

Aboriginal Medical Services Alliance Northern Territory

AMSANT

**The Northern Territory Aboriginal
Mental Health and Social and
Emotional Wellbeing COVID-19
Response Plan**



7 August 2020
Version 1



Acknowledgement of Country

We acknowledge the Traditional Owners of the country on which we work and live and recognise their continuing connection to land, waters and community.

We pay our respect to Elders past, present and future and to their cultures.

Document Version Control:

Version	Description	Author	Date
0.1	Initial working draft for discussion with AMSANT Board and ACCHS managers	AMSANT	28.05.20
0.2	Incorporated feedback from Anyiginyi	AMSANT	09.06.20
0.3	Incorporated feedback from SEWB Managers and AMSANT Board	AMSANT	24.06.20
0.4	Inclusion of draft Implementation priorities	AMSANT	29.06.20
0.5	Alignment with AMSANT's Remote Workforce COVID-19 Plan	AMSANT	05.07.20
1.0	Final Version for distribution	AMSANT	07.07.20



Table of Contents

Key messages	4
1 Introduction	5
1.1 Background.....	5
1.2 Alignment with other plans and strategies.....	6
1.3 Purpose	7
1.4 Objectives	7
1.5 Scope of Plan	8
1.6 Evaluation of Plan and Plan components	8
1.7 Principles underpinning the Plan.....	8
Principles specific to Aboriginal MH and SEWB context	9
2 COVID-19 Context	9
2.1 NT Aboriginal MH and SEWB sector	9
3 Governance arrangements	10
4 Strategies for supporting Aboriginal capacity in MH & SEWB Preparedness, Response and Recovery during the COVID-19 Pandemic.....	11
5 NT Aboriginal MH & SEWB Plan: Implementation priorities.....	17

KEY MESSAGES



The COVID-19 pandemic has caused a huge disruption to how society operates. We know that the pandemic will have short and long-term effects on mental health and social and emotional wellbeing (MH & SEWB)

AMSANT, in collaboration with Aboriginal member services, have identified ways for NT Aboriginal communities to plan, prepare and recover from the COVID-19 pandemic.

We call for action on:



Local, Aboriginal health service- led approaches to strengthening and maintaining MH & SEWB, incorporating appropriate cultural and healing practices

Aboriginal health services managing and responding to prevalent and incident alcohol and other drug use, and domestic and family violence



Continued healthcare provision and management by Aboriginal health services, for existing mental illness and responsiveness to new or acute mental illness and suicidality

Capacity strengthening within Aboriginal health service MH & SEWB teams, prioritising and upskilling local workforce, with funding to support and grow



Equitable needs-based funding to address historical shortfalls, and current and emerging needs for Aboriginal health services

1 Introduction

1.1 Background

This COVID-19 Aboriginal Mental Health and Social and Emotional Wellbeing Response Plan (MH & SEWB Plan) has been developed to assist Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory (NT) to plan for the mental health and SEWB needs of Aboriginal communities during and after the Coronavirus (COVID-19) pandemic.

The Plan has been developed with the assistance of SEWB managers from ACCHSs across the NT, and reflects the changing landscape of the pandemic including broader Federal, Territory and local policy responses. The Plan also attempts to capture existing collaborative initiatives, and gains and increased scope for community-controlled MH & SEWB service provision owing to restrictions on inter-community travel and tourism. This Plan also details ongoing gaps faced by ACCHS sector in ensuring equitable funding and resources.

Strong Aboriginal leadership, and the swift and influential efforts of Aboriginal and Torres Strait Islander health organizations have been exemplary: to date, COVID-19 has not devastated Aboriginal communities as first feared. So, we are now at a stage of planning and preparing for MH and SEWB recovery, beyond this early stage of the COVID-19 pandemic.

