

BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: NORTHERN TERRITORY

Parties to the Schedule

1. This is an agreement between:
 - a. the Commonwealth of Australia; and
 - b. the Northern Territory.

Term of the Agreement

2. This Schedule is expected to expire on 30 June 2026. Funding beyond 30 June 2023 is contingent on the Northern Territory signing the National Mental Health and Suicide Prevention Agreement (the National Agreement).
3. This Schedule may be amended at any time with the agreement of both Parties.
4. This Schedule will fall under the Federation Funding Agreement – Health until such time as the National Agreement is finalised.
5. Once the National Agreement is finalised, this Schedule will be transferred to the National Agreement and will be subject to all clauses agreed. Where inconsistencies exist between this Schedule and the requirements of the National Agreement, the National Agreement will prevail.
6. The Commonwealth undertakes to make the terms and conditions within this Schedule consistent, where appropriate, across the states and territories (states). In the event that more favourable terms and conditions are negotiated with a specific state, the Commonwealth will make these available to the Northern Territory, if this relates to substantial financial or governance arrangements.

Purpose

7. This Schedule will support improved mental health and suicide prevention outcomes for all people in the Northern Territory through collaborative efforts to address gaps in the mental health and suicide prevention system and the agreement of funding arrangements for specified services in the Northern Territory.

Principles

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

Roles and Responsibilities specific to this Schedule

9. This Schedule builds on the roles and responsibilities agreed under the National Health Reform Agreement to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.
10. Broad roles and responsibilities for the Commonwealth and the states and territories will be specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and the Northern Territory as they relate to this Schedule are set out below.

11. The Parties are committed to achieving outcomes for Aboriginal and Torres Strait Islander Australians, including the Closing the Gap target of a significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero. The Parties commit to continuing to work closely with the National Indigenous Australians Agency and Aboriginal and Torres Strait Islander service providers to ensure programs are best-placed to deliver optimal outcomes and to ensure that services are complimentary and not duplicative.
12. Under this Schedule, the Commonwealth agrees to be responsible for:
 - a. Establishing new Head to Health adult mental health services across the Northern Territory, including:
 - i. Continuing to fund operation costs for one existing centre in Darwin;
 - ii. Establishing one new Head to Health adult mental health satellite clinic, and
 - iii. Establishing and providing operational costs for one new Head to Health adult mental health satellite clinic.
 - b. Providing a service model and national support for implementation and operation of the Head to Health Kids Hubs.
 - c. Contributing funding to the Northern Territory Government to support perinatal mental health screening, and the provision of the iCOPE perinatal mental health screening platform and the development of a perinatal mental health minimum data set.
 - d. Maintaining and enhancing the Commonwealth's Intake, Assessment and Referral Tool and implementing in primary care and Commonwealth-funded mental health services.
13. Under this Schedule, the Northern Territory agrees to be responsible for:
 - a. Establishing and ongoing operation of the Head to Health Kids Hub in accordance with the service model and Head to Health Kids branding, and in close consultation with the Northern Territory PHN.
 - b. Undertaking routine perinatal mental health screening across public antenatal and postnatal care settings, enhancing the digital screening and data collection and contributing the data to a national perinatal mental health data set.
 - c. Adopting and implementing the Intake, Assessment and Referral Tool in Northern Territory mental health clinical services.
14. To support delivery of the initiatives identified in this Schedule, the Parties will jointly be responsible for:
 - a. Co-funding the ongoing operation of one Head to Health satellite to improve access to multidisciplinary adult mental health services and improve service integration.
 - b. Integration of adult mental health services.
 - c. Co-funding the establishment and ongoing operation of a Head to Health Kids Hub to improve access to multidisciplinary team care to children.
 - d. Co-funding, on a 50:50 basis, the enhancement of two existing headspace services to increase access to youth mental health services.
 - e. Integration of youth mental health services.
 - f. Enhancing digital capture of perinatal mental health screening data collected from public antenatal and postnatal care settings.
 - g. Establishing and operating an intake and assessment phone service that promotes seamless integration between all Northern Territory mental health services.
 - h. Continuing to support the development and implementation of the joint regional mental

health and suicide prevention plan between Northern Territory Health, Northern Territory PHN and the Aboriginal Medical Services Alliance Northern Territory (AMSANT) with a particular focus on supporting the mental health and social and emotional wellbeing of Aboriginal Northern Territorians.

