as the needs dictate. Amended Guidelines will be published on the Department's website and made available to funded organisations.

3.1 Conflict of interest

A conflict of interest may exist if Departmental staff, any member of an advisory panel or expert committee, and/or 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 Departmental officer;
- Has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicants 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.

Each party will be required to declare as part of their proposal, 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 project or any funding agreement it may enter into with the Australian Government.

Where a party subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to this application for funding, external parties must inform the Department in writing immediately. Departmental staff or members of any advisory panel or expert committee must advise the chair of the assessment committee of any conflict of interest. Conflicts of interest will be handled in accordance with Departmental policies and procedures at www.health.gov.au

[Conflicts of interest](http://www.health.gov.au) for Departmental staff will be handled in accordance with the Australian Public Service Commission policies and procedures (<http://www.apsc.gov.au/publications-and-media/current-publications/aps-values-and-code-of-conduct-in-practice/conflict-of-interest>)

3.2 Privacy - Confidentiality and Protection of Personal Information

Funding agreements associated with these programmes will require funded organisations (funding recipients) to comply with the following Legislation regarding the Protection of Personal Information Clause:

- comply with the *Privacy Act (1988)* ('the Privacy Act'), including the 13 Australian Privacy Principles (APPs) which are contained in Schedule 1 of the Privacy Act; and
- impose the same privacy obligations on any subcontractors it engages to assist with the activity.

The Confidentiality Clause imposes obligations on the funding recipient with respect to special categories of information collected, created or held under the funding agreement. The funding recipient is required to seek the Department's consent in writing before disclosing confidential information.

Further information can be found in the general terms and conditions of funding agreements available on the [Department's website](#).

4 Applications – 2015-2016

4.1 Type of Application Process in 2015-16

In the 2015-16 transition year, the Department will directly allocate funding for frontline services to specific organisations including PHNs, subject to approval from the Minister for Health, or their delegate.

As 2015-16 will be a transition year a non-application process to allocate funding under the programme will be used. As PHN organisations were selected through an open competitive round, the majority of funding will be directly allocated to the new PHN organisations to provide primary mental health care services at an equivalent funding level to those delivered in 2014-15 within the geographic region. To ensure an equitable distribution of funding across the country, funding will be allocated to

organisations on the basis of relative needs within their catchment area. Organisations will be approached by the Department to negotiate grant funding arrangements for 2015-16.

4.2 Application Process in 2015-16

In 2015-16 the grant application process used to identify the organisations to receive the majority of frontline service funding will build on an open competitive process already undertaken for the selection of PHN's by the Department. Refer to section 7.1 for future years' funding.

5 Selection Process in 2015-16

5.1 Assessment Process in 2015-16

The Department undertook an open competitive funding round in 2015 to select PHN organisations. The process used during the PHN selection process is set out below. In 2015-16 the allocation of funding under the programmes will apply the principles used in the PHN open competitive round.

The selection process of PHN organisations was finalised in April 2015. The selection process for PHN was undertaken in two stages.

Stage 1 - Eligibility Criteria

Each applicant must satisfy all Eligibility Criteria in order to be considered for further assessment. This will be determined by the Assessment Committee.

Stage 2 – Assessment Criteria

Only proposals that satisfy all Eligibility Criteria (if any) will proceed to Stage 2. Proposals will then be assessed to ensure value with relevant money is achieved in line with the aims and objectives of the programmes.

Assessment Criteria

The assessment criteria for the Primary Mental Care Services Activities funding incorporates the following principles:

- Capacity;
- Effectiveness;
- Outcomes and benefits; and
- Value for money.

PHN organisations were selected through an open competitive funding round and were assessed against the criteria outlined above.

6 Decision Making 2015-16

6.1 Approval of Funding 2015-16

The Approver will consider whether the allocation of funding to selected organisations will make an efficient, effective, ethical and economical 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 Approver.

7 Applications 2016-17

7.1 Type of Application Process from 2016-17

The majority of the grant funding under the Primary Mental Health Care Services Activities will be available through a targeted or restricted non competitive process to PHN organisations.

- Targeted or restricted process
- Targeted or restricted grant rounds will be open to a small number of potential funding recipients based on the specialised requirements of the initiative or project under consideration and the funding available.

Under limited circumstances other opportunities for grant funding may be available through:

- **One-off**

Provision will be made under the Primary Mental Health Care Services Activities for one-off, and emergency payments, provided that they meet the aims, objectives and priorities of the programmes.

- **Open competitive grant rounds**

Open competitive funding rounds, which will open and close to applications on nominated dates, with eligible applications being assessed against the assessment criteria and then prioritised against other eligible applications for the available funding.

- **Procurement**

Funds may also be used for the procurement of work directly related to the purpose of the funding. Such procurements will be undertaken in accordance with the requirements of the Commonwealth Procurement Rules and will be for purposes that are consistent with the objectives and priorities of the programmes.

For open rounds applicants may obtain an application form from the department's Tenders and Grants internet page. The application form is included in the Invitation to Apply. For targeted rounds the Invitation to Apply or Request for Proposal will be supplied to the applicant.

7.2 Application Process in 2016-17

The majority of the approach to market will consist of a direct or targeted approach, depending on the application process being undertaken and outlined in Section 7 of these Guidelines and as agreed by the Minister for Health, or their delegate. These Programme Guidelines will be publically available and will form part of the approach to market documentation for any funding process.

Specific timeframes for any funding process will be provided in the approach to market documentation for that process and will be available on the Department's website.

Grants Timing Principles

Date	Requirement
Jan – April	ATM is open for applicants
Two – six weeks after ATM opens	Applications close
Three weeks after applications close	Assessment of applications
Approximately six weeks after notification	Execution of funding agreements and unsuccessful applicants notified

An assessment committee will be established by the Department to assess proposals against the selection criteria. Any non-APS members or independent advisers invited to provide 'expert' advice to the Assessment Committee will be treated as agency staff as per Part 1, section 2.8 of the CGRGs. The Department has established a Division that is focused on managing and administering grants. Specialised assessment sections have been formed with staff that have a high level of training and expertise in the assessment process.

7.3 Application requirements 2015-16 and 2016-17

Funding recipients receiving Primary Mental Health Care Services Activities funding may be required to submit a proposal for future funding periods, which will be assessed against the eligibility and assessment criteria specified in these Guidelines. In this situation, details of the proposal outline will be provided to organisations to facilitate the application process.

Proposals should address all of the relevant criteria to be considered for funding. These criteria are outlined in the approach to market documentation.

7.4 How to submit an application 2015-16 and 2016-17

Proposals for funding must address the eligibility and assessment criteria specified in these Guidelines. Proposals must be submitted in the format specified by the Department. For organisations already receiving funding from the Department, proposals for funding should be submitted to the grant officer identified in their funding agreement where relevant, or as otherwise directed.

8 Selection Process 2016-17

8.1 Assessment Process 2016-17

All proposals will be assessed to determine if they meet the objectives of the programmes and represent value with money. These assessments will be undertaken by the Assessment Committee. When allocating funding, the Department will consider previous performance as applicable, historical funding allocations, organisational capacity to effectively and efficiently undertake funded activities.

The selection process is undertaken in two stages.

Stage 1 - Eligibility Criteria

Each applicant must satisfy all Eligibility Criteria in order to be considered for further assessment. This will be determined by the Assessment Committee.

Stage 2 – Assessment Criteria

Only proposals that satisfy all Eligibility Criteria (if any) will proceed to Stage 2. Proposals will then be assessed to ensure value with relevant money is achieved in line with the aims and objectives of the programme.

8.2 Assessment Criteria 2016-17

Proposals for funding will be assessed against the criteria outlined in the *Approach to Market* documentation. Criteria will incorporate the following principles:

- Capacity;
- Effectiveness;
- Outcomes and benefits; and
- Value for money.

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

9 Decision Making 2016-17

9.1 Approval of Funding 2016-17

Following an assessment of the proposals by the assessment committee, advice will be provided by the committee chair to the funding approver on the merits of the proposal/s.

The approver will consider whether the proposal will make an efficient, effective, ethical and economical 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 approver.

9.2 Advice to Applicants 2015-16 and 2016-17

Applicants will be advised by letter of the outcome of their proposal. 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 agreement/s.

9.3 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 internet site.

Any enquiries relating to funding decisions should be directed to the [Grants Advice Section](#): (grant.atm@health.gov.au)

10 Governance and Accountability

10.1 Contracting arrangements

Successful applicants/funding recipients will be required to enter into a funding agreement with the Commonwealth (represented by the Department). Approach to market (ATM) documentation will include the standard terms and conditions of the funding agreement. These cannot be changed but additional supplementary conditions may apply. **Organisations should not make financial commitments in expectation of receiving funding until a funding agreement has been executed.**

The Department will negotiate with successful applicants/funding recipients with the aim of having funding agreements signed within 6 weeks of the approval.

Funded organisations must carry out each activity in accordance with the agreement, which will include meeting milestones and other timeframes specified in the schedule for that activity.

They will also outline the record keeping, reporting and acquittal requirements that will apply to successful applicants. Activities must be carried out diligently, efficiently, effectively and in good faith to a high standard to achieve the aims of the activity and to meet the programme objectives.

10.2 Specific conditions

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

10.3 Payment arrangements

Payments will be made in accordance with the funding agreement.

The default invoice process for the Department is Recipient Created Tax Invoices (RCTI).

10.4 Reporting requirements

Organisations will be required to provide data and reporting information to the Department in relation to the frontline services and project support activities funded. Of particular importance will be service planning and health outcome information, including service levels and client satisfaction. The following mechanisms may be adopted to facilitate organisational performance reporting, and will be further explained as part of any contract negotiations, and in the funding agreement:

- Annual Plans and Budget;
- Six monthly progress reports;
- 12 monthly progress reports; and
- a national data collection system titled the 'Minimum Data Set (MDS)', which is managed by an external organisation, on an ongoing basis. This process sometimes includes one-off interviews and surveys with project officers and providers.
- The MDS was established in 2003 and will continue to be used for data collection to inform future government policies. The data collected contributes to evaluations and annual Departmental reporting activities.
- The MDS comprises person and session-based fields, and the profile of consumers who are accessing services, and the extent and nature of services that consumers are receiving. It is important that data be entered promptly into the MDS, as this will impact on each organisations' planned targets for service delivery and progress towards meeting national performance targets.
- The Department will provide further information on how their data will be collected as part of contract negotiations for 2015.

All organisations will be required to report to the Department depending on the nature of the funding provided (frontline services and project support activities), including on an ad-hoc basis if the need arises.

10.5 Monitoring

The funding recipient will be required to actively manage the delivery of the activity. The Department will monitor progress in accordance with the funding agreement.

10.6 Evaluation

An evaluation by the Department will determine how the funded activity contributed to the programme objectives. Funding recipients will be required to provide information to assist in this evaluation for a period of time, as stipulated in the funding agreement, after funding has been provided.