

# Northern Territory - Primary Mental Health Care 2023/24 - 2026/27 Activity Summary View



## MH-H2H - 2 - H2H Intake and Assessment Phone Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-H2H

**Activity Number \***

2

**Activity Title \***

H2H Intake and Assessment Phone Services

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

Existing



### 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 \***

Establish and operate an intake and assessment phone service as an entry point for accessing mental health services across the Territory. The service will operate alongside the Head to Health Centres.

**Description of Activity \***

The implemented activity successfully offers enhanced accessibility to mental health services tailored to individual needs while ensuring cultural safety and inclusivity for all, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) communities, the LGBTIQ+ community, and other marginalised groups.

A centralised intake and assessment service, operating alongside Head to Health centres, effectively facilitates streamlined access

to mental health support. The Northern Territory Primary Health Network (NT PHN) has diligently focused on strengthening and enhancing access to mental health services, with particular emphasis on the Intake and Assessment Phone service. Throughout implementation, NT PHN collaborates closely with commissioned providers and relevant stakeholders to address challenges and ensure ongoing quality improvement.

Priority has been given to developing comprehensive service directories, facilitating efficient referral processes and ensuring consumers are seamlessly connected with the most suitable mental health services.

The service operates on principles of inclusivity and a holistic approach to assessing consumer needs, ensuring a welcoming experience for all. Individuals encounter a seamless entry point and referral process, ensuring they receive the mental health support they require.

## 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

All NT residents

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Service commissioning process includes 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 established. 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**

30/06/2022

#### **Activity End Date**

29/06/2026

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

01/07/2023

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

30/06/2026

#### **Other Relevant Milestones**

Neami has developed a service directory for the NT that is updated monthly through service users.

Neami is reviewing their referral process and will aim to complete this by 30/6/24



### **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?**

Yes

**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?**

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

NEAMI provides similar intake and assessment services in other jurisdictions. Co-design has occurred at both a national and local level to ensure services delivered are fit for purpose within the NT context.



## MH - 2 - MH 2.1: Youth mental health services – headspace / EPYS



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

2

**Activity Title \***

MH 2.1: Youth mental health services – headspace / EPYS

**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 maintain the continuity of headspace services delivered across the Northern Territory with emphasis on access to early intervention services.

**Description of Activity \***

Headspace:

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

EPYS:

NT PHN will continue to work with headspace Darwin to support the effective operations of the Early Psychosis and Youth Service (EPYS) program in Darwin. NT PHN will continue to support headspace Darwin to ensure the deliverables and that service delivery aligns with the EPPIC model and meets model fidelity. Commissioning includes provision for a dedicated Early Psychosis Youth Services Program data support officer to support data quality assurance and transfer for evaluation purposes.

Enhancement funding has been provided to improve access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. Additional, and ongoing, funding will be provided to headspace services to bolster the

existing service delivery grant funding.

Enhancement funding will ensure objectives of the headspace initiative can be met because:

- NT PHN will utilise the increased flexibility to meet local needs
- certainty of funding at the enhanced level will support general workforce attraction and retention (e.g. through provision of longer contracts);
- services will have enhanced capacity to respond to local need; and
- services can increase access to integrated, multi-disciplinary care for cohorts of young people.

headspace Darwin Enhancement Activities

0.6 FTE MH Nurse (new role in hsD)

1FTE Quality & Data Officer (increased hours)

Reallocation of leadership costs July-Dec 2023

Handover recruitment and transition support

Recommendations from SEWB Framework

Establish Cultural Reference Group

YAG codesign project – e.g. Resilience and Mental Health

Forum staff travel

Headspace Alice Springs Activities:

Change Management which includes service review, scope for outreach and increase of services and sustainability

Integration with other local services with a focus on culturally appropriate Red Tails and NPY Womens Council

Identification and recruitment of cultural and identified roles

Workforce development including looking to retain and recruit student workforce

Headspace outreach –

The purpose of this activity is to support the provision of culturally safe, accessible, co-designed mental health outreach services for young people living in remote communities in the NT.

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
Pop Health - Health of Aboriginal children	32
Pop Health - Equity of access to services for Territorians who are socially disadvantaged or living in rural and remote locations	32
MH - Address mental health and suicide prevention service gaps	35



## 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
Darwin City	70101
Alice Springs	70201



## Activity Consultation and Collaboration

### Consultation

Regular consultation with headspace National and all lead agencies. NTPHN support the consultation delivered by the lead agencies with community stakeholders in remote Aboriginal communities, to ensure the model continues to be culturally appropriate, safe and meets the needs of the communities they operate in.

### Collaboration

NTPHN representatives attend the Community Consortium network meeting in Darwin / Palmerston, Katherine & Alice Springs. NT PHN & Lead Agencies meet regularly to support the work of the headspaces across the Northern Territory. 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

30/06/2019

### Activity End Date

29/06/2025

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

Implementation of specific bilateral agreement deliverables, with two years remaining on the current agreement

NTPHN have been funded to commission the evaluation of the Mutitjulu/Yulara outreach model after one year of service, this evaluation is to inform future services such as the Traditional Healing project



## 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?**

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?**

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

The development of the Mutitjulu and Yulara Outreach service is a result of an extensive co-design process. A program implementation working group with representatives from NTPHN, Central Australian Aboriginal Congress and headspace National, was established to formalise the co-design process and to ensure the needs of the communities involved are at the forefront of decision making. The working group established a timeline of activities, which includes: community consultation, development of governance documents, program evaluation, and building specifications and location.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No



## MH - 2 - MH 2: Youth mental health services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

2

**Activity Title \***

MH 2: Youth mental health services

**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 support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of, severe or complex mental illness. This activity also aims to support the implementation of an equitable and integrated approach to primary mental health services for this population group.

**Description of Activity \***

This activity involves commissioning services to support young people with, or at risk of, severe mental illness with complex needs. Commissioned services will be delivered across the Northern Territory and where appropriate, will be tailored to meet the needs of young people living in regional and remote locations. This may include development of e-mental health or outreach service delivery models, ensuring all methods are culturally appropriate and safe.

Commissioned services will include education and capacity building activities to support families, caregivers, and health professional's knowledge and understanding of mental health issues and challenges faced by young people. This will enable young people to feel better supported in managing their mental health and for families and caregivers to feel better informed.

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 - Address mental health and suicide prevention service gaps	35



## Activity Demographics

### Target Population Cohort

Young people aged 12-25 years

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Darwin Suburbs	70102
Palmerston	70104
Darwin City	70101
Barkly	70202
Alice Springs	70201



## Activity Consultation and Collaboration

### Consultation

NTPHN consulted with ORYGEN National and the contracted service providers delivering the YES Program Core model.

### Collaboration

Ongoing collaboration with funded providers to support quality improvement and delivery of activities in alignment with the YES Core Model. 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

30/06/2019

### Activity End Date

29/06/2025

### 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?

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**





## MH - 6 - MH 6: Aboriginal and Torres Strait Islander mental health services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

6

**Activity Title \***

MH 6: Aboriginal and Torres Strait Islander mental health services

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

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

This activity aims to enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined-up approach with other closely connected services including social and emotional well-being, suicide prevention and alcohol and other drug services.