- i. Co-funding universal aftercare services to support individuals following a suicide attempt and/or suicidal crisis.
- j. Co-funding, on a 50:50 basis, territory wide postvention services for people bereaved and impacted by suicide.
- k. Collecting and reporting data to support the objectives of this Schedule. Including:
 - i. Achieving comprehensive health data access, usage and sharing, whilst maintaining data security and preserving individual's privacy.
 - ii. Providing data access to support shared patient-clinician decision making, improved services delivery and system planning.
 - iii. Working together to better harness data, analytics and evidence, to drive meaningful improvements in the health system.
- l. Improve joint regional planning and commissioning for mental health and suicide prevention services, with appropriate governance, accountability and evaluation of Commonwealth, Territory and jointly planned and funded programs and services.

Objectives and outcomes

15. The Parties agree on their shared objective to work collaboratively together to implement systemic reforms that address gaps in the mental health and suicide prevention system, improve mental health outcomes for all people in the Northern Territory, prevent and reduce suicidal behaviour, and deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
16. As a priority in the first instance, the Parties agree to work together to address areas identified for immediate reform as informed by the Productivity Commission's final report into mental health, the National Suicide Prevention Adviser's final report and other inquiries.
17. This will be achieved by focusing efforts to:
 - a. reduce system fragmentation through improved integration between Commonwealth and territory-funded services;
 - b. address gaps in the system by ensuring community-based mental health and suicide prevention services, and in particular ambulatory services, are effective, accessible and affordable; and
 - c. prioritise further investment in prevention, early intervention and effective management of severe and enduring mental health conditions.

Implementation

18. The Parties agree that implementation of this Schedule will:
 - a. be informed by the lived experience of consumers and carers and will enable person-centred care that addresses the needs of diverse cohorts and regional and rural communities;
 - b. facilitate local level responses that take account of social determinants and their impact on mental health and wellbeing and risk of suicide, working cohesively with the broader health

- system; and
- c. ensure the particular needs of vulnerable population groups, including people in rural and remote locations, Aboriginal and Torres Strait Islander people, LGBTQI+ people and culturally and linguistically diverse communities are addressed and services delivered in a culturally appropriate manner.

Publication

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

Linkages with other Agreements

20. This Schedule builds on, and re-affirms, the roles and responsibilities as agreed through the National Health Reform Agreement Addendum 2020-25 (the NHRA), the clauses in this Schedule do not supersede those in the NHRA.
21. Where inconsistencies exist between the requirements of this Schedule and the NHRA, the requirements of the NHRA will prevail.
22. Where relevant to the roles and responsibilities of the Parties, this Schedule should be read together with the:
 - a. Fifth National Mental Health and Suicide Prevention Plan;
 - b. National Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Strategy;
 - c. National Safety and Quality Digital and Mental Health Standards;
 - d. National Mental Health Workforce Strategy;
 - e. National Mental Health Services Planning Framework;
 - f. National Children's Mental Health and Wellbeing Strategy;
 - g. Equally Well Consensus Statement;
 - h. National Mental Health Performance Framework 2020;
 - i. National Mental Health and Suicide Prevention Information Development Priorities, Third and future editions;
 - j. Intergovernmental Agreement on Data Sharing;
 - k. National Agreement on Closing the Gap;
 - l. Northern Territory Mental Health Strategic Plan 2019-2025;
 - m. Northern Territory Suicide Prevention Strategic Framework 2018-2023; and
 - n. *Mental Health and Related Services Act 1998 (NT)*.

Whole of Government

23. The Parties recognise that the enablers of mental health and suicide prevention system reform are beyond the influence of the health system alone and span all aspects of where people live, work, learn and socialise. The Parties commit to engaging with other portfolios where required to progress the initiatives and activities under this Schedule.

