

# Northern Territory - NMHSPA Bilateral PHN Program 2023/24 - 2026/27 Activity Summary View



## NAB-H2H - 1 - Head to Health adult mental health service- Alice Springs



### Activity Metadata

#### Applicable Schedule \*

NMHSPA Bilateral PHN Program

#### Activity Prefix \*

NAB-H2H

#### Activity Number \*

1

#### Activity Title \*

Head to Health adult mental health service- Alice Springs

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-served and/or hard to reach groups

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The adult Head to Health (H2H) service in Alice Springs aims to address some of the gaps in mental health services, unmet need and provide a user-friendly experience for people with mental illness and their families/kin. It is intended to complement, not replace or duplicate, mental health services.

#### Description of Activity \*

The establishment in 2024/25 of the H2H service in Alice Springs will provide an accessible, responsive service that meets immediate needs and provides expertise in assessment of needs, linkage and support, and care. The H2H Service should also provide integrated mental health and AOD services. Whilst, over time, the H2H Service may meet a range of special needs within the region, a key imperative will be ensuring the model of care offers a culturally safe response to the needs of Aboriginal and

Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration already provided in the community.

The activity aims to achieve the following by:

1. Providing a highly visible and accessible entry point to services for people experiencing psychological distress, where all feel safe and welcomed.
2. Offering assessment to match people to the services they need.
3. Providing on the spot support, care and advice without needing referral, prior appointments or out of pocket cost. Every interaction should be with the intention of therapeutic benefit; and
4. Offering an episode of care model based on short to medium term multidisciplinary care, aimed at improving psychological wellbeing for people with moderate to high levels of mental health need, whose needs are not being met through other services.

The establishment of the H2H Service will comply with all mental health standards, safety and quality standards as stipulated in the Request for Tender Guidelines and will be made accessible and responsive to all people, including those from Culturally and Linguistically Diverse (CALD) Backgrounds and people who identify as LGBTQIA+, their families/kin and carers.

### Needs Assessment Priorities \*

#### Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24\_November 2021

#### Priorities

Priority	Page reference
Pop Health - Access to specialised supports and services for vulnerable groups including LGBTQI, CALD, refugee, veterans and victims of domestic violence	31
MH - Address mental health and suicide prevention service gaps	35



### Activity Demographics

#### Target Population Cohort

Adults 16+

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

Whole Region

No

SA3 Name	SA3 Code
Alice Springs	70201



## Activity Consultation and Collaboration

### Consultation

As part of the bilateral agreement between the Northern Territory Health (NT Health) and the Commonwealth Government, this activity is being co-commissioned with service design being led by NT PHN. Central Australian Aboriginal Corporation (CAAC) is leading the Kids Head to Health Service in Alice Springs and will be directly procured for the Adult model to ensure it's integration with the Kids service. As the local Aboriginal Medical Service they will lead consultation on the design of the service with local stakeholders and community and report back to NT PHN and NT Health on the progress.

The consultation will include:

Consultation with Congress services and external stakeholders of the proposed model.

Review relevant population health indicators to understand population needs for adults, their families, kin and carers.

Map available services for adults against population needs

Consult with other agencies, services, families, kin and carers about service gaps and needs

Ensure appropriate information is shared between H2H staff and other agencies about roles and relationships, facilitated by shared information systems

### Collaboration

NT DoH and NT PHN will support CAAC to ensure collaboration with relevant services. This is yet to be defined but will focus on supporting individuals, their families' kin and carers to connect to pathways of care through integration with existing community health and wellbeing services and social supports that are accessible and appropriate.



## Activity Milestone Details/Duration

### Activity Start Date

31/08/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

Consultation and approval from lead agency Board received in Q3 23/24

Service model design phase expected to be completed in Q4

Soft launch due to commence 1 July 2024.



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

As part of the bilateral agreement between the Northern Territory Health (NT Health) and the Commonwealth Government, this activity is being co-commissioned with service designed being led by NT PHN. Jointly NT Health and NT PHN determined Central Australian Aboriginal Corporation (CAAC) were best placed to be the lead agency. NT Health and NT PHN are working jointly to engage CAAC in the commissioning of the H2H service and ensuring CAAC undertakes a thorough co-design process with community and relevant stakeholders before establishing the service.



# NABH2HKIDS - 1 - Head to Health Kids



## Activity Metadata

### Applicable Schedule \*

NMHSPA Bilateral PHN Program

### Activity Prefix \*

NABH2HKIDS

### Activity Number \*

1

### Activity Title \*

Head to Health Kids

### Existing, Modified or New Activity \*

Modified



## Activity Priorities and Description

### Program Key Priority Area \*

Mental Health Priority Area 2: Child and youth mental health services

### Other Program Key Priority Area Description

### Aim of Activity \*

This activity aims to provide mental health supports to children & young people as well as supporting their families/carers/kin by improving early intervention outcomes for children's mental health and well being.