This Response Plan takes into account both the immediate and long-term effects of the pandemic on MH and SEWB (as depicted in Figure 1). Evidence from previous large natural disasters and pandemics describe significant increases in anxiety, depression, posttraumatic stress disorders or syndromes, as well as substance abuse among those directly and indirectly affected. People with pre-existing mental illness may be at higher risk of acute events and worsening symptom presentation. Therefore, responding effectively to these significant risks will require that services and communities prepare for increased and expanded demand for MH and SEWB support.

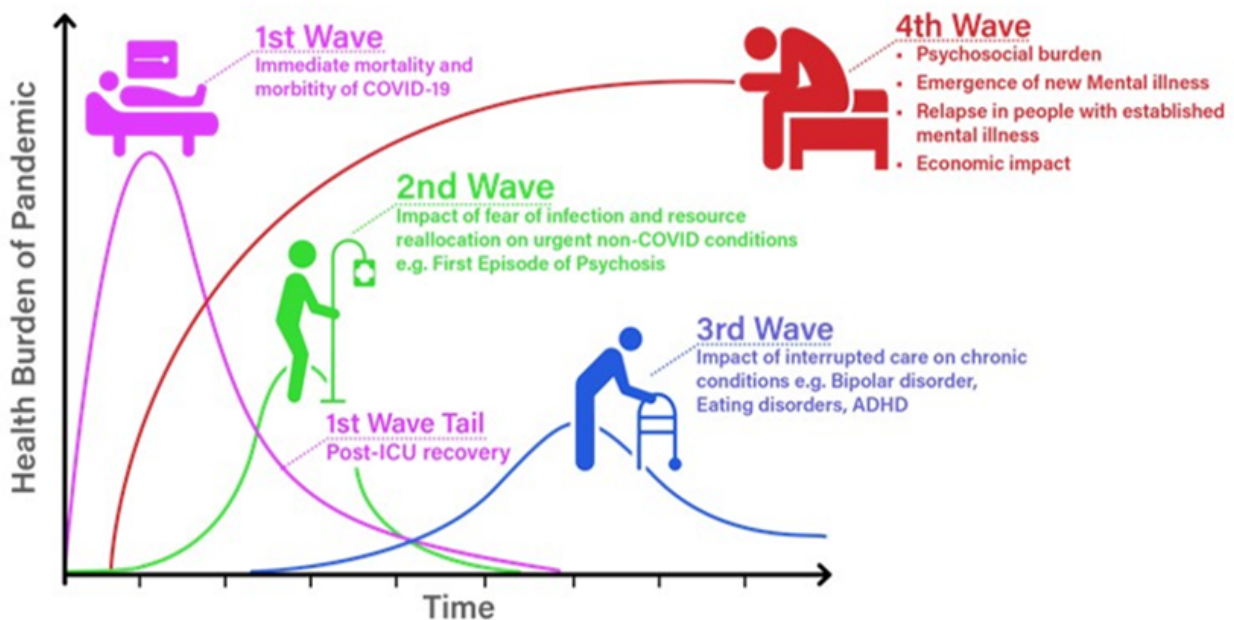


Figure 1: COVID-19 Impact timeline, with MH and SEWB priorities (image adapted from Medecins Sans Frontiers by Dr Victor Tseng)

So we are planning for the medium and long term beyond the crisis, in an effort to minimise vulnerabilities and maximise strengths and resilience factors among NT Aboriginal communities. This is especially vital in the event of second waves or subsequent outbreaks. The key points in this Plan speak to the groundwork needed to keep our communities safe, not only from the risks of the current pandemic but also in preparation for any future health or other crises that may impact on our communities.

We know that Aboriginal communities and the organisations that serve them are best positioned to identify both the causes of mental illness and the best ways to strengthen and promote good MH and SEWB. To this, we recognise the limitations to Western models of MH & SEWB, and look to an Aboriginal-specific response to reconnect and reaffirm the importance of traditional healing and cultural practices for our communities. Therefore, we advocate for contextual responses to the COVID-19 pandemic, where local Aboriginal organisations are empowered to take the lead in the development of culturally-secure and effective health-promoting strategies, within their communities.