Governance

24. The Commonwealth Department of Health will be responsible for ongoing administration of this Schedule. Amendments to this Schedule must be agreed by all Parties in writing.

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

Financial Contributions

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

Data and Evaluation

Data

31. The Northern Territory will work with the Commonwealth and other states and territories (states) to develop a nationally consistent approach to data collection and data sharing, including data linkage, program evaluation, system evaluation and performance monitoring, including key performance indicators.
32. For each initiative in this Schedule, the Northern Territory and the Commonwealth will agree, within 6 months, the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use existing data collection and reporting processes. If required, the commissioning organisation will be responsible for modifying processes to collect the minimum requirements and facilitating data access for both the Northern Territory and the Commonwealth in a timely manner (at least quarterly). Data collection and reporting processes will transition to nationally agreed approaches as part of the National Agreement.

Evaluation

33. The Commonwealth and the Northern Territory will ensure funders and commissioners require programs and services funded through this Schedule are evaluated. These evaluations will be conducted in accordance with the National Agreement.

Initiatives for Collaboration

34. The Parties agree on their shared objective to work collaboratively together to implement systemic reforms that:
 - a. address gaps in the mental health and suicide prevention system
 - b. improve mental health outcomes for all people in the Northern Territory

- c. prevent and reduce suicidal behaviour, and
 - d. deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
35. As a priority in the first instance, the Parties agree to work together on key initiatives as described below.

Adult Mental Health Centre and Satellite Network (Head to Health)

36. The Commonwealth and the Northern Territory agree to work collaboratively with the shared objective to address gaps in the mental health and suicide prevention system and provide more integrated, seamless mental health care for adults and older adults.
37. The Commonwealth agrees to:
- a. Fully fund the operating costs for one existing Head to Health Centre in Darwin.
 - b. Fully fund the establishment costs for one new satellite clinic in the Northern Territory.
 - c. Fully fund the establishment and operational costs for one new satellite clinic in the Northern Territory to be established in 2021-22 and operational in 2022-23.
38. The Commonwealth and the Northern Territory agree to:
- a. Co-fund, on a 50:50 basis, the operation of one new satellite clinic, to be established in 2023-24 and operational in 2024-25.
 - b. Work together to determine the location of the new satellite clinic.

Investing in Child Mental Health and Social and Emotional Wellbeing

39. The Commonwealth and the Northern Territory agree to:
- a. co-fund the establishment and ongoing operation of one Head to Health Kids Hub in the Northern Territory to commence establishment in 2023-24 and be operational in 2024-25.
 - b. Work collaboratively to continue to improve access to multidisciplinary team care to children.
 - c. Work together to flexibly implement a model that integrates with existing services.

Enhancement and Integration of Youth Mental Health Services

40. The Commonwealth and the Northern Territory agree to:
- a. co-fund, on a 50:50 basis, the enhancement of two existing headspace sites to increase access to youth mental health services.
 - b. work collaboratively to identify an approach to improving access to multidisciplinary youth mental health services in the Northern Territory that ensures integration with existing services and without causing increased fragmentation.

Universal Aftercare Services

41. The Commonwealth and the Northern Territory agree to the objective of achieving universal aftercare services to support individuals following a suicide attempt and / or suicidal crisis.
42. The Commonwealth and the Northern Territory agree to:
- a. Continue the existing service (Way Back Support Service) to 30 June 2023.
 - b. Work together to transition the existing service (Way Back Support Service) to this Schedule by 1 July 2023.
 - c. Co-fund universal aftercare services, including Indigenous specific services, to support individuals following a suicide attempt and / or suicidal crisis via a two-part approach:

- i. Part 1: Implement 3 services to support those who have been discharged from hospital following a suicide attempt (Aftercare Services program), to commence in 2023-24; and
 - ii. Part 2: Implement a pilot to expand referral and entry pathways to aftercare service from other health settings to capture those who have experienced a suicidal crisis without being admitted to hospital (Aftercare Pilot program).
- d. Develop and agree to an aftercare model of service to be delivered in Northern Territory, including an Indigenous-specific Aftercare model.
 - i. The Indigenous-specific model will be developed and implemented in collaboration with the Commonwealth's national Indigenous Aftercare service provider to ensure broad coverage and to minimise duplication.
- e. Provide funding identified in this Schedule from the Commonwealth and the Northern Territory to the Northern Territory PHN directly to commission the services or undertake a co-commissioning approach with the Northern Territory Government.