**Description of Activity \***

This activity involves commissioning the delivery of mental health services through a Social and Emotional Wellbeing (SEWB) model. Through a collaborative co-design process at the NT Aboriginal Health Forum, SEWB was identified as an appropriate framework through which to deliver drug and alcohol treatment and mental health services for Aboriginal and Torres Strait Islander people in the NT. Integration of mental health services, AOD, suicide prevention and other mental services is a key focus of the activities and forms a key component of consultation with stakeholders including ACCHS.

The SEWB model developed for the NT region includes three integrated 'stepped care' streams including:

- Medical Stream (eg: General Practitioner)

- Therapeutic Stream (eg: Clinical Psychologist, Mental Health experienced Social Worker)
- Social/Cultural (eg: Senior Aboriginal position)

NT PHN will continue to commission activities to support SEWB program delivery including but not limited to: • SEWB therapeutic and social cultural service delivery within primary health care

- Continuous quality improvement of the SEWB program service model
- SEWB workforce development
- Facilitate access to training, supervision, professional development and peer support for people delivering drug and alcohol treatment and mental health services through a SEWB model.
- Coordinate and facilitate activities that promote networking, knowledge sharing and skills development in drug and alcohol service delivery
- NT Health Pathways development
- Evaluation of the delivery of mental health services through a SEWB model
- Regional responses to emerging Indigenous mental health and suicide prevention needs
- Indigenous suicide prevention programs. 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. NT PHN is committed to the potential transition of the funding for this program to Aboriginal Community Controlled and notes that currently all of this funding is allocated to service provision by that sector.

## Needs Assessment Priorities \*

### Needs Assessment

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

#### Priorities

Priority	Page reference
ATSI Health - Culturally safe and trauma informed services	31
Health Workforce - Develop the Aboriginal and Torres Strait Islander Workforce – Clinical and Non-clinical	30
MH - Attract, recruit, and retain mental health professionals (especially for remote areas)	34
MH - Address mental health and suicide prevention service gaps	35
Health Workforce - Aboriginal mental health workforce	35



ATSI Health - Local decision making, community control and regionalisation	29
ATSI Health - Access for Aboriginal people to both mainstream and Aboriginal specific health services	29



## Activity Demographics

### Target Population Cohort

First Nation's individuals requiring mental health supports

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

This activity is located across NT regional sites in Aboriginal community-controlled health organisations, providing an opportunity for comprehensive engagement. Indigenous engagement and support functions or roles would be supported through the Aboriginal Medical Services Alliance of the NT (AMSANT) which is the peak body for Aboriginal Community Control in the NT and engages with members, program workers, Aboriginal Community Controlled Health Services, and community members as appropriate.

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Daly - Tiwi - West Arnhem	70203
East Arnhem	70204
Darwin Suburbs	70102
Katherine	70205
Palmerston	70104
Darwin City	70101
Barkly	70202
Alice Springs	70201
Litchfield	70103



## Activity Consultation and Collaboration

### Consultation

Northern Territory Aboriginal Health Forum (NTAHF) – This forum is a peak-level partnership that provides strategic guidance and makes decisions about key policy issues to improve Aboriginal health and wellbeing. NT PHN is a member of this forum, and it is through this channel that key organisations the including Commonwealth Department of Health come together to plan and coordinate programs and activities.

### Collaboration

Aboriginal Medical Services Alliance NT (AMSANT) provides SEWB workforce support and trauma-informed care training to NT PHN commissioned SEWB providers. NT PHN collaborates regularly with AMSANT to ensure that the workforce support provision is fit for purpose and supports community needs. 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.

Providers commissioned by NT PHN already have established relationships and involvement in mental health, SEWB, Alcohol and Other Drugs (AOD), and clinical services. These providers hold contracts across multiple programs, facilitating integration and holistic planning involving various stakeholders in the community.

NT PHN has initiated regional health committees to convene major organizations and discuss innovative solutions for addressing health needs within the region.

NT PHN host regional health committees which is a new initiative aimed at bringing together major organisations to discuss innovative ideas and solutions for health needs within the region.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2025

### 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?**

Yes

**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?**

Yes

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

Yes

**Decommissioning**

No

**Decommissioning details?**

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

A co-design process was undertaken at the commencement of the SEWB program in 2016. This process involved representatives from the NT Aboriginal Community-Controlled Health Services (ACCHS) sector, Top End Health Service, NT Department of Health (NT Health), National Indigenous Australians Agency (NIAA) and the Australian Government Department of Health.



## MH - 8 - MH 8: Targeted Regional Initiatives to Suicide Prevention



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

8

**Activity Title \***

MH 8: Targeted Regional Initiatives to Suicide Prevention

**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 \***

The aim of the Targeted Regional initiatives for Suicide Prevention is to improve the effectiveness of suicide prevention initiatives throughout the NT, by working in partnership with NT Department of Health and AMSANT. The partnership aims to ensure improved understanding of the system, regional challenges and gaps for co-commission in relation to tertiary, primary health and community workforce needs with the intention of reducing suicide rates, in particular for Aboriginal and Torres Strait Islander people throughout the Northern Territory.

**Description of Activity \***

The NT PHN will engage, coordinate and integrate a suite of early intervention and suicide prevention activities tailored to the region-specific needs and priorities of communities, stakeholders and service providers.

Key partnerships for this activity are the NT Department of Health, AMSANT and NIAA to develop joint regional suicide prevention plans.

Establishment of a strategic coordination group will ensure good coordination between the various suicide prevention roles and establishment ownership and accountabilities between service providers.

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 - Address mental health and suicide prevention service gaps	35



## Activity Demographics

### Target Population Cohort

The target population for this activity is anyone in rural or regional Northern Territory affected by or at risk of suicide and behaviours. Those who have lived experience of suicide including individuals, families and communities of all age's groups and demographics. This funding is specifically for rural and regional locations and will target those most at risk of suicide including Aboriginal and Torres Strait Islander populations.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

A strong component of the targeted regional initiatives is focused on improving suicide prevention activities and outcomes for Aboriginal and Torres Strait Islander people.

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

As part of joint regional mental health planning, the NT PHN, along with NT health and AMSANT have established arrangements to facilitate feedback from key stakeholders and community partners to inform Suicide Prevention planning at eight locations around the Territory

NT PHN's Suicide Prevention Lead met with key suicide prevention leaders in each of the regional areas of the Northern Territory,

to better understand current issues and opportunities. These consultations informed the strategic direction of the above-mentioned activities and revised understanding of the needs analysis for the Northern Territory.

NT Health, NIAA and AMSANT were all consulted prior to the TRISP funding procurement process, to ensure that the guidelines for the funding aligned with the overall goals of the NT SP space.

### Collaboration

NT Primary Health Network (NTPHN), NT Health, and the National Indigenous Australians Agency (NIAA) worked in partnership with Aboriginal Medical Services Alliance Northern Territory (AMSANT), to develop the next iteration of the Northern Territory Suicide Prevention Implementation Plan and Joint regional plans. This was released in 2023. This plan will be utilised to direct future strategic direction and goals of the Northern Territory.

In addition to this, the TRISP activities that have been commissioned will be monitored by the NTPHN contract management team and updates of the programs can be reported back to the partners above (NT Health, NIAA and AMSANT).



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2022

### Activity End Date

29/06/2025

### 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:** Yes

**Open Tender:** Yes

**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**

Significant in-kind contributions from NT Health, AMSANT and NIAA including travelling to remote regions to hold consultations with local stakeholders and potential providers.