1.2 Alignment with other plans and strategies

This Plan aligns with and incorporates related elements of the Australian and NT government as well as key stakeholders within the MH and SEWB sector. It is consistent with the *National COVID-19 Pandemic Issues Paper on Mental Health and Wellbeing for Aboriginal and Torres Strait Islander Peoples*, and other available evidence, informed by concepts, context and the needs of AMSANT staff and member services, including:

Plan/Strategy	Publisher	URL
National COVID-19 Pandemic Issues Paper on Mental Health and Wellbeing for Aboriginal and Torres Strait Islander Peoples	The University of Western Australia Poche Centre for Indigenous Health	https://www.cbpatisp.com.au/wp-content/uploads/2020/06/COVID-19-Mental-Health-Response-Final.pdf
Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19): Management Plan for Aboriginal and Torres Strait Islander Populations	Australian Government Department of Health	https://www.health.gov.au/resources/publications/management-plan-for-aboriginal-and-torres-strait-islander-populations
National Mental Health and Wellbeing Pandemic Response Plan	Australian Government Department of Health	https://www.health.gov.au/news/national-mental-health-and-wellbeing-pandemic-response-plan
A Roadmap to Recovery – A Report for the Nation: Group of Eight Universities	Group of Eight Universities	https://go8.edu.au/wp-content/uploads/2020/05/Go8-Road-to-Recovery.pdf
National Strategic Framework for Aboriginal and Torres Strait Islanders Peoples’ Mental Health and Social and Emotional Wellbeing 2017-2023	National Indigenous Australians Agency	https://www.niaa.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23#:~:text=Wellbeing%202017%2D2023-,National%20Strategic%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Peoples,and%20Emotional%20Wellbeing%202017%2D2023&text=It%20sets%20out

		%20a%20comprehensive,specific%20and%20mainstream%20health%20services.
Gayaa Dhuwi (Proud Spirit) Declaration	Gayaa Dhuwi (Proud Spirit) Australia Aboriginal and Torres Strait Islander (Indigenous) social and emotional wellbeing, mental health and suicide prevention national leadership body	https://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf
Northern Territory Mental Health Strategic Plan 2019-2025	Northern Territory Department of Health	https://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/7737/3/NT%20Mental%20health%20strategic%20Plan%202019_2025.pdf

We wish to emphasise that whilst there are commonalities and strong alignment to other fundamental plans and strategies, the content and context of this plan is specific to Aboriginal communities and ACCHSs within the NT. We will also align this plan with the forthcoming *NT Mental Health and Suicide Prevention Foundation Plan*, a collaborative initiative from NT PHN, NT Department of Health and AMSANT (currently in development).

1.3 Purpose

The purpose of the NT Aboriginal MH and SEWB Response Plan is to build an aligned response detailing needs and approaches best suited to support mental health and social and emotional wellbeing within NT Aboriginal communities and organisations, during and after the COVID-19 crisis.

We aim to present a collective and unified approach- appropriate to Community, led by Community- to ensure community decision-making and self-determination is respected and supported - working with advocacy from AMSANT.

1.4 Objectives

The main aim of the NT MH and SEWB Response Plan are to prevent and manage a potential ‘generational mental health crisis’ due to COVID-19 among NT Aboriginal communities. The objectives are to:

- Provide a framework/guide to support planning for essential continued provision of MH and SEWB support.
- Establish clear MH and SEWB-related NT ACCHO sector COVID-19 governance arrangements to support effective decision-making and lines of communication between AMSANT, ACCHSs and other key stakeholders.
- Enable ACCHSs to respond quickly and innovatively to MH and SEWB needs as the COVID-19 pandemic unfolds.
- Capitalize on unique opportunities such as increases in homeland living, National Parks closures to tourists, etc. to allow for greater connection to Country and appropriate cultural and community practices (mindful of certain activities and travel within and between discrete communities)

1.5 Scope of Plan

This Plan focuses specifically on MH and SEWB support for both Aboriginal communities and organisations across the NT and the mainstream organisations and government agencies and departments that serve them (coordinating with Department of Health [DOH], NT Primary Health Network [NTPHN], Territory Families, NACCHO, Top End Mental Health Services [TEMS], among others). We hope it offers a potential avenue for increased coordination between Public Health and MH and SEWB.