Postvention Support

- 43. The Commonwealth and the Northern Territory agree to:
 - a. Co-fund the StandBy Support After Suicide Program to ensure all people in the Northern Territory can access its services for those bereaved or impacted by suicide.
 - b. Provide postvention support in accordance with the StandBy Support After Suicide Program.

Perinatal Mental Health Screening

- 44. The Commonwealth and the Northern Territory agree to work collaboratively to build on existing infrastructure to enhance digital capture and reporting of perinatal mental health screening data from public antenatal and postnatal care settings in the Northern Territory.
- 45. The Northern Territory agrees to work towards providing nationally consistent perinatal mental health data to the Australian Institute of Health and Welfare within the first 12 months of this Schedule.
- 46. The Northern Territory agrees to identify and address gaps in screening.

National Phone/Digital Intake Service

- 47. The Commonwealth and the Northern Territory will work collaboratively to implement a consistent, territory-wide intake and assessment phone service that integrates with existing systems. The service will be staffed by therapeutic professionals who will offer compassionate and consistent triage warm referrals to the most appropriate local services.
- 48. The Northern Territory agrees to support referral pathways between territory services and Commonwealth services, including the Head to Health Centre and satellite.

Initial Assessment and Referral

- 49. The Northern Territory agrees to adopt and support the use of the Intake, Assessment and Referral (IAR) tool to support consistent intake, referral and integration across all Territory-funded services and clinical services.
- 50. The Commonwealth agrees to maintain the current IAR tool and implement the IAR in general practice and Commonwealth-funded mental health care services.

Workforce

- 51. The Commonwealth and the Northern Territory agree to work collaboratively to:
 - a. Support alignment with the soon-to-be finalised National Medical Workforce Strategy and

similar measures already funded by the Commonwealth.

- b. Ensure students and graduates receive a mix of rotations between the acute and community/primary care settings, and to ensure they are appropriately supervised throughout training and placements.
- c. Promote mental health careers as an attractive career option.
- d. Support a national approach to attracting an overseas workforce with consideration given to broader health workforce needs.
- e. Build structures and supports for Lived Experience workforce.

Regional Planning and Commissioning

- 52. The Parties acknowledge the importance of regional planning to identify the specific mental health and suicide prevention and support needs of local communities, particularly in rural and regional areas.
- 53. The Northern Territory agrees to continue to support and encourage the development and implementation of a joint regional mental health and suicide plan between Northern Territory Health, Northern Territory PHN and the Aboriginal Medical Services Alliance Northern Territory (AMSANT) and other key community and service provider stakeholders. This includes commissioning local services and undertaking activities in accordance with this plan.

Performance and Reporting Requirements

- 54. Performance and reporting requirements are outlined in Annex B.

Annex A: Financial contributions

The Commonwealth will provide an estimated financial contribution of \$30.65m in respect of this Schedule, as outlined in Table 1.

The Northern Territory will provide an estimated financial contribution of \$13.25m as outlined in Table 1, and in-kind support in respect of this Schedule.

The Parties will ensure the collection, sharing and reporting of service activity data for all initiatives in this agreement, and ensuring all initiatives are evaluated.

Detailed financial contributions are outlined in Table 2.