### Description of Activity \*

Deliver a Head to Health Kids service in Alice Springs in collaboration with NTG as well as local stakeholders.

Both NTG DoH and NT PHN are involved in every stage of the service design and contracting however, service design will be undertaken predominantly by NTG DoH in consultation with key stakeholders in the Alice Springs/Central Australia region, with a dedicated project officer employed by Central Australian Aboriginal Congress (CAAC/Congress) who is the lead agency for the service. NT PHN will lead the contract negotiation and manage the lead service provider from the establishment phase into the operational stage.

The Service Model will include providing services from already existing and established divisions within Congress (i.e., Connected Beginnings, Child Health and Development, Social & Emotional Wellbeing, Child Youth Assessment and Therapeutic Service (CYATS), Youth & Family Services, NDIS, and Allied Health) along with formal partnerships with the Department of Education, CAMHS/ CYMHS, child development services, and headspace Alice Springs.

Congress model of care will be divided into two main service areas:

Alice Springs: it is proposed to create a space in one of the Congress buildings.

Remote Communities: Congress currently services (Ntaria, Mutitjulu, Ltyentye Apurte, Utju, Amoonguna), as well as other Aboriginal remote communities in the region such as Yuendumu and Papunya as possible options for outreach.

Two teams are proposed for the first 12 months. One team will be based in Alice Springs and the second team to be placed in a remote community in Central Australia. This location is yet to be determined.

From the 2 teams we will have 2 centralised positions: Paediatrician and psychiatrist which means they will be shared between the teams. The 2 teams will also be rotating to manage the demand.

The 2 teams will consist of the following:

4 x case workers/social workers or equivalent qualification - 2 person to be located in the remote community.

4 x family support workers (Aboriginal identified) - 2 person to be located in the remote community.

2 speech pathologist - town-based, with travel to the remote community.

2 occupational therapist - town-based, with travel to the remote community.

1 psychologist -town-based, with travel to the remote community.

Please note given the stigma associated with accessing mental health services in remote communities and the access barriers this creates the visual identity and communication/marketing/promotions of Head to Health Kids will be minimal. The branding guidelines will be adhered to, however, the promotion is of a Congress service, as this is a trusted organisation in community and addresses holistic community needs including physical and mental health and social services. It is important to create a relationship with the broader service not a national service brand.

## Needs Assessment Priorities \*

### Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24\_November 2021

#### Priorities

Priority	Page reference
Pop Health - Health of Aboriginal children	32
ATSI Health - Culturally safe and trauma informed services	31
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29
MH - Address mental health and suicide prevention service gaps	35



## Activity Demographics

### Target Population Cohort

Children aged 0 – 12 years and their families

## In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

The service is for all people but there is a focus on culturally safe service model lead by community control due to high proportion of Indigenous population in Alice Springs.

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Alice Springs	70201



## Activity Consultation and Collaboration

### Consultation

As part of the bilateral agreement between the Northern Territory Health (NT Health) and the Commonwealth Government, this activity is being co-commissioned with service design being led by NT Health. Central Australian Aboriginal Corporation (CAAC) is the local Aboriginal Community Controlled Health Service and are best place to lead consultation. They have been contracted to lead the consultation on the design of the service with local stakeholders and community and report back to NT PHN on the progress.

NT PHN will lead the management of Congress as they enter into contract and the service establishment and operational phase and will be involved in the co-design that will continue to monitor and improve the service once opened.

To date the consultation phase has included:

- Consultation with Congress services and external stakeholders
- Review relevant population health indicators to understand population needs for 0-12 year old and their families
- Map available services for children aged 0-12 years against population needs
- Consult with other agencies, services, and children and families about service gaps and needs
- Ensure appropriate information is shared between H2H staff and other agencies about roles and relationships, facilitated by shared information systems

### Collaboration

As part of the bilateral agreement between the Northern Territory Health (NT Health) and the Commonwealth Government, this activity is being co-commissioned with service design being led by NT Health. NT Health have contracted Central Australian Aboriginal Corporation (CAAC) as the local Aboriginal Community Controlled Health Service to lead collaboration with the broader sector. Many of their existing services will support the H2H service as well as pre-existing partnerships with government departments and NGOs across the health and social services sector.

To date the following collaboration has occurred:

Stakeholder engagement of the proposed model.