We use the term MH and SEWB to reflect the many different disciplines, including, but not limited to, Aboriginal health practitioners (including traditional healers), mental health nurses, psychologists, psychiatrists and other allied health workers who make up the bulk of the workforce.

1.6 Evaluation of Plan and Plan components

This Plan represents a *living document* where there are opportunities to work iteratively as the broader pandemic situation changes. It will be critical to review planning and implementation of the NT MH and SEWB Response Plan. We advocate for broader, Aboriginal-led research on both immediate and longitudinal MH and SEWB effects of COVID-19, as well as appropriate evaluation of programs and processes within the Plan.

1.7 Principles underpinning the Plan

The following key principles underpin the strategies contained in this Plan. The principles are adapted from the advice and guidance of the Communicable Diseases Network Australia for responding to COVID-19.



Shared decision-making and governance

Our response to COVID-19 will be collaborative across every stage to ensure local community leaders are central to the response, and that Aboriginal and Torres Strait Islander people can contribute and participate fully in shared-decision making with their informed consent.



Culturally responsive trauma informed care

Our strategies will consider the safety and well-being of individuals, families and communities while acknowledging the centrality of culture, and addressing racism, intergenerational trauma and other social, cultural and structural determinants of health.



Appropriate communication

Our messaging about COVID-19 across all stages will be strengths-based and encompass Aboriginal ways of living, including family-centred approaches.



Community control

Our response to COVID-19 will utilise the strength of the ACCHO sector and peak body network to deliver a response that provides culturally safe care, supported by effective and respectful engagement, communication and governance.



Efficient, flexible and responsive models of care

Our response to COVID-19 will include use of flexible MH & SEWB service



Isolation and quarantine

We will work with families to help them understand the importance and impact of quarantine, and ways to manage periods

delivery and care models to ensure the most effective, resourceful and timely care can be delivered.

of quarantine so that they feel empowered and part of the decision-making process.

Principles specific to Aboriginal MH and SEWB context

The following key principles of Aboriginal SEWB also underpin the strategies contained in this Plan. The principles are from the National Strategic Framework for Aboriginal and Torres Straits Islander People's Mental Health and Social and Emotional Well Being 2004-09¹.

Guiding Principles
That Underpin
Aboriginal SEWB

- Health as holistic
- The right to self determination
- The need for cultural understanding
- The impact of history and loss
- Recognition of Aboriginal strengths
- Recognition of cultural diversity
- Recognition of the centrality of kinship
- The impact of racism and stigma
- Recognition of human rights

2 COVID-19 Context

2.1 NT Aboriginal MH and SEWB sector

The COVID-19 pandemic has caused unprecedented, uncertain and rapid changes to society. As the COVID-19 pandemic evolves, it is critical that the Aboriginal communities of the NT, and the Aboriginal organizations that serve them, are not forgotten.

For this reason we have developed this place, so that as rapid measures are introduced, remote ACCHSs are clear about what they need to do to mobilize and support their communities. There needs to be a plan not only to help our communities manage the current pandemic, but any pandemic or natural disaster that may present in the future. We can anticipate what will need to happen in the months and years after the pandemic response, to support Aboriginal organisations and communities move from a *risk* environment to one focused on *recovery*.

¹ Social Health Reference Group. National Strategic Framework for Aboriginal and Torres Straits Islander People's Mental Health and Social and Emotional Well Being 2004-09. National Aboriginal and Torres Straits Islander Health Council and National Mental Health Working Group. 2004. Canberra: Department of Health and Ageing.