Table 1: Summary of Financial Contributions

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Estimated total budget	1,045,000	5,522,049	7,686,213	14,999,414	14,647,638	43,900,314
Commonwealth total contribution	1,045,000	3,788,337	4,971,978	10,523,208	10,319,120	30,647,643
Estimated payments to Northern Territory	875,000	1,045,148	352,089	352,089	-	2,624,327
Other Commonwealth payments	170,000	2,743,188	4,619,889	10,171,119	10,319,120	28,023,316
Northern Territory total contribution	-	1,733,713	2,714,235	4,476,206	4,328,517	13,252,671

Notes:

- Other Commonwealth payments include payments to the Primary Health Network to commission services in support of services and activities funded under this Schedule.
- In line with the provisions Addendum to the National Health Reform Agreement 2020-2025, the Commonwealth will not fund patient services through the NHRA if the same service, or any part of the same service, is funded through this Schedule or any other Commonwealth program.
- As the figures are rounded, there may be some discrepancies with the total figures provided.

Table 2: Detailed Financial Contributions

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Commonwealth contribution	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Commonwealth payments to Northern Territory	875,000	1,045,148	352,089	352,089	-	2,624,327
Perinatal mental health screening						
Universal perinatal mental health screening	-	170,148	352,089	352,089	-	874,327
National perinatal mental health check initiative	875,000	875,000	-	-	-	1,750,000
Other Commonwealth payments	170,000	2,743,188	4,619,889	10,171,119	10,319,120	28,023,316
Aftercare services for people discharged from hospital after a suicide attempt						
Additional aftercare services	-	758,863	1,658,210	1,541,916	1,576,104	5,535,093
Outside hospital trial	-	127,735	82,162	83,304	-	293,201
Postvention	-	219,029	218,999	218,999	-	657,028
Adult mental health centre and satellite network						
Adult mental health satellite clinics (co-funded)	-	-	170,000	548,828	556,517	1,275,345
Adult mental health centres (Commonwealth only funded)	-	-	-	4,143,415	4,201,465	8,344,880
Adult mental health satellite clinics (Commonwealth only funded)	170,000	1,067,561	1,082,517	1,097,656	1,113,035	4,530,769
Enhancement of youth mental health services - boosting clinical capacity at existing sites	-	570,000	510,000	740,000	1,050,000	2,870,000
Investing in child mental health and social and emotional wellbeing	-	-	898,000	1,797,000	1,822,000	4,517,000
Commonwealth total contribution	1,045,000	3,788,337	4,971,978	10,523,208	10,319,120	30,647,643

Northern Territory contribution

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Northern Territory financial commitments	-	1,733,713	2,714,235	4,476,206	4,328,517	13,252,671
Perinatal mental health screening	-	170,148	85,074	85,074	-	340,297
Aftercare services for people discharged from hospital after a suicide attempt						
Additional aftercare services	-	646,800	750,000	900,000	900,000	3,196,800
Outside hospital trial	-	127,735	82,162	83,304	-	293,201
Postvention	-	219,029	218,999	218,999	-	657,028
Adult mental health centre and satellite network						
Adult mental health satellite clinics (co-funded)	-	-	170,000	548,828	556,517	1,275,345
Adult mental health centres (Commonwealth only funded)	-	-	-	-	-	-
Enhancement of youth mental health services - boosting clinical capacity at existing sites	-	570,000	510,000	740,000	1,050,000	2,870,000
Investing in child mental health and social and emotional wellbeing	-	-	898,000	1,900,000	1,822,000	4,620,000
Northern Territory total in-kind contribution	-	-	-	-	-	-
Northern Territory total contribution	-	1,733,713	2,714,235	4,476,206	4,328,517	13,252,671