Supporting children and families to connect to pathways of care through integration with existing community child and family health and wellbeing services and school supports that are accessible and appropriate.

Ensuring families experience services as part of a single pathway meeting their needs, with smooth transitions, including between health, education, and social care components



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

This is unknown at the current time as it is dependent on provider capacity in the region.

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones

Establishment and design phase expected to be completed Jun 24

Operational July 24



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?



Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

As part of the bilateral agreement between the Northern Territory Government (NTG) and the Commonwealth Government, this activity is being co-commissioned with service designed being led by NTG, they have engaged Central Australian Aboriginal Corporation (CAAC) as the local Aboriginal Community Controlled Health Service to lead the co-design process.



## NAB-H2H - 2 - Medicare Mental health service- Darwin



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-H2H

**Activity Number \***

2

**Activity Title \***

Medicare Mental health service- Darwin

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to establish a Medicare Mental Health Service (MMHS) to assist adults seeking help to address mental health issues in times of crisis, or as needs emerge, to have access to advice and support provided by a variety of health professionals.

**Description of Activity \***

This activity is expected to deliver Medicare Mental Health Services (MMHS) in Darwin with the aim to address some of the gaps in mental health services and provide a user-friendly experience for people with mental illness and their families. The MMHSs are intended to complement, not replace, or duplicate, mental health services. The service model provides accessible, responsive care that meets immediate needs providing expertise in assessment of clinical need providing support linkage and potential care pathways. The MMHSs also provide integrated mental health and AOD services access. Whilst, over time, the Centres will meet a range of special needs a key imperative will be ensuring the model of care offers a culturally safe response to the needs of Aboriginal and Torres Strait Islander people. This program is a continuation of funding from the previous activity, formally funded under the PMHC Funding.

The projects aim to address key gaps in the system by:

1. Providing a highly visible and accessible entry point to services for people experiencing psychological distress;

2. Offering assessment to match people to the services they need;
3. Providing on the spot support, care, and advice without needing referral, prior appointments or out of pocket cost. Every interaction should be with the intention of therapeutic benefit; and
4. Offering an episode of care model based on short to medium term multidisciplinary care, aimed at improving psychological well-being for people with moderate to high levels of mental health need, whose needs are not being met through other services.

The key objectives of the projects are to:

1. Respond to people experiencing a crisis or in significant distress, including people at heightened risk of suicide, providing support that may reduce the need for emergency department attendance.
2. Provide a central point to connect people to other services in the region, including through offering information and advice about mental health and AOD use, service navigation and warm referral pathways for individuals, and their carer's and family;
3. Provide in-house assessment, including information and support to access services; and
4. Provide evidence-based and evidence-informed immediate, and short to medium term episodes of care, including utilisation of digital mental health platforms.

NT PHN has established a centre that has been open for operation since Feb 2022 in Darwin.<sup>4</sup> Due to the successes of the Darwin MMHC, the services are expanding to the Katherine Region which will be run by a local ACCO. The national intake and assessment service has been effectively implemented as part of this service and will be further expanded as part of digital system integration across primary and tertiary healthcare systems. This activity involves the commissioning services to deliver a blended suite of mental health services for consumers to traverse over time as the level, intensity and type of care required evolves. The stepped care model will deliver a better experience in the transition between services and service types; improved communications will be facilitated between providers; and productivity improvements gained.

Service types include: Low intensity services to meet the needs of people in the Northern Territory with mild to moderate mental health issues and their families/friends. In addition, services will also focus on improving health literacy and increasing the understanding of the availability and benefits of low intensity mental health services to increase utilisation and knowledge.

NT PHN will work collaboratively with providers to ensure a mix of modalities are utilised; including digital platforms and resources to maximise access to services for people living remotely. Additionally, this may include commissioning development of education resources, e-mental health solutions or capacity building activities for the health sector where this is identified as a need. Psychological therapies for rural and remote, under-serviced and / or hard to reach groups provision of access to free focused psychological services to individuals who have limited or no access to Medicare subsidised mental health services and/or may not be able to afford mental health services in the private sector.

This activity involves maintaining service continuity in rural and remote communities that would otherwise have little or no access to mental health services, including in areas where access to Medicare-subsidised mental health services is unavailable or underutilised. This activity will support services to engage in both one on one and group work as a method to engage with clients and identify possible clients in need of stepping up/down in the future mental health stepped care model described in MH7

This activity will also commission psychological treatment services for people with mental illness living in residential aged care facilities. Mental health services for people with severe and complex mental illness including care packages improve clinical care coordination for people with severe and complex mental illness who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.