3 Governance arrangements

The following diagram depicts the governance arrangements in place to oversee the management of COVID-19 response efforts.

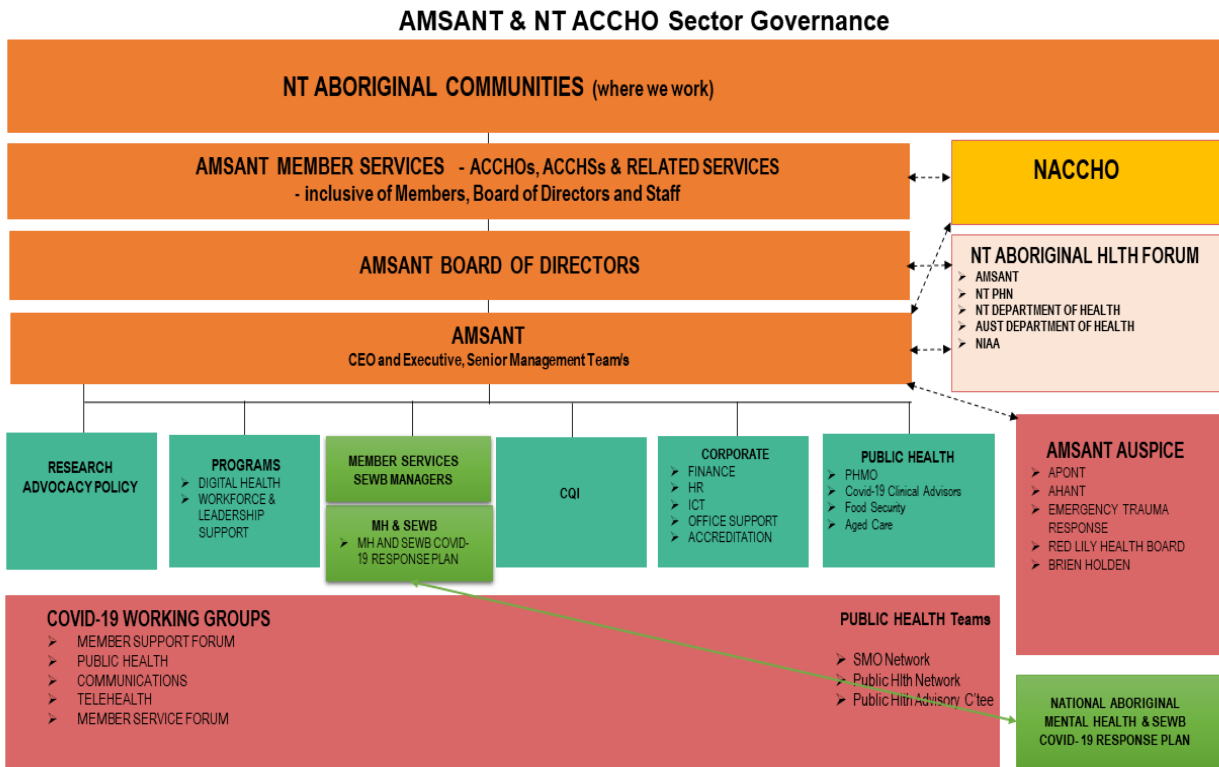


Figure 2: Aboriginal MH & SEWB Response Plan Governance

4 Communication and engagement

The NT ACCHS sector will maintain clear engagement and communication protocols to support effective implementation of the Plan while being respectful of local management arrangements in delivery of health services in any pandemic environment.

Communication and engagement protocols to support effective implementation of this plan align with the AMSANT COVID-19 Communication Strategy. While workforce specific engagement and communication channels may have particular stakeholders listed based on relevance and key strategies, the protocols of engagement and communication should always be under the pretext of, and remain consistent with, the COVID-19 Communication Strategy.