## MH - 9 - MH 9: Regional mental health and suicide prevention planning



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

9

**Activity Title \***

MH 9: Regional mental health and suicide prevention planning

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

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 8: Regional mental health and suicide prevention plan

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

The Northern Territory Mental Health and Suicide Prevention (NTMHSP) Regional Plan aims to:

- Articulate a clear and shared regional vision.

Identify opportunities for co-investment by commissioning agencies

- Inform service and system improvement.
- Embed cultural respect and cultural security frameworks.
- Increase legitimate pathways and processes for consumer and carer participation.
- Promote and plan for integrated service delivery pathways.
- Address local priorities and service gaps.
- Clarify roles and responsibilities for commissioning and peak agencies in the NT.

The key objectives of joint regional mental health and suicide prevention services and pathways for people with or at risk of mental illness or suicide planning are as follows:

- Joint regional plans should embed integration of mental health and suicide prevention services and pathways for people with, or at risk of, mental illness or suicide through a whole of system approach.
- Joint regional plans should drive and inform evidence-based service development to address identified gaps and deliver on regional priorities.



## Description of Activity \*

This activity involves the development of an NT-wide mental health and suicide prevention plan in partnership with the NT Department of Health (including Local Hospital Networks [LHN]).

An overarching process has been established (in collaboration with the NT Department of Health the Aboriginal Medical Services Alliance Northern Territory (AMSANT) and the National Indigenous Australian's Agency (NIAA) to transform mental health and suicide prevention services across the NT.

This transformation journey commenced with the completion of a mental health and suicide prevention foundation plan (2021 – 2022) and the Northern Territory Suicide Prevention Implementation Plan: Keeping Everyone Safe 2023-2028. The Northern Territory Mental Health and Wellbeing- Integration and Co-Investment Plan is in its final stages of approval with a completion target of March 2024. Due to unforeseen delays, NT PHN has sought approval to extend the completion target date to 30 Jun 2024.

The plan has been developed in two stages:

- Stage 1: The foundation plan for the NT provides a comprehensive integrated regional plan, and launched the transformation journey to better utilise available resources towards integration across the NT. The Foundation Plan captured key partnerships and governance, agreed priority areas and ways in which better joined up services can be achieved to deliver a single, connected system that facilitates the transition between services when required, including health and broader services. This plan provided a platform for addressing problems people with lived experience of mental illness or suicide and their carers and families face when accessing care and support.

- Stage 2: The development of integrated regional plans for suicide prevention and mental health in the NT that work towards maximum value and quality for community benefit through true system integration where joint planning, financing, service integration, resources and processes are achieving the best collective outcomes for mental health consumers and carers.

The completed suicide prevention plan outlines a need to focus on employment, education, housing, justice, social isolation, alcohol and other drugs-related harm issues. The Northern Territory Mental Health and Wellbeing- Integration and Co-Investment Plan will be used by Aboriginal Medical Services Alliance Northern Territory (AMSANT), Northern Territory Government (NT Health), National Indigenous Australians Agency (NIAA), and the Northern Territory Primary Health Network (NTPHN) over the next five years to inform co-investment, reduce fragmentation and promote integrated mental health and wellbeing across the Northern Territory. There are 13 Northern Territory priorities in addition to regional specific priorities.

## Needs Assessment Priorities \*

### Needs Assessment

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

#### Priorities

Priority	Page reference
Pop Health - Coordination and integration of service responses between health, housing, homelessness, domestic violence, justice, and other sectors to address health outcomes	33
MH - Coordinated regional planning, identify opportunities for co-commissioning and service integration	34
MH - Engage communities in local planning	34

Pop Health - Coordination of strategic health planning involving key stakeholders	29
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## Activity Demographics

### Target Population Cohort

Whole Northern Territory population with particular focus on Aboriginal and Torres Strait Islander, children and families and youth.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Daly - Tiwi - West Arnhem	70203
East Arnhem	70204
Darwin Suburbs	70102
Katherine	70205
Palmerston	70104
Darwin City	70101
Barkly	70202
Alice Springs	70201
Litchfield	70103



## Activity Consultation and Collaboration

### Consultation

Significant consultation has occurred with people who have lived experience of mental illness, community members, service providers, Aboriginal community-controlled health services. In 2023 eight regional and remote engagement forums were held as part of this process as well as individual stakeholder meetings, online surveys and opportunities to provide review input. Ongoing consultation and collaboration are intended for the implementation phase of both the suicide prevention and mental health plans.

### Collaboration

Collaboration has been a core component in the development of the suicide prevention and mental health plans between the four leading organisations NT Health, NTPHN, AMSANT and NIAA. Ongoing collaboration is planned for these organisations and their stakeholders over the next 5 years of implementation,



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2024

### 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?

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**



## MH - 14 - MH14: Initial Intake and Assessment Officers



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

14

**Activity Title \***

MH14: Initial Intake and Assessment Officers

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

Existing



### 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 \***

The aim of this activity is to support General Practitioners (GPs) and clinicians in the primary care setting, using the stepped care model to select the least intensive level of care, for a person presenting for mental health assistance by using the Initial Assessment and Referral (IAR) tool.

This will contribute to achieving nationally consistent levels of care for persons presenting with similar conditions.

**Description of Activity \***

NT PHN will engage a full-time IAR Training and Support Officer (TSO) to support GPs and clinicians in learning and implementing the IAR into clinical practice and workflow.

The IAR TSO will:

- Participate in 'train the trainer' training delivered by the National Project Manager to build capability and confidence in using the IAR, facilitating training and supporting GPs to implement the IAR.
- Deliver training to build relationships with, and provide ongoing support to GPs and clinicians in Adult Mental Health Centres, general practices, ACCHS, and commissioned providers within the NT.
- Deliver training to build relationships with, and provide ongoing support to GPs and clinicians in Kids Mental Health Centres and

Residential Aged Care Facilities as the IAR is adapted for specific vulnerable cohorts and as required by the Department, as well as in Local Hospital Networks/Districts as jurisdictions in your region adopt the IAR.

- Meet the GP training target set for the NT and maintain records to support the GP attendance and remuneration.
- Build strong relationships across the TSO network and with other key stakeholders to explore opportunities for cross-boundary learning and collaboration.
- Meet with the Department and National Project Manager, as required, to report on training numbers for all staff trained, share enablers and discuss any barriers.
- Work with the Department to promote integration of clinical software solutions, once developed, with clinical practices and practice managers within the NT.
- Collect data and report on GP and other clinician training as detailed in the Program Guidance for Primary Health Network Initial Assessment and Referral Training and Support Officers.
- Maintain a record of Frequently Asked Questions, hosted on the PHN SharePoint, and support continuous improvement to education and training.

In consultation with Clinical Councils and local GPs, NT PHN will develop a plan for disseminating and implementing the National IAR Guidelines locally.

NT PHN will also provide data and participate in activities as agreed with the Department to inform the IAR evaluation.

## Needs Assessment Priorities \*

### Needs Assessment

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

### Priorities

Priority	Page reference
MH - Attract, recruit, and retain mental health professionals (especially for remote areas)	34



## Activity Demographics

### Target Population Cohort

GPs based in the Northern Territory

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation has occurred with Neami nationally through community of practices. Furthermore, it has occurred within the primary health sector including General Practitioner's (GP) and Mental health providers.