The program will support clients to effectively manage their symptom(s), link them to available support and provide coordination of care within the community with the aim of improving client care and avoiding hospitalisations. Social and Emotional Wellbeing commissioned services may be delivered through a Social and Emotional Wellbeing (SEWB) model, mental health services at a local level facilitating a joined-up approach with other closely connected services. Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by NT PHN. Where required this activity could include

workforce development initiatives to improve access, quality and sustainability of services to the communities in the Northern Territory.

## Needs Assessment Priorities \*

### Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24\_November 2021

#### Priorities

Priority	Page reference
MH - Coordinated regional planning, identify opportunities for co-commissioning and service integration	34
ATSI Health - Local decision making, community control and regionalisation	29
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29
MH - Address mental health and suicide prevention service gaps	35



## Activity Demographics

### Target Population Cohort

Residents in the Greater Darwin Region

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Palmerston	70104
Darwin City	70101
Darwin Suburbs	70102



## Activity Consultation and Collaboration

### Consultation

Each commissioned service has included consultation with community and people with lived experience in the development of the program.

### Collaboration

Ongoing collaboration with sector and community to inform quality improvement and adjustments to commissioned services at a service delivery level. A lived experience group has been created. They meet monthly and report back to management through operation meetings that are also held monthly. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Department of Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2024

### Activity End Date

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

The service is fully operational

Re-brand to Medicare Mental Health Service to be complete by November 2024

Integration with local mental health and primary care services ongoing



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

The Darwin Medicare Mental Health Service is a result of extensive co-design process. This process designed all elements of the Head to Health Centre, including the service offering as well as the physical space. Co-design took place with the Commonwealth of Australia, NT Government, NT Health, the service provider, lived experience/carer groups, First Nations groups and peak bodies.



## NAB-H2H - 3 - Head to Health adult mental health service- Katherine



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-H2H

**Activity Number \***

3

**Activity Title \***

Head to Health adult mental health service- Katherine

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to establish an Adult Mental Health Centre (AMHC) to assist adults seeking help to address mental health issues in times of crisis, or as needs emerge, to have access to advice and support provided by a variety of health professionals.

**Description of Activity \***

This activity is expected to deliver the adult mental health centre (AMHC) in Katherine with the aim to address some of the gaps in mental health services and provide a user-friendly experience for people with mental illness and their families. The AMHC is intended to complement, not replace, or duplicate, mental health services. The service model provides accessible, responsive care that meets immediate needs providing expertise in assessment of clinical need providing support linkage and potential care pathways. The AMHCs also provide integrated mental health and AOD services access. Whilst, over time, the Centres will meet a range of special needs a key imperative will be ensuring the model of care offers a culturally safe response to the needs of Aboriginal and Torres Strait Islander people. This program is a continuation of funding from the previous activity, formally funded under the PMHC schedule.

The projects aim to address key gaps in the system by:

1. Providing a highly visible and accessible entry point to services for people experiencing psychological distress;

2. Offering assessment to match people to the services they need;
3. Providing on the spot support, care, and advice without needing referral, prior appointments or out of pocket cost. Every interaction should be with the intention of therapeutic benefit; and
4. Offering an episode of care model based on short to medium term multidisciplinary care, aimed at improving psychological well-being for people with moderate to high levels of mental health need, whose needs are not being met through other services.

The key objectives of the projects are to:

1. Respond to people experiencing a crisis or in significant distress, including people at heightened risk of suicide, providing support that may reduce the need for emergency department attendance.
2. Provide a central point to connect people to other services in the region, including through offering information and advice about mental health and AOD use, service navigation and warm referral pathways for individuals, and their carer's and family;
3. Provide in-house assessment, including information and support to access services; and
4. Provide evidence-based and evidence-informed immediate, and short to medium term episodes of care, including utilisation of digital mental health platforms.

The Katherine satellite will be led by an ACCO with a longstanding footprint in the town and region. The national intake and assessment service has been effectively implemented as part of this service and will be further expanded as part of digital system integration across primary and tertiary healthcare systems. This activity involves the commissioning services to deliver a blended suite of mental health services for consumers to traverse over time as the level, intensity and type of care required evolves. The stepped care model will deliver a better experience in the transition between services and service types; improved communications will be facilitated between providers; and productivity improvements gained.

Service types include: Low intensity services to meet the needs of people in the Northern Territory with mild to moderate mental health issues and their families/friends. In addition, services will also focus on improving health literacy and increasing the understanding of the availability and benefits of low intensity mental health services to increase utilisation and knowledge.