Annex B: Reporting requirements and payments

Table 3: Reporting requirements, due dates and payment summary

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Joint Commonwealth-Territory Implementation plan	<p>Joint Commonwealth-Territory Implementation plan including key deliverables, proposed service models and timeframes that align with needs analysis, service and workforce mapping and planning in the joint regional plans for the following initiatives:</p> <ul style="list-style-type: none"> • Adult Mental Health Centre and Satellite Network • Child mental health and social and emotional wellbeing hubs • Enhancement and Integration of youth mental health services • Aftercare services for people after a suicide attempt • Postvention Support • Perinatal mental health screening 	Four months from the date of execution of this schedule	\$875,000 (Perinatal initiative)
Agreed Minimum Data Specifications	For each initiative in this bilateral Schedule, the Northern Territory and the Commonwealth will agree the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes.	Six months from the date of execution of this schedule	Nil
Joint Regional Plan	The Northern Territory and the Commonwealth to develop a joint regional plan within the first 2 years of this schedule, with further details to be provided by the Commonwealth on planning and reporting requirements.	Within two years from the date of execution of this schedule	Nil
Annual performance report	<p>Performance report against the Joint Commonwealth-Territory Implementation Plan and key deliverables for the period from execution of this Schedule to 30/06/2022.</p> <p>Refer to Table 4 for detail of the requirements.</p>	31/08/2022	\$1,045,148 (Perinatal initiative)
Data for Perinatal mental health screening	Nationally consistent perinatal mental health data provided to the Australian Institute of Health and Welfare or evidence that working toward data provision).	Within 12 months of execution of this Schedule	Nil

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Annual performance report	Performance report against the Joint Commonwealth-Territory Implementation Plan and key deliverables for the period from 01/07/2022 to 30/06/2023. Refer to Table 4 for detail of the requirements.	31/08/2023	\$352,089 (Perinatal initiative)
Annual performance report	Performance report against the Joint Commonwealth-Territory Implementation Plan and key deliverables for the period from 01/07/2023 to 30/06/2024. Refer to Table 4 for detail of the requirements.	31/08/2024	\$352,089 (Perinatal initiative)
Annual performance report	Performance report against the Joint Commonwealth-Territory Implementation Plan and key deliverables for the period from 01/07/2024 to 30/06/2025. Refer to Table 4 for detail of the requirements.	31/08/2025	Nil
Annual performance report	Performance report against the Joint Commonwealth-Territory Implementation Plan and key deliverables for the period from 01/07/2025 to 30/06/2026. Refer to Table 4 for detail of the requirements.	31/08/2026	Nil
Final report	Final report for the period from execution of this Schedule to 30/06/2026, for: <ul style="list-style-type: none"> • Adult Mental Health Centre and Satellite Network (Head to Health) • Child mental health and social and emotional wellbeing hubs • Enhancement and Integration of youth mental health services • Aftercare services for people after a suicide attempt • Postvention Support • Perinatal mental health screening • Initial Assessment and Referral tool • Collaboration, implementation and governance in line with joint regional mental health and suicide prevention plan Refer to Table 5 for detail of the requirements.	31/08/2026	Nil

Table 4: Joint performance reporting requirements

<p>Commissioning leads for each initiative, in collaboration with relevant organisations, will be responsible for preparing one report to address the requirements outlined below for each initiative. The report will be provided to both Parties. Initiative</p>	<p>Requirements</p>
<p>Adult Mental Health Centre and Satellite Network (Head to Health)</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan. Performance reports against Key Performance Indicators developed through the National Agreement, and including: <ul style="list-style-type: none"> ○ growth in service volume, ○ 100% of clients at risk of suicide followed up within 7 days, ○ proportion of services delivered to the Aboriginal and Torres Strait Islander population that were culturally appropriate; and ○ 70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT within a month of the evaluation’s completion.
<p>Investing in Child Mental Health and Social and Emotional Wellbeing</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan. Performance reports against Key Performance Indicators developed through the National Agreement, and including: <ul style="list-style-type: none"> ○ growth in service volume, ○ 100% of clients at risk of suicide followed up within 7 days, ○ proportion of services delivered to the Aboriginal and Torres Strait Islander population that were culturally appropriate; and ○ 70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT within a month of the evaluation’s completion.
<p>Enhancement and Integration of headspace services</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan. • Regular engagement to monitor implementation. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT within a month of the evaluation’s completion.
<p>Aftercare services for people after a suicide attempt</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan. • Evaluation plan. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT within a month of the evaluation’s completion.
<p>Joint regional mental health and suicide prevention plan</p>	<ul style="list-style-type: none"> • Performance report on support and engagement provided to the joint regional planning processes by Northern Territory Health and Northern Territory PHN.
<p>Postvention Support</p>	<ul style="list-style-type: none"> • Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT within a month of the evaluation’s completion.

Commissioning leads for each initiative, in collaboration with relevant organisations, will be responsible for preparing one report to address the requirements outlined below for each initiative. The report will be provided to both Parties. Initiative	Requirements
Perinatal mental health screening	<ul style="list-style-type: none"> • Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Territory Implementation Plan and provision of perinatal mental health data to the Australian Institute of Health and Welfare. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT within a month of the evaluation's completion.
Initial Assessment and Referral tool	<ul style="list-style-type: none"> • Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth Territory Implementation Plan.

Table 5: Final Report requirements

Initiative	Requirements
Adult Mental Health Centre and Satellite Network (Head to Health)	<ul style="list-style-type: none"> • Confirmation of total expenditure • Assessment of integration approach, including referral in and out of Head to Health • Assessment of outcomes at start and end of episode • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT by the end of this Schedule.
Investing in Child Mental Health and Social and Emotional Wellbeing	<ul style="list-style-type: none"> • Confirmation of total expenditure • Assessment of integration approach, including referral in and out of Head to Health Kids • Assessment of outcomes at start and end of episode • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT by the end of this Schedule.
Enhancement and Integration of youth mental health services	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Assessment of integration approach • Identification of ongoing activities to maintain integration of services • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT by the end of this Schedule.
Aftercare services for people after a suicide attempt	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT by the end of this Schedule.
Joint regional mental health and suicide prevention plan	<ul style="list-style-type: none"> • Ongoing collaboration, implementation and governance in line with comprehensive joint regional mental health and suicide prevention plan, with identified priorities and actions. • Identified priorities and actions should inform further reform and planning processes.

Initiative	Requirements
Postvention Support	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT by the end of this Schedule.
Perinatal mental health screening	<ul style="list-style-type: none"> • Progress of implementation against jointly developed plan, including national reporting of perinatal mental health data to the AIHW. • Assessment of initiative outcomes. • Confirmation of total expenditure. • Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NT by the end of this Schedule.
Initial Assessment and Referral tool	<ul style="list-style-type: none"> • Report on any remaining Territory-funded services and clinical services that has not adopted the Initial Assessment and Referral tool.

Table 6: Number of proposed sites for initiatives^

<u>Initiative</u>	<u>Funding</u>	-	<u>Number of sites</u>					
			<u>2021-22</u>	<u>2022-23</u>	<u>2023-24</u>	<u>2024-25</u>	<u>2025-26</u>	<u>Total</u>
Adult Mental Health Centres	Commonwealth only funded	Established	0	0	0	0	0	0
		Operational	1	1	1	1	1	1
Adult Mental Health Satellite Clinics	Co-funded	Established	0	0	1	0	0	1
		Operational	0	0	0	1	1	1
	Commonwealth only funded	Established	1	0	0	0	0	1
		Operational	0	1	1	1	1	1
Head to Health Kids Hubs	Co-funded	Established	0	0	1	0	0	1
		Operational	0	0	0	1	1	1
Enhancement and Integration of Youth Mental Health Services	Co-funded	Boosting clinical capacity at existing sites	0	1	2	2	2	2
Aftercare	Co-funded	Additional services operational	1*	1	3	3	3	3
	Co-funded	Outside hospital trial operational	0	2	2	2	-	2
Postvention	Co-funded	Operational service regions	1	1	1	1	-	1

^Please note that established sites are recorded as individual counts in the year they are established, whereas operational or existing sites are recorded as a cumulative total.

*Note there is one existing Way Back sites funded separately to this Agreement in 2021-22 and 2022-23. This service will transition to be one of three established under the Universal Aftercare initiative in this Agreement.

The Parties have confirmed their commitment to this schedule as follows:

**Signed for and on behalf of the
Commonwealth of Australia by**



The Honourable Greg Hunt MP
Minister for Health and Aged Care
8 March 2022

**Signed for and on behalf of the
Northern Territory by**



The Honourable Natasha Fyles MLA
Minister for Health
[Day] [Month] [Year]
18 MARCH 2022