### Collaboration

Collaboration has occurred within the primary health sector and the community to inform quality improvement and adjustments to commissioned services at a service delivery level. This has focused on General Practitioner clinics as the IAR TSO will work closely with GP's.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2021

### Activity End Date

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

IAR TSO to be trained in Jan 2024

Training schedule to be sent out in Feb 2024

The IAR TSO has engaged with over 50 GP practices

The IAR TSO meets with the TSO network monthly

252 GP's to be trained by 30/6/26



## 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?**

No

**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**





## MH - 16 - MH16 Strengthening the mental health workforce



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

16

**Activity Title \***

MH16 Strengthening the mental health workforce

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

Existing



### 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 \***

The aim of this Activity is to develop and deliver initiatives and programs to grow and to build the capacity of primary health care services in the Northern Territory through workforce development initiatives.

**Description of Activity \***

The NT primary health care sector is reporting workforce access as the most significant barrier to delivering health care at this time. Support will be provided to the sector to improve workforce access and sustainability through a number of strategic projects.

In consultation with the NT Workforce Alliance, NT PHN will deliver funding to support current and future primary health care workforce needs including expansion of supported pathways to and through health careers in the Territory, development of the local Aboriginal health workforce and improved access to workforce through strategic recruitment and retention initiatives.

The initiatives have been codesigned with key local stakeholders and will target current urgent workforce needs as well as addressing workforce sustainability.

This work will leverage activities delivered through the organisation's function as the Rural Workforce Agency NT, and the recently established NT Workforce Alliance, a key NT PHN governance group that supports and provides direction to the Rural Workforce

Agency NT.

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
ATSI Health - Culturally safe and trauma informed services	31
Health Workforce - Develop the Aboriginal and Torres Strait Islander Workforce – Clinical and Non-clinical	30
MH - Coordinated regional planning, identify opportunities for co-commissioning and service integration	34
MH - Attract, recruit, and retain mental health professionals (especially for remote areas)	34
MH - Address mental health and suicide prevention service gaps	35
Health Workforce - Aboriginal mental health workforce	35
MH - GP involvement and capacity to support mental health care	35
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29



## Activity Demographics

### Target Population Cohort

Rural and remote communities across the NT

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

NT Aboriginal Health Forum

### Collaboration

NT Workforce Alliance



## Activity Milestone Details/Duration

### Activity Start Date

31/08/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/05/2023

### Service Delivery End Date

30/06/2024

### Other Relevant Milestones

NT PHN and RWA participate in stakeholder networks to support the direction of Mental Health Workforce recruitment, retention, training and education strategies.



## 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?

Yes

**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?**

Yes

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

No

**Decommissioning**

No

**Decommissioning details?**

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

Designed and to be delivered in consultation with the NT Workforce Alliance, a strategic group convened by NT PHN tasked with developing and delivering a shared workforce strategy for the NT. Membership comprises representation from NT PHN, AMSANT, NT Health. Commonwealth Department of Health, Menzies, Batchelor Institute, Flinders University, Charles Darwin University



## MH - 17 - MH 17.2 : Stepped Care- Mental health services for people with severe and complex mental illness in



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

17

**Activity Title \***

MH 17.2 : Stepped Care- Mental health services for people with severe and complex mental illness in

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

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

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

The aim of this activity is to improve access to integrated, culturally appropriate and safe mental health services that offer intervention and support to individual's requiring high intensity services as well as psychosocial and community supports.

**Description of Activity \***

Stepped Care encourages more effective and efficient use of existing primary mental health care services, including Medicare-based psychological therapy services and prescribing of pharmaceuticals under the PBS. It also improves the use of evidence-based self-help and clinician moderated digital mental health services. The approach is person- centered and demonstrates how an individual can move across the spectrum of care needs by recognising their changing requirements over time. The levels of need and service care provision should be understood as a continuum and be flexible, matching individuals with the right supports at the right time.

Individuals at this level, will experience moderate mental ill health (may be persistent or episodic) where there is not a high level of risk, complexity or disability.

Individuals at this level will require face to face clinical services through primary care, backed up by psychiatrists where required with access to self-help resources, clinician-assisted digital mental health services and other low-intensity interventions.

An example of what support those at this Level might need can include: Clinical high intensity services including periods of intensive intervention that may involve multidisciplinary support.

Individuals in the community attend cultural ceremonies as a form of mental health support.

SEWB services which work alongside clinicians and mental health nurses to support individuals with 1:1 interventions.

Family counselling

Taking community members out on country with local elders

Assertive outreach services

Strong community engagement

## Needs Assessment Priorities \*

### Needs Assessment

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

#### Priorities

Priority	Page reference
Pop Health - Equity of access to services for Territorians who are socially disadvantaged or living in rural and remote locations	32
ATSI Health - Culturally safe and trauma informed services	31
Health Workforce - Develop the Aboriginal and Torres Strait Islander Workforce – Clinical and Non-clinical	30
MH - Coordinated regional planning, identify opportunities for co-commissioning and service integration	34
MH - Attract, recruit, and retain mental health professionals (especially for remote areas)	34
MH - Address mental health and suicide prevention service gaps	35
Health Workforce - Aboriginal mental health workforce	35
MH - GP involvement and capacity to support mental health care	35
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29
ATSI Health - Local decision making, community control and regionalisation	29

ATSI Health - Access for Aboriginal people to both mainstream and Aboriginal specific health services	29
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## Activity Demographics

### Target Population Cohort

All NT residents

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

NTPHN conducted 15 consultations with key stakeholders and service providers including 12 ACCOs across the 5 regions.

Included in these consultations was a focus on the stepped care guidelines, where we notified organisations we are revising our framework and guidelines and seek their input to ensure the local context is captured accurately.

The consultations included questions such as:

Do you currently use stepped care in your service models?

Where do you think your programs fit in the intensity level steps and where activity might not – and why?

What is the care environment? Where are you treating your clients? Are they at home, in a clinic?

The information obtained from the consultations helped to inform us of the revised NT specific stepped care framework and guidelines, which are due to be ready to support next financial year's contracts.

### **Collaboration**

Excellent feedback from organisations has helped us shape and mould the NT Stepped Care Framework and Guidelines appropriate to the NT.

The Stepped Care guidelines and framework have been pulled apart to ensure they remain relevant and impactful for service providers in appropriately providing care for their clients.



## **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?**

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**

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH - 17 - MH 17.1: Stepped Care- Psychological therapies for rural and remote, under-serviced and/or hard t



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

17

**Activity Title \***

MH 17.1: Stepped Care- Psychological therapies for rural and remote, under-serviced and/or hard t

**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-serviced and / or hard to reach groups

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

The aim of this activity is to improve access to integrated, culturally appropriate and safe mental health services that offer intervention and support to individuals in a rural, remote, hard to reach or under serviced area. Depending on where an individual may be based, individuals may require face to face clinical services through primary care, backed by psychiatrists where required.

**Description of Activity \***

Individuals in rural or remote (hard to reach) can experience mild mental ill health (may be persistent or episodic) where there is not a high level of risk, complexity or disability.

Support for these individuals can include self-help resources, clinician-assisted digital mental health services and other low-moderate intensity interventions. Depending on where individuals are based, it may also include face-to face clinical services through primary care, backed up by psychiatrists where required. Individuals who experience moderate-severe mental ill health will need to have structured, reasonably frequent and intensive supports.

An example of what support for hard-to-reach individuals may look like:

Regular community support (such as peer support or social participation) and lifestyle interventions. This can include going out on

country, recreation activities such as fishing, hunting or art.