Any and all decisions that impact on the implementation of this Plan remains with each AMSANT member.

5 Strategies for supporting Aboriginal capacity in MH & SEWB Preparedness, Response and Recovery during the COVID-19 Pandemic

In line with Australia’s strategic approach to emergency management, the following tables incorporate detail of strategies designed for the NT MH and SEWB context.

Broadly, the strategies involve:

Local, ACCHS- led approaches to strengthening and maintaining MH and SEWB, incorporating appropriate cultural and healing practices			
ACCHS managing and responding to prevalent and incident alcohol and other drug use, and domestic and family violence	Mental health services: continued healthcare provision and management of existing illness, and responsiveness to new or acute mental illness and suicidality by ACCHS	Capacity strengthening within ACCHS MH & SEWB teams, prioritising and upskilling local workforce, with funding to support and grow	Equitable needs-based funding to address historical shortfalls, and current and emerging needs for ACCHS

Of course there are many instances where the supports needed to address these issues overlap and intersect.

This Plan is accompanied by **Implementation priorities** that outline specific actions, and articulates long-term goals beyond the immediate COVID management period. The Implementation of this Plan will focus on Aboriginal self-determination measures; promote ACCHS sector leadership across the priorities as outlined above; and seek to increase accountability from funding bodies and Government.

OVERARCHING STRATEGIES

PRIORITY LEAD/STATUS

I M L

#

Community first:

- | | | |
|----|--|-------|
| 1 | Local translation of federal responses and plans, prioritising community involvement instead of 'top-down' or punitive responses | ● — ● |
| 2 | Inclusion of community representatives, Elders, and members on local authorities as advocates and community liaison, as an opportunity to promote connection. This is to enable community-specific consultation, within a safe space, in collaboration with clinic | ● — ● |
| 3 | Essential infrastructure on Outstations need to be maintained in workable order, in case of mass return to outstation or homeland living in the event of a second wave, and within remote communities to support incoming or surge workforce | ● — ● |
| 4 | Educate all staff and raise community awareness of COVID-19 prevention strategies including communicating the latest evidenced information, messaging in language and methods relevant to cultural and professional groups | ● — ● |
| 5 | Coordinated and sustained public health messaging on the risks associated with COVID-19 and actions that can be taken to maintain mental health and wellbeing, including via radio, Aboriginal Health TV and social media | ● — ● |
| 6 | Transparency in information and responsibility, and better collaboration and coordination:
Transparency and visibility from NTG, TEMS, NIAA and other bodies and funders regarding governance expectations and funding agreements | ● — ● |
| 7 | Expand the definition of Essential Service Worker to ensure it includes Mental Health and Social and Emotional Wellbeing workers and negotiate the fast tracking of Essential Worker Permits | ● — ● |
| 8 | Recognition of 'service creep' (e.g. ACCHSs currently undertaking statutory work beyond health service provision) and advocate for matched or increased resources and allocation of staff | ● — ● |
| 9 | Communication and accountability from Government:
Consistency in messaging to match actions regarding infrastructure, restricted movements, quarantine requirements, and road closures | ● — ● |
| 10 | Roles of Australian Federal Police and Army personnel defined and communicated to communities. | ● — ● |

Regional and sector collaboration:

- 11 Design and implementation of site-specific plans to allow for specificity and community control of response in contingency planning, making allowance for a potential outbreak spike COVID-19 Local Emergency Committees were set up in Darwin and Alice Springs with Tennant Creek under the Alice Springs committee. Anyinginyi strongly recommends the Tennant Creek and Barkly Region be a stand-alone Local Emergency Committee for future emergencies.