NT PHN will work collaboratively with providers to ensure a mix of modalities are utilised; including digital platforms and resources to maximise access to services for people living remotely. Additionally, this may include commissioning development of education resources, e-mental health solutions or capacity building activities for the health sector where this is identified as a need. Psychological therapies for rural and remote, under-serviced and / or hard to reach groups provision of access to free focused psychological services to individuals who have limited or no access to Medicare subsidised mental health services and/or may not be able to afford mental health services in the private sector.

This activity involves maintaining service continuity in rural and remote communities that would otherwise have little or no access to mental health services, including in areas where access to Medicare-subsidised mental health services is unavailable or underutilised. This activity will support services to engage in both one on one and group work as a method to engage with clients and identify possible clients in need of stepping up/down in the future mental health stepped care model described in MH7

This activity will also commission psychological treatment services for people with mental illness living in residential aged care facilities. Mental health services for people with severe and complex mental illness including care packages improve clinical care coordination for people with severe and complex mental illness who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.

The program will support clients to effectively manage their symptom(s), link them to available support and provide coordination of care within the community with the aim of improving client care and avoiding hospitalisations. Social and Emotional Wellbeing commissioned services may be delivered through a Social and Emotional Wellbeing (SEWB) model, mental health services at a local level facilitating a joined-up approach with other closely connected services. Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by NT PHN. Where required this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the Northern Territory.



## Needs Assessment Priorities \*

### Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24\_November 2021

#### Priorities

Priority	Page reference
MH - Coordinated regional planning, identify opportunities for co-commissioning and service integration	34
ATSI Health - Local decision making, community control and regionalisation	29
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29
MH - Address mental health and suicide prevention service gaps	35



## Activity Demographics

### Target Population Cohort

Residents in Katherine Region

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Katherine	70205



## Activity Consultation and Collaboration

### Consultation

Each commissioned service has included consultation with community and people with lived experience in the development of the program.

### **Collaboration**

Ongoing collaboration with sector and community to inform quality improvement and adjustments to commissioned services at a service delivery level. A lived experience group has been created. They meet monthly and report back to management through operation meetings that are also held monthly. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Department of Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.



### **Activity Milestone Details/Duration**

#### **Activity Start Date**

30/06/2023

#### **Activity End Date**

29/06/2026

#### **Service Delivery Start Date**

#### **Service Delivery End Date**

#### **Other Relevant Milestones**

Establish local Steering committee of relevant stakeholder membership - complete

Design and establishment phase expected to be completed October 24

Phased and soft launch date 1 Nov 24



### **Activity Commissioning**

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

The Katherine Adult Mental Health Centre is a result of extensive co-design process. This process designed all elements of the Medicare Mental Health Centre, including the service offering as well as the physical space. Co-design took place with the Commonwealth of Australia, NT Government, NT Health, the service provider, lived experience/carer groups, First Nations groups ,peak bodies and other relevant stakeholders in the community



# NABH2HKIDSOP - 1 - Head to Health Kids- Operational



## Activity Metadata

### Applicable Schedule \*

NMHSPA Bilateral PHN Program

### Activity Prefix \*

NABH2HKIDSOP

### Activity Number \*

1

### Activity Title \*

Head to Health Kids- Operational

### Existing, Modified or New Activity \*

New Activity



## Activity Priorities and Description

### Program Key Priority Area \*

### Other Program Key Priority Area Description

### Aim of Activity \*

### Description of Activity \*

### Needs Assessment Priorities \*

### Needs Assessment

### Priorities



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No  
Continuing Service Provider / Contract Extension: No  
Direct Engagement: No  
Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



# NAB-H2H-Op - 1 - Head to Health adult mental health service - Operational



## Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-H2H-Op

**Activity Number \***

1

**Activity Title \***

Head to Health adult mental health service - Operational

**Existing, Modified or New Activity \***

New Activity



## Activity Priorities and Description

**Program Key Priority Area \***

**Other Program Key Priority Area Description**

**Aim of Activity \***

**Description of Activity \***

**Needs Assessment Priorities \***

**Needs Assessment**

**Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones





## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No  
Continuing Service Provider / Contract Extension: No  
Direct Engagement: No  
Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## NAB-UAS - 1 - Universal Aftercare Services



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-UAS

**Activity Number \***

1

**Activity Title \***

Universal Aftercare Services

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

**Other Program Key Priority Area Description****Aim of Activity \***

This activity supports an expansion and enhancement of aftercare services previously funded under the Prioritising Mental Health: Aftercare Following A Suicide Attempt (The Way Back Support Service) Activity through the Primary Mental Health Care schedule. The activity will here on be referred to as universal aftercare.

The universal aftercare services aim to support individuals following a suicide attempt and/or suicidal crisis; and ensure consistent and best practice support alongside understanding of historical and cultural contexts in the Northern Territory.