Social participation in sports is also a positive intervention for those at Level 3.

More regular visits with the mental health and wellbeing program, and/or checking in with the GP or cultural healers.

Regular SEWB Team Support and may have a GP mental health plan in place.

Connection to identity and Culture.

Short Term Therapies: This activity also provides for greater flexibility to target priority groups in the 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.

It seeks to maintain 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 are unavailable or underutilised.

This activity will support commissioned 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 mental health stepped care model. This activity will also commission psychological treatment services for people with mental illness living in residential aged care facilities.

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
Pop Health - Equity of access to services for Territorians who are socially disadvantaged or living in rural and remote locations	32
ATSI Health - Culturally safe and trauma informed services	31
Health Workforce - Develop the Aboriginal and Torres Strait Islander Workforce – Clinical and Non-clinical	30
MH - Coordinated regional planning, identify opportunities for co-commissioning and service integration	34
MH - Attract, recruit, and retain mental health professionals (especially for remote areas)	34
MH - Address mental health and suicide prevention service gaps	35
Health Workforce - Aboriginal mental health workforce	35

MH - GP involvement and capacity to support mental health care	35
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29
ATSI Health - Local decision making, community control and regionalisation	29
ATSI Health - Access for Aboriginal people to both mainstream and Aboriginal specific health services	29



## Activity Demographics

### Target Population Cohort

All NT residents

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

NTPHN conducted 15 consultations with key stakeholders and service providers including 12 ACCOs across the 5 regions.

Included in these consultations was a focus on the stepped care guidelines, where we notified organisations we are revising our framework and guidelines and seek their input to ensure the local context is captured accurately.

The consultations included questions such as:

Do you currently use stepped care in your service models?

Where do you think your programs fit in the intensity level steps and where activity might not – and why?

What is the care environment? Where are you treating your clients? Are they at home, in a clinic?

The information obtained from the consultations helped to inform us of the revised NT specific stepped care framework and guidelines, which are due to be ready to support next financial year's contracts.

#### **Collaboration**

Excellent feedback from organisations has helped us shape and mould the NT Stepped Care Framework and Guidelines appropriate to the NT.

The Stepped Care guidelines and framework have been pulled apart to ensure they remain relevant and impactful for service providers in appropriately providing care for their clients.



### **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?**

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**

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH - 17 - MH 17: Stepped Care - Low intensity mental health services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

17

**Activity Title \***

MH 17: Stepped Care - Low intensity mental health services

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

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 1: Low intensity mental health services

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

The aim of this activity is to improve access to integrated, culturally appropriate and safe mental health services that offer intervention and support to individuals requiring lower intensity support from self-management to early and effective intervention when needed.

**Description of Activity \***

This activity covers Level 1-2 on the stepped care framework which supports those requiring lower intensity support from self-management followed by early and effective intervention when needed. Stepped Care encourages more effective and efficient use of existing primary mental health care services. It also improves the use of evidence-based self-help and clinician moderated digital mental health services. The approach is person-centred and demonstrates how an individual can move across the spectrum of care needs by recognising their changing requirements over time.

For Level 1-2 NT PHN will focus on individuals experiencing a mild mental health challenge or problem to prevent an onset of illness or prevent further mental illness. The supports are non-clinical and can be provided in a community, group or casual setting by non-clinical staff, including cultural workers, peers, lived experience and community groups. NT PHN will commission telephone-based counselling services teamTALK, lived experience and peer support groups, art therapy, and counselling and cultural roles within SEWB services. NT PHN work with commissioned providers to include referral to Head to Health services where appropriate based on the level of care needed. Other examples of Level 1-2 supports that NT PHN will explore includes:

regular check ins from social supports, whether that be regular engagement with their community, sporting or recreational groups, or family and friends.

routine check ins from a social support outreach program, early support from a mental health and wellbeing program, an initial check in with the GP

accessing digital resources like AIM-Hi, Smiling Mind or the Stay Strong apps

Support with community, family or friends, including attending groups such as art therapy

Spending time on country or reconnecting to culture through organised men’s and women’s groups

## Needs Assessment Priorities \*

### Needs Assessment

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

#### Priorities

Priority	Page reference
Pop Health - Equity of access to services for Territorians who are socially disadvantaged or living in rural and remote locations	32
ATSI Health - Culturally safe and trauma informed services	31
Health Workforce - Develop the Aboriginal and Torres Strait Islander Workforce – Clinical and Non-clinical	30
MH - Coordinated regional planning, identify opportunities for co-commissioning and service integration	34
MH - Attract, recruit, and retain mental health professionals (especially for remote areas)	34
MH - Address mental health and suicide prevention service gaps	35
Health Workforce - Aboriginal mental health workforce	35
MH - GP involvement and capacity to support mental health care	35
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29
ATSI Health - Local decision making, community control and regionalisation	29
ATSI Health - Access for Aboriginal people to both mainstream and Aboriginal specific health services	29





**Target Population Cohort**

All NT residents

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

NTPHN conducted 15 consultations with key stakeholders and service providers including 12 ACCHs across the 5 regions to focus on Stepped Care Guidelines including the types of services required for people who meet the criteria for Level 1-2 on the Stepped Care framework.

More broadly the consultations included questions such as:

Do you currently use stepped care in your service models?

Where do you think your programs fit in the intensity level steps and where activity might not – and why?

What is the care environment? Where are you treating your clients? Are they at home, in a clinic?

The information obtained from the consultations helped to inform us of the revised NT specific stepped care framework and guidelines, which are will be used to guide next contracts for future financial years.

**Collaboration**

Excellent collaboration resulting in feedback from organisations has helped us shape and mould the NT Stepped Care Framework and Guidelines appropriate to the NT.

The Stepped Care guidelines and framework have been strongly revised to ensure they remain relevant and impactful for service providers in appropriately providing care for their clients.



## 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?

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

Please refer to MH7

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH - 18 - MH 18: Residential Aged Care



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

18

**Activity Title \***

MH 18: Residential Aged Care

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

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

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

Deliver mental health support to older Australians, their communities and aged care staff. Through building workforce capacity and improving system integration for aged care services and communities, the program aims to improve social and emotional wellbeing for older Australians.

**Description of Activity \***

The program employs two mental Health nurses who provide services on a FIFO basis across all 5 regions of the NT including remote communities. Program delivery requirements are flexible to meet the individual needs of eligible clients and services, however the Provider must deliver at least one of the following identified activities.

1. capacity building for social and emotional wellbeing
2. system integration
3. clinical nursing services
4. psychological therapy

## Needs Assessment Priorities \*

### Needs Assessment

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

#### Priorities

Priority	Page reference
Aged Care - Incidence of conditions due to causes other than ageing among older Aboriginal Territorians	31
Aged Care - Capacity for management of complex clinical care including management of chronic disease, psychogeriatric conditions, and palliative care in Aged Care and Disability services	31
ATSI Health - Culturally safe and trauma informed services	31
MH - Address mental health and suicide prevention service gaps	35
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29



## Activity Demographics

### Target Population Cohort

Older people

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

The activity functions as an outreach service that includes outreach to National Aboriginal and Torres Strait Islander Flexible Aged Care Sites. Providing Social and Emotional Wellbeing Support and capacity building of local staff to support wellbeing of residents as well as brief interventions when required. It also provides linkages to culturally appropriate locally run cultural healing groups.