Funding:

- 13 Rapid release funding to expand community-led, responsive SEWB/MH programs and address complex mental health needs
- 14 Flexible funding arrangements/modified service agreements for both fundamental systems and specialised recovery programs
- 15 Targeted funding for telehealth expansion for ACCHS for mental health and SEWB services: hardware, infrastructure and future incurred costs (including training)

PREPAREDNESS STRATEGIES

PRIORITY LEAD/STATUS

I M L

- | | | |
|----|--|-----|
| 16 | Focus on building workable and responsive interface between NTG, sector and communities, with clarity and flexibility for clinical protocols e.g. return to Community protocols | ●—● |
| 17 | Aboriginal community governance mechanisms that allow for negotiation and interface with police and justice in the event of a spike e.g. to manage newly released community members on community correction orders, boredom from school kids, adults no longer playing footy, etc. | ●—● |
| 18 | The need for ongoing trauma and mental health training of all staff, AHWs, ALOs, and community members beyond clinic to increase each ACCHS's capacity and ability to respond to the mental health needs brought about by such events. This training includes but is not limited to AOD, MH first aid, trauma informed care, or other training specific to regulation tools and skills | ●—● |
| 19 | Develop orientation packages (online options) for PHC remote surge and/or current workforce including key MH & SEWB related needs. | ● |
| 20 | Planning for repositioning of AOD/MH/SEWB workforce into clinical/public health unit to allow for collaborative integration across ACCHS, including trauma informed care approaches and more holistic care | ●—● |
| 21 | Establishment of critical incident response teams in the north and south of the NT to assist ACCHS's MH and SEWB response to emergencies, to make up for lack of staff in communities due to lack of suitable housing and other infrastructure | ●—● |
| 22 | Specific MH and SEWB support for families/staff undergoing quarantine | ●—● |
| 23 | Maximise the utility of staff in quarantine if possible e.g. through appropriate telehealth services. <i>(Australian Government - Management Plan for Aboriginal and Torres Strait Islander Populations)</i> | ●—● |

RESPONSE STRATEGIES

PRIORITY LEAD/STATUS

I M L

#	DESCRIPTION	PRIORITY	LEAD/STATUS
24	Coordination of existing telehealth opportunities to ensure therapeutic validity and cultural safety, including provision for specialised trauma informed therapeutic outreach services through Aboriginal organizations as priority	M	
25	Establishment/expansion of call centres/SMS services to maintain relationships with clients	M	
26	Increased support for remote workforce including those working from home/isolated communities	M	
27	Increased capacity to ensure timely assessment and effective treatment for people with ongoing mental illness and those at risk of suicide.	M	
28	Capacity to apply cultural and spiritual responses defined by client's needs e.g. <i>traditional healing</i>	M	
29	Planning for Sorry Business, care of Elders and Ceremony and community gatherings	M	
30	'After the storm' training and support for staff including trauma informed care training and support	M	
31	Prioritising increased or expanded local MH and SEWB workforce, to be sustained beyond the pandemic	M	
32	Specific, dedicated therapeutic programs for children and young people that incorporate deliberative planning and response e.g. telehealth training for caregivers, and matching qualified youth/community sector organisation workers within existing programs already connected to Community	M	

#	RECOVERY STRATEGIES	PRIORITY			LEAD/STATUS
		I	M	L	
33	Recognition that local Aboriginal organisations may be best positioned to continue statutory and tertiary provision of services (e.g. Territory Families and delegated child protection/child and family welfare services), dependent on the resources, capacity and aspirations of individual organisations				●—●
34	Debrief staff on the response and outcomes and acknowledge and thank staff, volunteers, partners and the community for their efforts. (<i>Australian Government - Health Sector Emergency Response Plan For COVID-19</i>)				●
35	Programs, plans and strategies evaluated by community to allow for feedback mechanisms, to reflect a cycle of iterative implementation (e.g. participatory models)				●—●
36	Aboriginal-led evaluation of new policies and processes that have emerged as direct result of COVID-19 response (e.g. evidence building for expanded telehealth for MH & SEWB) using Aboriginal knowledges and context-specific community participatory methods, and Indigenous data sovereignty				●—●
37	Review and update MH and SEWB response plan for future use				●—●

6 NT Aboriginal MH & SEWB Plan: Implementation priorities

Through the implementation of this Plan, set within a Northern Territory-specific ACCHS context, we are seeking:

- To enact our right to self-determination in decisions affecting the health and wellbeing of our communities; and
- Commitment from funders/Government to
 - Respectful partnerships and engagement, and
 - Equitable, consistent and predictable resources and funding.