**Description of Activity \***

Commission service provider(s) to provide territory-wide coverage of aftercare for people discharged from hospital after a suicide attempt and/or suicidal crisis, across the six Northern Territory hospital service regions.

This activity will operate, wherever required, in line with the National Agreement on Closing the Gap and its Priority Reforms and align to the Service Model specified by co-design with NT Health (on behalf of the Northern Territory Government) and key stakeholders.

NT PHN will implement improvements to the Service Model that are guided by the draft Principles of Good Aftercare (Principles), and need and priorities as determined by communities. NT PHN will work with the Commonwealth and Northern Territory

Government on how to best capture the context and priorities of Northern Territory communities, including First Nations peoples and other priority cohorts. This includes reflecting outcomes from recent community engagements to inform Northern Territory policy reforms and action plans. The principles will be drafted based on best practice evidence, stakeholder advice and evaluation findings. These will be refined over the coming months based on insights from people with lived and living experience of suicide and suicidal crisis, and advice from providers, and other critical stakeholders. The final version will be provided to inform future improvements to the Service Model.

Consideration will be given to other improvements to aftercare services that align with the Suicide Prevention and Response priorities of the National Agreement, including meeting the needs of identified priority population groups, increasing accessibility, developing services and programs in collaboration with people with lived experience, improving quality, building workforce competency, and addressing gaps, fragmentation, duplication and inefficiencies.

NT PHN will work in partnership with the referring hospital(s), other suicide prevention referral networks and service planning arrangements (for example, Culture Care Connect) social and emotional wellbeing services, Aboriginal community-controlled organisations and other services and supports, to encourage and optimise referral pathways.

NT PHN will work closely with the Commonwealth, NT Health, AMSANT, other Aboriginal community-controlled organisations, Northern Territory based service providers, and commissioned service provider(s) to ensure appropriate governance and performance oversight.

NT PHN will adhere to data collection, sharing and reporting requirements, as advised by the Commonwealth.

NT PHN will support the national evaluator of universal aftercare, once appointed, to provide relevant documentation, data and other information.

## Needs Assessment Priorities \*

### Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24\_November 2021

#### Priorities

Priority	Page reference
MH - Address mental health and suicide prevention service gaps	35



## Activity Demographics

### Target Population Cohort

People 16+ across the NT

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

\* NT Health to lead the stakeholder engagement and consultation activities, NTPHN will support this process.

\* work in partnership with the referring hospital(s), other suicide prevention referral networks and service planning arrangements (for example, Culture Care Connect) social and emotional wellbeing services, Aboriginal community-controlled organisations and other services and supports to encourage and support referral pathways;

\* work closely with the Commonwealth, NT Health, AMSANT, other Aboriginal community-controlled organisations, Northern Territory based service providers, and commissioned service provider(s) to ensure appropriate governance and performance oversight;

### Collaboration

Commonwealth

NT Health

AMSANT

Aboriginal Community Controlled Organisations/Health Services

NT Based service providers and commissioned service provider(s)



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/01/2024

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones

Darwin site lead agency selected. Design phase Q2 and Q3 23/24

Phased implementation Q4 23/24

Fully operational expected from 1 July 24

Consultation and engagement for other sites led by NT Health Q3 and Q4 23/24

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## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

Yes

**Decommissioning**

Yes

**Decommissioning details?**

The WayBack Program at TeamHealth will be decommissioned. The Northern Territory Aftercare Services program will replace this. The provider is aware that their service will be decommissioned and a thorough handover period will be implemented with appropriate follow up organised for the people currently utilising the service.

**Co-design or co-commissioning comments**

NT PHN will work with the Commonwealth and Northern Territory Government on how to best capture the context and priorities of Northern Territory communities, including First Nations peoples and other priority cohorts. This includes reflecting outcomes from recent community engagements to inform Northern Territory policy reforms and action plans. The principles will be drafted based on best practice evidence, stakeholder advice and evaluation findings. These will be refined over the coming months based on insights from people with lived and living experience of suicide and suicidal crisis, and advice from providers, and other critical stakeholders. The final version will be provided to inform future improvements to the Service Model.