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

## Consultation

The activity was designed through stakeholder engagement with Aged care division of both the Australian Government Department of Health NT branch and Northern Territory Government Department of Health and psychogeriatric team, residential aged care providers and NATSIFAC facilities. Local psychologist and social workers providing services in aged care facilities

## Collaboration

Psychogeriatric Team Northern Territory Government

Aged Care Services

National Aboriginal and Torres Strait Islander Flexible Aged Care Services



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2025

### Service Delivery Start Date

23/08/2022

### Service Delivery End Date

30/06/2025

### 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?

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**

**Decommissioning details?**

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

Co-designed with Psychogeriatric Team Northern Territory Government, Aged Care Services and National Aboriginal and Torres Strait Islander Flexible Aged Care Services.



# MH - 19 - MH 19.2: Supporting Recovery Pilot- Sector Workforce Development



## Activity Metadata

### Applicable Schedule \*

Primary Mental Health Care

### Activity Prefix \*

MH

### Activity Number \*

19

### Activity Title \*

MH 19.2: Supporting Recovery Pilot- Sector Workforce Development

### Existing, Modified or New Activity \*

New Activity



## Activity Priorities and Description

### Program Key Priority Area \*

Mental Health

### Other Program Key Priority Area Description

### Aim of Activity \*

The Supporting recovery from family, domestic and sexual violence is a pilot program that aims to provide FDSV-specific trauma-informed care and access to trauma-informed mental health care to victims-survivors as part of their longer-term recovery. This aspect of the program will seek to develop mental health workforce capacity in the NT to support the delivery of mental health services including trauma-informed care.

### Description of Activity \*

A coordinated set of activities will aim to build the capacity of primary health care services and increase access to mental health supports across the Northern Territory (NT) through workforce development initiatives. We intend to support our mental health workforce to be able to respond to the community needs we have identified through regional consultations and forums as well as broaden the available workforce by investing in building up the local mental health workforce.

Mental health and suicide prevention joint regional plans have been reviewed to direct how this funding can align to strategic priorities of the organisation. NT PHN and RWA NT, will continue to consult with the sector to identify issues and opportunities affecting the accessibility (student pathway and recruitment) and quality (skills) of mental health workforce in the Northern Territory and implement a range of activities in response.

In 2024 and beyond these activities may include:



developing the broader skills of mental health workforce in DFSV trauma informed care in a culturally responsive NT context

developing local Aboriginal and Torres Strait Islander workforce

developing a local lived experience workforce

supporting NT wide mental health workforce recruitment initiatives

grants to support student and graduate placement and supervision

### **Needs Assessment Priorities \***

#### **Needs Assessment**

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

#### **Priorities**

<b>Priority</b>	<b>Page reference</b>
Pop Health - Access to specialised supports and services for vulnerable groups including LGBTQI, CALD, refugee, veterans and victims of domestic violence	31
ATSI Health - Culturally safe and trauma informed services	31
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Pop Health - Coordination and integration of service responses between health, housing, homelessness, domestic violence, justice, and other sectors to address health outcomes	33
MH - Address mental health and suicide prevention service gaps	35
MH - GP involvement and capacity to support mental health care	35



### **Activity Demographics**

#### **Target Population Cohort**

NT PHN will be targeting mental health workforce sector in this activity. It will focus on workforce that support particular at-risk populations that have been identified as having gaps in workforce capacity to meet their needs.

#### **In Scope AOD Treatment Type \***

#### **Indigenous Specific \***

Yes

## Indigenous Specific Comments

The funding for this program will focus on providing recovery supports will include Aboriginal and Torres Strait Islander communities. Once the NT PHN has selected a preferred provider, we will enter a co-design phase and will engage the Indigenous sector in the design of the pilot.

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

The NT PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for Supporting Recovery Pilot program. Key stakeholders involved and impacted by family, domestic and sexual violence were mapped and identified, to enable a comprehensive view of the issue in the NT. This consultation, which included a landscape and desktop review, key stakeholder interviews, and a strategic forum of NT-based experts augmented the findings from the joint regional planning work undertaken in the mental health and suicide prevention sector in the NT, and has formed the basis for directing this funding.

The Mental Health, AOD and Suicide Prevention (MHAODSP) team have been working closely with internal (Workforce and the wider Strategy, Commissioning, and Integration branches) and external partners (AMSANT and NT Health) to ensure that resources are being put towards agreed priority areas. This process ensures that we are not doubling up on training already provided to the sector. We will engage with the local NT sector to deliver the training that is relevant within the local context and appropriate to the target audience of primary health care workers in the NT.

### Collaboration

As described above, NTPHN have been working closely with internal (Workforce and the wider Strategy, Commissioning, and Integration branches) and external partners (AMSANT and NT Health) to ensure that resources are being put towards agreed priority areas.

More broadly in the FDSV space, NTPHN also has established key contacts and roles in Territory-wide networks, to ensure coordinated contributions to service delivery and capacity building.

In addition, through its broader FDSV consultation process, NT PHN has now established key contacts across the FDSV sector in the NT and will be participating in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT, rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by NT PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction and will ensure NT PHN is aligned and contributing in a locally relevant way.

We leverage off the shared knowledge from the various departments at NT PHN including the Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams will allow us to learn about the workforce needs and share any relevant capacity building opportunities. The NT PHN's Clinical Council will provide guidance from a health care practitioner perspective. The NT PHN's Community Advisory Council will provide guidance from a community perspective.



## Activity Milestone Details/Duration

### Activity Start Date

31/05/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/05/2024

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones

7th of November 2023 Meet with Commonwealth Supporting Recovery Team to confirm the arrangement for this aspect of the pilot

16th of November 2023 - confirmed funding arrangements for this program

Joint Regional mental health planning will inform future procurement activities.



## 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): Yes

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**

Procured service providers will be supported to co-design the service with their target population. NT PHN will allocate resources to support this work by providers.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No

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## MH - 19 - MH 19.1: Supporting Recovery Pilot- Local Care Team



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

19

**Activity Title \***

MH 19.1: Supporting Recovery Pilot- Local Care Team

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

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health

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

The supporting recovery pilot program aims to provide FDSV-specific trauma-informed care and access mental health care to victims-survivors as part of their longer-term recovery through a local care team.

**Description of Activity \***

NT PHN has undergone an open tender activity for this program. Applications are being assessed and suitable providers identified. NT PHN will enter a co-design stage with selected providers in regional/remote regions in the NT which will further inform the activities and the services that will be delivered.

The pilot activities aim to bring together the diverse FDSV service landscape and ensure that supports are delivered appropriately, effectively and consistently to those that need it most.

NT PHN will commission services that include:

Local Care Team(s) to play a care coordination and case management role.

Local Care Teams will be appropriately trained in FDSV-specific trauma-informed care

To ensure services are not fragmented and allow for integration across different sectors, it is essential that Local Care Teams are embedded into existing local services.

Local Care Teams will be managed on a day-to-day basis by the service in which they are embedded.

Pilot sites will participate in an independent evaluation.

## 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
ATSI Health - Culturally safe and trauma informed services	31
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Pop Health - Coordination and integration of service responses between health, housing, homelessness, domestic violence, justice, and other sectors to address health outcomes	33
MH - Address mental health and suicide prevention service gaps	35
MH - GP involvement and capacity to support mental health care	35



## Activity Demographics

### Target Population Cohort

The funding for this program will focus on providing recovery supports to Aboriginal and Torres Strait Islander communities in the NT. Once the NT PHN has completed the procurement process and we have a confirmed provider, additional specificity will be provided on program's target population cohort.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

The funding for this program will focus on providing recovery supports to Aboriginal and Torres Strait Islander communities through local care teams. Once the NT PHN has selected a preferred provider, a co-design phase will occur with commissioned providers to develop and specify the service that will be delivered.