Implementing the NT Aboriginal MH and SEWB Plan: Priorities from ACCHS

Short term (1-3 months)

Local decision-making, including Elders and appropriate community leaders in emergency policy and lockdown responses

Culturally-safe telehealth expansion with infrastructure upgrade funding

Rapid release funding for immediate crisis support to account for upsurges in volatile substance and AOD abuse

MH first aid and Suicide prevention courses available to all ACCHS via online training

Biosecurity clearance/classification for MH and SEWB as essential workers

Skill-sharing and basic training with AOD workers via online platforms

Extension to Medicare rebates for MH telehealth

Planning for Sorry Business and community ceremony/gatherings

Direct funding for community-based support programs

Implementing the NT Aboriginal MH and SEWB Plan: Priorities from ACCHS

Medium-term (3-12 months)

Specific and responsive support programs for children and youth, including youth who are usually in attendance at boarding schools

Co-designed Aboriginal inpatient facilities and programs at Royal Darwin and Alice Springs Hospital

Coordination across central Australia and Top End to establish Aboriginal-led programs and services, co-designed with community

Coordination/directory of existing telehealth services to ensure therapeutic validity and cultural safety for Aboriginal patients

Consistent FIFO MH and SEWB specialist support working within partnerships with, and at the direction of, local ACCHS

Coordination with Top End and central Australia Health Service for specialist, rapid response teams after critical incidents

Planning for rotating/surge workforce teams to manage/prevent burnout among ACCHS workers

Establish women's and men's programs, with appropriate therapeutic evaluation for family-focused response, care and facilities

Co-ordinated, preventative/ justice reinvestment approach in partnership with statutory services

Resources to manage AOD and domestic and family violence in community to provide stability for community members

Aboriginal community governance mechanisms for negotiation and interface with policy makers and statutory bodies

Funding commensurate to 'service creep' by Territory Families, corrective services, etc. with allocation for local Aboriginal staff

Flexible and responsive funding agreements for Aboriginal organisations for specialised COVID-19 recovery

NT Service integration Mental Health and Suicide Prevention Foundation Plan enacted (to be released late 2020-early 2021) and subsequent NT Comprehensive Integration Plan

Implementing the NT Aboriginal MH and SEWB Plan: Priorities from ACCHS

Long-term (1-5 years)

- Aboriginal inpatient facilities and on Country support programs across the NT
- Regional ACCHS-led responsive mental health service teams to support mobile community members
- Culturally-responsive, trauma-integrated networks of ACCHS and support services (including Aboriginal justice, child and family services, housing etc.)
- Consistent and appropriate allocation of funding for study and professional learning pathways
- Remote study in Aboriginal trauma-informed care/therapeutic streams including on-the-job learning and credentialing in partnership with RTOs/ACCHS/CDP
- Essential community infrastructure, including housing and ongoing funding for maintenance, in place to allow for filled positions in remote communities
- Two-way learning and active upskilling and mentoring programs to allow for culturally-safe continuity of service
- Adequate housing as priority for community to address basic needs
- Refuges and safe houses in remote communities, working with ACCHS to provide culturally safe through care, including perpetrator treatment programs
- Established, community-led AOD protocols and programs for treatment and ongoing support within community/regional areas
- Flexible and responsive funding agreements for Aboriginal orgs for fundamental systems
- Dedicated ACCHS-led evaluation, monitoring and evidence building of emerging programs from COVID-19 response
- Specific funding for cultural healers and practitioners