# NAB-UAS-Ops - 1 - Universal Aftercare Services- Operational



## Activity Metadata

### Applicable Schedule \*

NMHSPA Bilateral PHN Program

### Activity Prefix \*

NAB-UAS-Ops

### Activity Number \*

1

### Activity Title \*

Universal Aftercare Services- Operational

### Existing, Modified or New Activity \*

New Activity



## Activity Priorities and Description

### Program Key Priority Area \*

### Other Program Key Priority Area Description

### Aim of Activity \*

### Description of Activity \*

### Needs Assessment Priorities \*

### Needs Assessment

### Priorities



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No  
Continuing Service Provider / Contract Extension: No  
Direct Engagement: No  
Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments





# NAB-HE - 1 - Headspace Enhancement- Alice Springs



## Activity Metadata

### Applicable Schedule \*

NMHSPA Bilateral PHN Program

### Activity Prefix \*

NAB-HE

### Activity Number \*

1

### Activity Title \*

Headspace Enhancement- Alice Springs

### Existing, Modified or New Activity \*

Existing



## Activity Priorities and Description

### Program Key Priority Area \*

Mental Health Priority Area 2: Child and youth mental health services

### Other Program Key Priority Area Description

### Aim of Activity \*

The aim of this activity is to expand and enhance the Alice Springs headspace center through increased funding to improve access to coordinated, multidisciplinary care for young people and improve workforce attraction and retention.

### Description of Activity \*

NT PHN will continue to commission headspace service delivery, and work in partnership with them to ensure deliverables are met, and youth friendly health services continue to provide for the needs of young people within the Alice Springs.

Enhancement funding is to align with the below activities:

Recruitment of additional clinical and non-clinical staff

Recruitment of identified positions reflective of community demographics

Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)

Undertaking professional development and upskilling, including upskilling in culturally appropriate care

Improving the implementation of appropriate and evidenced based approaches

Supplementing salaries for the existing multi-disciplinary workforce

Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

Increasing community engagement and awareness activities, particularly with priority populations

In 2023-24 Central Australian Aboriginal Congress (CAAC) headspace Alice Springs will receive \$928,681 core service funding and was allocated \$810,000 (FY22/23 and FY23/24 inclusive) enhancement funding through the NABS, meeting the new funding floor of \$1.25m and with a surplus enhancement funding of \$488,681. This surplus is to stay with CAAC headspace Alice Springs to improve access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention.

### Needs Assessment Priorities \*

#### Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24\_ November 2021

#### Priorities

Priority	Page reference
Pop Health - Health of Aboriginal children	32
Health Workforce - Attract, maintain and retain health workforce	30
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
AOD - Access to a range of drug & alcohol treatment services across the spectrum of treatment options relative to need including early intervention, counselling, specialist & residential services	33
AOD - Recruitment, retention, and professional development for ATOD workforce	34
Pop Health - Quality evidence-based care relevant to unique NT context	29



### Activity Demographics

#### Target Population Cohort

All NT residents aged 12-25

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

## Coverage

### Whole Region

No

SA3 Name	SA3 Code
Alice Springs	70201



## Activity Consultation and Collaboration

### Consultation

Stakeholder engagement occurs fortnightly with Central Australian Aboriginal Congress Headspace and activities for Alice Springs.

Further consultation occurs through community of practices.

### Collaboration

NT PHN representatives attend the Community Consortium network meeting in Alice Springs. NT PHN, Central Australian Aboriginal Congress and Headspace National meet fortnightly to support the work of the the Alice Springs headspace center. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Department of Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced, and consumers experience a culturally safe and seamless journey when accessing mental health services.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No  
**Continuing Service Provider / Contract Extension:** Yes  
**Direct Engagement:** No  
**Open Tender:** No  
**Expression Of Interest (EOI):** No  
**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**



## NAB-HE - 2 - Headspace Enhancement- Katherine



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE

**Activity Number \***

2

**Activity Title \***

Headspace Enhancement- Katherine

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 2: Child and youth mental health services

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to expand and enhance the headspace centers in the NT through increased funding to improve access to coordinated, multidisciplinary care for young people and improve workforce attraction and retention.

**Description of Activity \***

NT PHN will continue to commission headspace service delivery, and work in partnership with them to ensure deliverables are met, and youth friendly health services continue to provide for the needs of young people within the Katherine region.

Enhancement funding is to align with the below activities:

Recruitment of additional clinical and non-clinical staff

Recruitment of identified positions reflective of community demographics

Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)

Undertaking professional development and upskilling, including upskilling in culturally appropriate care

Improving the implementation of appropriate and evidenced based approaches

Supplementing salaries for the existing multi-disciplinary workforce

Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

Increasing community engagement and awareness activities, particularly with priority populations

### Needs Assessment Priorities \*

#### Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24\_November 2021

#### Priorities

Priority	Page reference
Pop Health - Health of Aboriginal children	32
Health Workforce - Attract, maintain and retain health workforce	30
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
AOD - Access to a range of drug & alcohol treatment services across the spectrum of treatment options relative to need including early intervention, counselling, specialist & residential services	33
AOD - Recruitment, retention, and professional development for ATOD workforce	34
Pop Health - Quality evidence-based care relevant to unique NT context	29



### Activity Demographics

#### Target Population Cohort

All NT residents aged 12-25

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

Whole Region

No

SA3 Name	SA3 Code
Katherine	70205



## Activity Consultation and Collaboration

### Consultation

Stakeholder engagement occurs monthly with Anglicare Headspace and activities for Katherine are discussed.