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

The NT PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for Supporting Recovery Pilot program. Key stakeholders involved and impacted by family, domestic and sexual violence were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, NT PHN consulted the NT PHN Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Council's include members with deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, NT PHN have also consulted the following organisations and people to better understand the policy and service landscape regarding family, domestic and sexual violence:

Aboriginal Medical Services Alliance NT (AMSANT)

Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team

Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV

Women's Safety Services of Central Australia

Various Aboriginal Community Controlled Health Organisations (ACCHOs) from across different regions of the NT

Key allied health working in FDSV (social workers) based in both primary and tertiary settings

Primary care practitioners including GPs, Remote Area Nurses, and Social and Emotional Wellbeing (SEWB) workers

A Senior Registrar at Royal Darwin Hospital

Sexual Assault Referral Centre (SARC) based GP

Head2Health – Community and social perspective including mental health services, justice and housing

Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network

The NT PHN have consulted with a Strategic Forum comprising of key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through the NT PHNs recently opened non-selective Expression of Interest (EOI) regarding the Supporting Recovery Pilot program. The Strategic Forum supported the NT PHN to develop a set of principles to inform the programs guidelines and key selection criteria for the formal tender process.

In addition, NT PHN have met with PHNs nationally to discuss collaboration opportunities and the program requirements.

### **Collaboration**

The NT PHN is collaborating with key stakeholders across multiple sectors in the NT to best develop this program, including the following:

A Strategic Forum comprising of key subject matter experts and lived experience advocates was established to support the development of a set of principles to inform the programs guidelines and key selection criteria for the formal tender process. The members included:

Lived experience advocates

Academic

Social workers

Northern Territory Government including Territory Families and Health –Policy advice

Midwife / Nurse based in remote location

GP

Specialist FDSV

Sexual Assault nurse

Peak body for Aboriginal Community Controlled Health Services

Arc Blue –Probity support

Through its consultation process outlined above, NT PHN has now established key contacts across the FDSV sector in the NT and will be participating in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT, rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by NT PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction and will ensure NT PHN is aligned and contributing in a locally relevant way.

We leverage off the shared knowledge from the various departments at NT PHN including the Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams will allow us to learn about the workforce needs and share any relevant capacity building opportunities. The NT PHN's Clinical Council will provide guidance from a health care practitioner perspective.

The NT PHN's Community Advisory Council will provide guidance from a community perspective.

Additionally, we will work internally with the Primary Health Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates.

A local evaluation partner to support monitoring and continuous improvement and ensure measurable demonstration of outcomes within the local context (feeding into national evaluation).

Resourcing procured providers to conduct co-design activities with the target community as part of their design and implementation approach.

The NT Health Department will also be consulted to support the design of this program.





## Activity Milestone Details/Duration

### Activity Start Date

31/05/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/05/2024

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones

23 June 2023 - Pre-market briefing was held to inform potential providers of the funding opportunity

7 July 2023 - Non-selective EOI opened

30 July 2023 – Non EOI closed with 38 submissions \*noting the NT PHN are tendering for the Supporting Recovery and Supporting Primary Care programs at the same time.

16 August to the 8 September – three Strategic Forums held

15 September 2023 – Tender opened

18 October 2023 – Tender closed and we received 4 applications

15 and 16 October 2023 – Provider presentations round

December 2023– Assessment of overall applications

December 2023 – Unsuccessful commission process - unable to find suitable provider

February 2024 – review of procurement approach

March – April 2024 – Consultation with Commonwealth regarding potential opportunity in Barkly region

March-April 2024 – Engagement with key stakeholder group in Barkly and Big Rivers regions

Q4 23/24 continue engagement for commissioning activities in Barkly and Big Rivers region



## 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:** Yes

**Expression Of Interest (EOI):** Yes

**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**

Procured service providers will be supported to co-design the service with their target population. NT PHN will allocate resources to support this work by providers.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No



# MH - 19 - MH 19: Supporting Recovery Pilot- Service Delivery



## Activity Metadata

### Applicable Schedule \*

Primary Mental Health Care

### Activity Prefix \*

MH

### Activity Number \*

19

### Activity Title \*

MH 19: Supporting Recovery Pilot- Service Delivery

### Existing, Modified or New Activity \*

New Activity



## Activity Priorities and Description

### Program Key Priority Area \*

Mental Health

### Other Program Key Priority Area Description

### Aim of Activity \*

The supporting the recovery from Family, Domestic and Sexual Violence (FDSV) pilot program aims to provide FDSV-specific trauma-informed care and access to trauma-informed mental health care to victims-survivors as part of their longer-term recovery. The service delivery aspect of the program will provide access to trauma-informed services to holistically support victim-survivors, and will include up to two years of ongoing mental health support. Services will also be culturally safe, holistic, and include traditional healing, where appropriate to the victim-survivor.

### Description of Activity \*

NT PHN has undergone an open tender activity for this program. Applications are being assessed and suitable providers identified. NT PHN will enter a co-design stage with selected providers in regional/remote regions in the NT which will further inform the activities and the services that will be delivered.

The pilot activities aim to bring together the diverse FDSV service landscape and ensure that supports are delivered culturally appropriately, effectively and consistently to those that need it most.

Key features of the pilot may include:

Culturally safe trauma-informed services to holistically support victim-survivors and will include up to two years of ongoing mental

health support.

Services will also be culturally safe, holistic, and include traditional healing, where appropriate to the victim-survivor.

Pilot sites will participate in an independent evaluation.

## 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
ATSI Health - Culturally safe and trauma informed services	31
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Pop Health - Coordination and integration of service responses between health, housing, homelessness, domestic violence, justice, and other sectors to address health outcomes	33
MH - Address mental health and suicide prevention service gaps	35
MH - GP involvement and capacity to support mental health care	35



## Activity Demographics

### Target Population Cohort

This program will focus on providing recovery supports to Aboriginal and Torres Strait Islander communities in the NT with the most need. NT PHN will assess successful applications for the tender process and enter discussions and co-design activity to inform and specify the services that will be delivered.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

The funding for this program will focus on providing recovery supports to Aboriginal and Torres Strait Islander communities. Once the NT PHN has selected a preferred provider a co-design phase will occur with the Indigenous sector in the design, implementation, and evaluation of the pilot.

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

The NT PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for Supporting Recovery Pilot program. Key stakeholders involved and impacted by FDSV were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, NT PHN consulted the NT PHN Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Council's include members with deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, NT PHN have also consulted the following organisations and people to better understand the policy and service landscape regarding FDSV:

Aboriginal Medical Services Alliance NT (AMSANT)

Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team

Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV

Women's Safety Services of Central Australia

Various Aboriginal Community Controlled Health Organisations (ACCHOs) from across different regions of the NT

Key allied health working in FDSV (social workers) based in both primary and tertiary settings

Primary care practitioners including GPs, Remote Area Nurses, and Social and Emotional Wellbeing (SEWB) workers

A Senior Registrar at Royal Darwin Hospital

Sexual Assault Referral Centre (SARC) based GP

Head2Health – Community and social perspective including mental health services, justice and housing

Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network

The NT PHN have consulted with a Strategic Forum comprising of key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through the NT PHN's recently opened non-selective Expression of Interest (EOI) regarding the Supporting Recovery Pilot program. The Strategic Forum supported the NT PHN to develop a set of principles to inform the programs guidelines and key selection criteria for the formal tender process.

In addition, NT PHN have met with PHNs nationally to discuss collaboration opportunities and the program requirements.

### Collaboration

The NT PHN is collaborating with key stakeholders across multiple sectors in the NT to best develop this program, including the following:

A Strategic Forum comprising of key subject matter experts and lived experience advocates was established to support the development of a set of principles to inform the programs guidelines and key selection criteria for the formal tender process. The members included:

Lived experience advocates

Academic

Social workers

Northern Territory Government including Territory Families and Health –Policy advice

Midwife / Nurse based in remote location

GP

Specialist FDSV

Sexual Assault nurse

Peak body for Aboriginal Community Controlled Health Services

Arc Blue –Probity support

Through its consultation process outlined above, NT PHN has now established key contacts across the FDSV sector in the NT and will be participating in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT, rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by NT PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction and will ensure NT PHN is aligned and contributing in a locally relevant way.

NT PHN leverage the shared knowledge from the various departments at NT PHN including the Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams will allow us to learn about the workforce needs and share any relevant capacity building opportunities. The NT PHN's Clinical Council will provide guidance from a health care practitioner perspective.

The NT PHN's Community Advisory Council will provide guidance from a community perspective.

Additionally, NT PHN will work internally with the Primary Health Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates.

A local evaluation partner to support monitoring and continuous improvement and ensure measurable demonstration of outcomes within the local context (feeding into national evaluation).

Resourcing procured providers to conduct co-design activities with the target community as part of their design and implementation approach.

The NT Health Department will also be consulted to support the design of this program.



## Activity Milestone Details/Duration

**Activity Start Date**

31/05/2023

**Activity End Date**

29/06/2026

**Service Delivery Start Date**

01/05/2024

**Service Delivery End Date**

30/06/2026

**Other Relevant Milestones**

23 June 2023 - Pre-market briefing was held to inform potential providers of the funding opportunity

7 July 2023 - Non-selective EOI opened

30 July 2023 – Non EOI closed with 38 submissions \*noting the NT PHN are tendering for the Supporting Recovery and Supporting Primary Care programs at the same time.

16 August to the 8 September – three Strategic Forums held

15 September 2023 – Tender opened

18 October 2023 – Tender closed and we received 4 applications

15 and 16 October 2023 – Provider presentations round

December 2023– Assessment of overall applications

December 2023 – Unsuccessful commission process - unable to find suitable provider

February 2024 – review of procurement approach

March – April 2024 – Consultation with Commonwealth regarding potential opportunity in Barkly region

March-April 2024 – Engagement with key stakeholder group in Barkly and Big Rivers regions

Q4 23/24 continue engagement for commissioning activities in Barkly and Big Rivers region

**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:** Yes

**Expression Of Interest (EOI):** Yes

**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**

Procured service providers will be supported to co-design the service with their target population. NT PHN will allocate resources to support this work by providers.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No

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## MH-Op - 1 - MH-Op 1: MH Operational



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-Op

**Activity Number \***

1

**Activity Title \***

MH-Op 1: MH Operational

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

Existing



### 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



# MH-Op - 2 - Right Care Right Place Program - Eating Disorder Coordinators



## Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-Op

**Activity Number \***

2

**Activity Title \***

Right Care Right Place Program - Eating Disorder Coordinators

**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

### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Operational	\$40,666.00	\$165,180.00	\$226,236.00	\$219,974.00	\$0.00	\$652,056.00
Total	\$40,666.00	\$165,180.00	\$226,236.00	\$219,974.00	\$0.00	\$652,056.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



# MH-Op - 3 - MH-Op 3- Supporting Recovery Pilot Operational



## Activity Metadata

### Applicable Schedule \*

Primary Mental Health Care

### Activity Prefix \*

MH-Op

### Activity Number \*

3

### Activity Title \*

MH-Op 3- Supporting Recovery Pilot 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



## MH-AMHCT - 1 - MH-AMHCT 1 (MH12): Darwin Medicare Mental Health Service



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-AMHCT

**Activity Number \***

1

**Activity Title \***

MH-AMHCT 1 (MH12): Darwin Medicare Mental Health Service

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

Modified



### 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.

For the purpose of this AWP ending 30 Jun 24, the activity is referred to as the AMHC

**Description of Activity \***

This activity is expected to deliver adult mental health centres (AMHC) 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 AMHCs 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 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 will be funded from 2024/2025 onwards through the PHN National Agreement and Bilateral Program.

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. 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
MH - Address mental health and suicide prevention service gaps	35
ATSI Health - Service responsiveness to / appropriateness for Aboriginal people	29
ATSI Health - Local decision making, community control and regionalisation	29



## 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
Darwin City	70101



## 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

30/06/2020

### Activity End Date

29/06/2024

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

The service is fully operational.

Integration with the broader health system and mental health services will continue to be developed and improved into 2024/2025 and beyond.



## 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 Adult Mental Health Centre 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.



## CHHP - 1 - CHHP- Headspace Wait Time Reduction



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

CHHP

**Activity Number \***

1

**Activity Title \***

CHHP- Headspace Wait Time Reduction

**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 \***

Improving demand management at headspace services, increasing access and reducing wait time for young people aged 12 to 25 years to access high quality youth friendly mental health support; and

- enhancing quality of experience for young people aged 12 to 25 years accessing mental health services provided through headspace.

**Description of Activity \***

To deliver this activity, NT PHN will commission headspace Darwin to recruit additional staff to support the development and implementation of a Choice and Partnerships Approach (CAPA Project) for improved access and reduced wait times and engage Aboriginal Wellbeing Workers to provide increased targeted social and emotional wellbeing support and interventions for young Aboriginal people and their families.

This activity involves the commissioned services to deliver a blended suite of mental health services for consumers to access as the level, intensity and type of care required by each individual may shift, using a stepped care model. It is expected that clients will receive a better experience in the transition between services and service types; efficiencies will be realised; 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 the 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
Pop Health - Health of Aboriginal children	32
Pop Health - Equity of access to services for Territorians who are socially disadvantaged or living in rural and remote locations	32
MH - Address mental health and suicide prevention service gaps	35



## Activity Demographics

### Target Population Cohort

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
Darwin City	70101
Alice Springs	70201



**Activity Consultation and Collaboration**

**Consultation**

Regular consultation with headspace National and all lead agencies.

**Collaboration**

Program lead and NT PHN Cultural Lead routinely attend the Community Consortium network meetings in Darwin / Palmerston, Katherine & Alice Springs. NT PHN & Lead Agencies meet regularly to support the work of the headspaces across the Northern Territory.



**Activity Milestone Details/Duration**

**Activity Start Date**

30/07/2021

**Activity End Date**

29/06/2024

**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?

Yes

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?**

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

headspace centres are designed to follow specific program specifications as defined by headspace National. The elements that can be co-designed are done so extensively, by the service provider with relevant working groups including young people and First Nation's groups.



## CHHP-Op - 2 - CHHP- Headspace Wait Time Reduction Operational



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

CHHP-Op

**Activity Number \***

2

**Activity Title \***

CHHP- Headspace Wait Time Reduction Operational

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

Existing



### 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