Further consultation occurs through community of practices.

### Collaboration

NT PHN representatives attend the Community Consortium network meeting in Katherine. NT PHN & Lead Agencies meet regularly to support the work of the headspaces across the Northern Territory and regular meetings are held with Headspace National. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Department of Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

A new merged service activity report and I&E report was developed in consultation with Anglicare to create ease of reporting. This is also designed to assist the provider by reducing the fragmentation of the funding provided.





## NAB-HE - 3 - Headspace Enhancement- Darwin



### Activity Metadata

**Applicable Schedule \***

NMHSPA Bilateral PHN Program

**Activity Prefix \***

NAB-HE

**Activity Number \***

3

**Activity Title \***

Headspace Enhancement- Darwin

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 2: Child and youth mental health services

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to expand and enhance the headspace centers in the NT through increased funding to improve access to coordinated, multidisciplinary care for young people and improve workforce attraction and retention.

**Description of Activity \***

NT PHN will continue to commission headspace service delivery, and work in partnership with them to ensure deliverables are met, and youth friendly health services continue to provide for the needs of young people within the Darwin regions.

Enhancement funding is to align with the below activities:

Recruitment of additional clinical and non-clinical staff

Recruitment of identified positions reflective of community demographics

Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)

Undertaking professional development and upskilling, including upskilling in culturally appropriate care

Improving the implementation of appropriate and evidenced based approaches

Supplementing salaries for the existing multi-disciplinary workforce

Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services

Increasing community engagement and awareness activities, particularly with priority populations

In 2023-24 Darwin Anglicare headspace will receive \$923,550 core service funding and was allocated \$810,000 (FY22/23 and FY23/24 inclusive) enhancement funding through the NABS, meeting the new funding floor of \$1.25m and with a surplus enhancement funding of \$483,550. This surplus is to stay with Darwin Anglicare headspace to improve access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention.

### Needs Assessment Priorities \*

#### Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24\_November 2021

#### Priorities

Priority	Page reference
Pop Health - Health of Aboriginal children	32
Health Workforce - Attract, maintain and retain health workforce	30
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
AOD - Access to a range of drug & alcohol treatment services across the spectrum of treatment options relative to need including early intervention, counselling, specialist & residential services	33
AOD - Recruitment, retention, and professional development for ATOD workforce	34
Pop Health - Quality evidence-based care relevant to unique NT context	29



### Activity Demographics

#### Target Population Cohort

All NT residents aged 12-25

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

## Coverage

### Whole Region

No

SA3 Name	SA3 Code
Darwin City	70101



## Activity Consultation and Collaboration

### Consultation

Stakeholder engagement occurs monthly with Anglicare Headspace and activities for Darwin are discussed.

Further consultation occurs through community of practices and consortium meetings held across Darwin/Palmerston sites.

### Collaboration

NT PHN representatives attend the Community Consortium network meeting in Darwin. NT PHN & Lead Agencies meet regularly to support the work of the headspaces across the Northern Territory and regular meetings are held with Headspace National. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Department of Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

The NT PHN is collaborating with the Orygen Lab Implementation team to improve YES services throughout Darwin/Palmerston headspace and avoid duplication in the region.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No  
**Continuing Service Provider / Contract Extension:** Yes  
**Direct Engagement:** No  
**Open Tender:** No  
**Expression Of Interest (EOI):** No  
**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

A new merged service activity report and I&E report was developed in consultation with Anglicare to create ease of reporting. This is also designed to assist the provider by reducing the fragmentation of the funding provided.



# NAB-HE-Ops - 1 - Headspace Enhancement- Operational



## Activity Metadata

### Applicable Schedule \*

NMHSPA Bilateral PHN Program

### Activity Prefix \*

NAB-HE-Ops

### Activity Number \*

1

### Activity Title \*

Headspace Enhancement- Operational

### Existing, Modified or New Activity \*

New Activity



## Activity Priorities and Description

### Program Key Priority Area \*

### Other Program Key Priority Area Description

### Aim of Activity \*

### Description of Activity \*

### Needs Assessment Priorities \*

### Needs Assessment

### Priorities



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No  
Continuing Service Provider / Contract Extension: No  
Direct Engagement: No  
Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments