Gippsland PHN – Drug and Alcohol Treatment Services (AOD)
2026 – 2027 Activity Work Plan Annual Update

Submitted: 30 April 2026 Approved: 8 July 2026
Update submitted: 20 October 2026 Approved: 26 October 2026

NIAS Aboriginal and Torres Strait Islander People Funding (Indigenous Dual Diagnosis Service)

Activity Priorities and Description	
Program Key Priority Area	Alcohol and Other Drugs
Aim of Activity	This activity aims to ensure that Aboriginal and/or Torres Strait Islander communities have access to culturally safe and appropriate Alcohol and Other Drug treatment and mental health services (dual diagnosis).
Description of Activity (The description of activities against priorities should follow the principles of '**what, who, why, how, access and outcome'**. When outlining proposed activities, where possible include: o what will be delivered and how (what will be commissioned and the delivery mechanism) o service type (group and/or individual) o target cohort if applicable (for example Indigenous youth) o location and population coverage of the activity o any specific issues or gaps the activity will address	By pooling funding from the Indigenous Drug and Alcohol Program and Indigenous Mental Health Program, Gippsland PHN have established the Indigenous Dual Diagnosis Services (IDDS) Program. The IDDS program aims to increase the effectiveness and efficiency of the drug and alcohol and mental health sectors via localised dual diagnosis inclusive of alcohol and drug and/or mental health clinicians and community engagement/workers/ peer support workers. Mental health services under the model are delivered within a stepped care approach through the provision of evidence-based mental health interventions appropriate to the client's level of need – as per the Gippsland PHN Primary Mental Health program guidelines. Service delivery includes brief intervention, Psychosocial therapy (AOD counselling, psychotherapy, Cognitive Behavioural Therapy [CBT], dialectical behavioural therapy, mindfulness, and other evidenced-based therapeutic approaches as appropriate), Group - Support or education based, Non-residential programs (e.g. Day rehabilitation). The service delivery includes individual and group sessions providing therapeutic interventions to people who have alcohol and drug misuse issues. Additionally single sessions and support groups/education sessions for affected family/loved ones of clients are delivered. Services are delivered face to face and via telehealth as required. Gippsland PHN currently contracts one Aboriginal Controlled Community Organisation (ACCO) to deliver IDDS services in Gippsland, to 30 June 2027. In FY2025-26, Gippsland PHN pooled underspend across its AOD programs (NIAS Aboriginal and Torres Strait Islander People Funding, NIAS Operational and Mainstream Funding and Core and Operational Funding) to fund a Short Term Intervention Program in Gippsland with the Australian Community Services Organisation (ACSO). This limited-time contract aimed to increase support to Gippsland residents awaiting AOD treatments with a specific aim of supporting the Aboriginal and Torres Strait Islander community by formation of referral pathways

In addition the below headings need to be addressed). Engagement with Local Hospital Networks (LHN) and/or State government: Collection of data: Impact:	with Gippsland's Aboriginal Community Controlled Organisations (ACCOs). This contract will cease on 30 June 2026. Gippsland PHN will continue the IDDS program as delivered by GEGAC to 30 June 2027, pending receipt of funding schedule noting indicative funding has been received. Collaboration with relevant primary and mental health service providers to address and improve integrated care pathways and the delivery of seamless, effective and efficient care. • Latrobe Community Health Service (LCHS) - via other funded programs • Wellways - via other funded programs • Outcome Health – via other funded programs • Community Health Services – via other funded programs. • Koori Liaison team/s at Local Hospital networks throughout Gippsland **Engagement with Local Hospital Networks (LHN) and/or State government** Gippsland PHN have been and will continue to engage with state-based hospital services operated through Gippsland and regularly converse with them regarding services. Gippsland PHN engage with local hospitals via quarterly meetings of other supported programs, we also meet with the Local Health Services Network on a regular basis. Gippsland PHN will continue to monitor and increase engagement where gaps are identified to enable referral pathways. Gippsland PHN will continue to work with mainstream services and ACCOs to gauge support required across Gippsland for access to mental health/AOD/Dual Diagnosis services; and to build relationships, capacity and referral pathways between ACCOs and mainstream services to support this area of need. **Activities to promote and improve the update of practice accreditation:** • All Gippsland PHN commissioned services are required to have, or be working towards, current accreditation. Gippsland PHN confirm accreditation status with commissioned services during Quarterly meetings. The current commissioned services provider for the IDDS program is currently accredited. Gippsland PHN will continue to liaise with the providers during regular Quarterly meetings to monitor accreditation end dates/renewal status as they fall due. • Staff undertake mandatory training for cultural, diversity competency and safety, which aids them in achieving/maintaining accreditation. • Staff have undertaken IAR training to better support their cohort of clients. Engagement with relevant State drug and alcohol peak bodies, including Indigenous AOD peaks to ensure commissioning processes best target the needs of the region and support the adoption of evidence-based and best practice methods to improve the quality of care. Please see collaboration and consultation for more information. Gippsland PHN identified underspends within the program in 2025-2026 and offered small grants to existing Primary Mental Health Care and AOD mainstream providers to build cultural awareness and inclusivity within their services to be able to offer culturally safe and appropriate mental health and AOD services to Gippsland Aboriginal and/or Torres Strait Islander consumers. Nine expressions of interest for these grants were received and approved with providers utilising the funding for training including:

	- Deadly Mental Health Skills Training - Emerging minds Aboriginal and Torres Strait Islander eLearning package (staff backfill) - Carbal's Social & Emotional Wellbeing (SEWB) Online training course - Attendance at the 2026 National Social and Emotional Wellbeing Forum, held from 30 March – 2 April 2026 - Indigenous Psychological Services (IPS) Aboriginal mental health training and Aboriginal mental health cultural competency intervention programs eLearning Workshops. **Collection of AOD-MDS data includes collection of data extensions or tags for service activity:** Data is collected monthly from the provider via Fixus for both the submission and review of data, which includes both population health and occasions of service data sets. Qualitative data is collected on a quarterly basis as per the Service Order Agreement Key Performance Indicators and an annual qualitative report submitted to Gippsland PHN via Folio. Key Performance Indicators (KPIs) are outcomes-based across the five outcome themes in the Gippsland PHN Performance and Quality Framework: Addressing Needs, Quality Care, Improving Access, Coordinated Care, and Capable Organisations. KPIs are assessed quarterly through a rigorous contract review process and Program/Provider level outcome dashboards. To ensure Value for Money assessment is conducted at all stages of the commissioning cycle, Gippsland PHN has restructured contract KPIs and mapped them against the Quintuple Aim across all commissioning activities. From 1 July 2026 all Clinical Service Order Agreements now have contract KPIs against each of the five elements of the Quintuple Aim. **Impact:** The IDDS program supports the Aboriginal and/or Torres Strait Islander community to access Dual Diagnosis services. The Program works to increase service capacity of the AOD and PMHC sectors to be culturally appropriate by improving the effectiveness of AOD/mental health treatment services to Aboriginal and/or Torres Strait Islander people. The program increases awareness of mental health and AOD conditions and services available to the Aboriginal and/or Torres strait Islander community.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
• Mental Health and Wellbeing, including Suicide Prevention • Healthy Ageing (people aged 65+) • Health Workforce • Growing Up Healthy (0-25 years) • Connected Care • Alcohol and Other Drugs • Access to Primary Care for Marginalised Communities • Aboriginal and/or Torres Strait Islander Health and Wellbeing	
Activity Demographics	
Target Population Cohort	Aboriginal and Torres Strait Islander people experiencing mental illness and drug and alcohol misuse

In Scope AOD Treatment Type	Yes
Indigenous Specific	Yes
Indigenous Specific Comments (if answered yes to above)	This activity aims to engage Aboriginal and/or Torres Strait Islander communities and continues to be designed and delivered in consultation with local Aboriginal Community Controlled Organisations.
Coverage Whole Region?	No

SA3 Name	**SA3 Code**
East Gippsland	

Activity Consultation and Collaboration	
Consultation	Consultation (and collaboration) occurs with the five Aboriginal Community Controlled Organisations located in Gippsland: • Lake Tyers Health and Children's Services • MOOGJI Aboriginal Council East Gippsland Inc • Gippsland Lakes Complete Health as auspice for Lakes Entrance Aboriginal Health Association (LEAHA) • Gippsland and East Gippsland Aboriginal Cooperative Ltd (GEGAC) • Ramahyuck District Aboriginal Corporation (RDAC) Consultation (and collaborations) occurs with the following Aboriginal and/or Torres Strait Islander specific networks: • Gippsland PHN Reconciliation Action Plan Working Group includes two indigenous persons to provide advice and guidance to the working group to ensure planned activities align and continue to align with the interests of the local Aboriginal and/or Torres Strait Islander community in Gippsland. There is one member from Gunaikurnai country and one from Bunurong country; • Gippsland PHN has membership on the Gippsland Aboriginal Health Advisory Committee, convened by Victorian Department of Health, which provides access to guidance for co-design and self-determination for commissioning priorities for indigenous communities; • Regular formal and informal attendance and communication with key indigenous groups and elders, e.g., "Yarn Group" with Gippsland PHN CEO and ACCO CEOs, local government Aboriginal community groups. These forums provide avenues for the CEOs and elders to provide feedback and suggestions to Gippsland PHN in how we can support the local Aboriginal and/or Torres Strait Islander community via the commissioned services we provide and to identify any emerging or unmet need for the community; Gippsland Alcohol and Drug Service Provider Alliance (GADSPA), convened by the Victorian Department of Health, is a regional network meeting bi-monthly to work in partnership, share and collaborate to improve access to the AOD service system. This continues to be a key external consultation mechanism to help guide Gippsland PHN's AOD Indigenous Increased Service Delivery activity. Gippsland PHN have been and will continue to engage with state-based hospital services operated through Gippsland and regularly converse with them regarding services.
Collaboration	• Gippsland PHN Reconciliation Action Plan Working Group includes two indigenous persons to provide advice and guidance to the working group to ensure planned activities align and continue to align with the interests of the local Aboriginal and/or Torres Strait Islander community in Gippsland. There is one member from Gunaikurnai country and one from Bunurong country.

	• Gippsland Aboriginal Health Advisory Committee (convened by Victorian Department of Health), with membership from ACCOs, Gippsland PHN, Victorian Department of Health and health services to discuss and advise on Indigenous health services in Gippsland. • Regular engagement meetings with commissioned service providers, including Latrobe Regional Mental Health Service allowing for opportunity to share the process for and how to access supplementary services through the ITC program. • Contracting Gippsland general practices in Baw Baw, Bass Coast and South Gippsland LGAs to deliver a nurse led care coordination to Aboriginal and or Torres Strait Islander patients with one practice confirmed and more to come. • With Gippsland Allied Health Services, via stakeholder engagement meetings and supplementary services requests. • Gippsland PHN staff networking with Aboriginal Liaison Officers and allied health services in Local Health Networks to share information about this activity, 715 health checks and other relevant activity.
Activity Milestone Details/Duration	
Activity Start Date	01/07/2016
Activity End Date	31/03/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Continuing service provider/contract extension
Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details?	-
Co-design or co-commissioning comments	Since its inception, Gippsland PHN has undergone extensive co-design and consultation processes with Aboriginal Community Controlled Organisations (ACCOs) to develop a localised IDDS program. The initial program (2017-2018) was procured via Latrobe Regional Health who were already delivering Victorian Dual Diagnosis Initiative (VDDI) services within the Gippsland Region. Consultation was completed with ACCOs as part of the commissioning strategy and LRH's intended outreach

	program. LRH withdrew from IDDS service delivery in 2019 and the current model of delivery now has GEGAC as the only provider.

NIAS Operational and Mainstream Funding

Activity Priorities and Description	
Program Key Priority Area	Alcohol and Other Drugs
Aim of Activity	This activity aims to increase the service availability of the drug and alcohol treatment sector through improved regional coordination and by commissioning additional drug and alcohol treatment services targeting areas of need. It also aims to improve the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors and improving sector efficiency.
Description of Activity (The description of activities against priorities should follow the principles of '**what, who, why, how, access and outcome'**. When outlining proposed activities, where possible include: o what will be delivered and how (what will be commissioned and the delivery mechanism) o service type (group and/or individual) o target cohort if applicable (for example Indigenous youth) o location and population coverage of the activity o any specific issues or gaps the activity will address In addition the below headings need to be addressed).	Gippsland PHN pool the funding for both Core and NIAS activities within the AOD funding schedule to commission two AOD services. Australian Community Support Organisation Limited trading as ACSO provide a Gippsland-wide service for Family and Carer support for adults with AOD substance addiction. Youth Support Advocacy Service (YSAS) in partnership with Gippsland Lakes Complete Health (GLCH) provide a youth focused service encompassing care coordination, case management and therapeutic intervention within the Wellington LGA and East Gippsland LGA. The aim of the Gippsland PHN AOD program/s are to: • Reduce the impact of substance misuse on individuals, families, carers and communities; • Improve access to Alcohol and Other Drug (AOD) services by Indigenous people, youth, older Australians and people with low socio-economic status; • Support prevention and early intervention activities and promote evidence-based information about alcohol and other drugs through education; • Improve integration via support linkages between drug and alcohol treatment services and mental health services, as well as with social, educational and vocational long-term support services to better support people's needs; • Improve care planning for people with co-morbid mental health and AOD issues; and • Generate program data that assists in the monitoring of evidence-based treatment, national policy and service delivery. Gippsland PHN initially commissioned the services after a request for tender approach for the period 1/10/2022 - 30/06/2024. During FY2023-24 after the receipt of extended funding in the AOD schedule, Gippsland PHN extended both contracts via a Deed of Variation until 30 June 2026. As indicated in last AWP submission, Gippsland PHN undertook an open competitive tender in FY2025-26 for an integrated Primary Mental Health and AOD Wellbeing model. While the competitive tender was open, DHDA published the outcome of their reviews the PHN Business Model and Mental Health Flexible Funding Stream, and the Alcohol and Other Drugs Program Evaluation. The reviews provide valuable insights into future service models, commissioning expectations, and funding structures. The Department's response to the recommendations from these reviews has not yet been finalised, creating uncertainty about long-term commissioning arrangements. As a result, Gippsland PHN decided to withdraw the tender prior to finalisation of the evaluation process. No contracts were awarded. Once Gippsland PHN receive additional funding advice from DHDA for 2027/28 and beyond, Gippsland PHN will progress with a commissioning process that supports the

Engagement with Local Hospital Networks (LHN) and/or State government: Collection of data: Impact:	needs of the Gippsland community and will align with the new funding schedules (once they are released), in terms of length, budget and scope. To ensure continuity of care and stability for consumers across Gippsland, Gippsland PHN extended the two existing AOD contracts with the YSAS youth-focussed service and ACSO's Family Carer Support Service into FY2026-27, after receiving funding schedule extension in June 2026. In FY2025-26, Gippsland PHN pooled underspend across its AOD programs (NIAS Aboriginal and Torres Strait Islander People Funding, NIAS Operational and Mainstream Funding and Core and Operational Funding) to fund a Short Term Intervention Program in Gippsland, delivered by Australian Community Services Organisation (ACSO). This limited-time contract aimed to increase support to Gippsland residents awaiting AOD treatments with a specific aim of supporting the Aboriginal and Torres Strait Islander community by formation of referral pathways with Gippsland's Aboriginal Community Controlled Organisations (ACCOs). This contract will cease on 30 June 2026. **Service Type:** Service delivery includes individual and group sessions providing therapeutic interventions to people who have alcohol and drug misuse issues. Additionally single sessions and support groups/education sessions for affected family/loved ones of clients are delivered. Services are delivered face to face and via telehealth as required. **Target cohort (if applicable):** YSAS deliver AOD services to Gippsland youth. ACSO deliver services to the broader Gippsland community. All services under the Gippsland PHN AOD Program are required to demonstrate their capacity in providing culturally appropriate services. • **Location and population coverage of the activity:** Services cover a broad area of the Gippsland region and are provided both in-reach and outreach. **Any specific issues or gaps the activity will address:** The services seek to support and further develop the AOD workforce by providing senior worker positions to support the workforce in professional development and case reviews, in addition to support for secondary consultations. Case studies provided by the contracted service providers as part of contract reporting requirements provide evidence of the impact of the programs on the individual, their families and communities. Some outcomes shared within these case studies include clients reducing their problematic and/or risky use of substances, engaging more in employment and educational activities and reconnecting with their social and family networks. **Engagement with Local Hospital Networks and/or State government:** Gippsland PHN have been and will continue to engage with state-based hospital services operated through Gippsland and regularly converse with them regarding services. Providers commissioned by Gippsland PHN are members of the Gippsland Alcohol Drug Service Provider Alliance. Membership of this Alliance includes Local Health Service Networks, AOD service providers, Victorian Alcohol and Drug Association (VAADA), Aboriginal Community Controlled Organisations (ACCOs) and the Victorian Department of Health. **Activities to promote and improve the update of practice accreditation:**

	Gippsland PHN requires that all commissioned service providers are accredited and provides support to providers where required. Gippsland PHN confirm accreditation status with commissioned services during Quarterly meetings. The current commissioned services providers for the AOD program are all currently accredited. Gippsland PHN will continue to liaise with the providers during regular Quarterly meetings to monitor accreditation end dates/renewal status as they fall due. **Collection of MDS data includes collection of data extensions or tags for service activity:** Contracts have a requirement for data to be collected monthly including both population health and episode of care data sets, which allows the services to report activity more accurately including for direct and indirect service delivery. Key Performance Indicators (KPIs) are outcomes based and themed according to the five outcome themes in the PHN Performance and Quality Framework, being: Addressing needs, Quality care, Improving access, Coordinated care and Capable organisations. To ensure Value for Money assessment is conducted at all stages of the commissioning cycle, Gippsland PHN is restructuring contract KPIs and mapping them against the Quintuple Aim across all commissioning activities. Contract KPIs are being restructured to reflect each of the five elements of the Quintuple Aim and from 1 July 2026 all Clinical Service Order Agreements will have contract KPIs against each of the five elements of the Quintuple Aim. Gippsland PHN recognises the importance of consumer experiences in providing quality health care and includes the YES PHN Survey (or other agreed alternative consumer feedback tool) as a standard contractual KPI. The providers are required to enact quality improvements based on consumer feedback received. Additional KPIs suggested in tender submissions during the RFT process are also included in the commissioned services contracts. KPIs are assessed quarterly through a rigorous process and quarterly payments are adjusted based on the provider's score of met, developing and not met. The Victorian, Adelaide and Tasmanian PHN Alliance (VATPHNA) AOD Community of Practice aims to further investigate and understand the different data collection methods within the AOD space and ensure avoidance of duplication of data submission and entry at the provider level. In the long term, the VATPHNA AOD Community of Practice is seeking to introduce outcome measures similar to that which are currently used in the Primary Mental Health Care (PMHC) program. Gippsland PHN will continue to closely manage data collection throughout the contract period to ensure data collection methods are streamlined and data collected is useful. All contracted AOD service providers are required to submit AODTS-NMDS. **Impact:** The commissioned services impact across the region is articulated by the YES PHN survey data responses that are shared with Gippsland PHN. Survey results from the last financial year show that 81% of respondents rated the service as Very Good or Excellent. 100% of respondents answered that they 'always' felt comfortable using the service and were 'always' shown respect using the service. Survey results from this financial year are not yet available. Case studies provided by the contracted service providers as part of contract reporting requirements provide evidence of the impact of the programs on the

	individual, their families and communities. Some outcomes shared within these case studies include clients reducing and/or discontinuing substance use, higher engagement with services, stronger connections with family, and returning to work and/or studies. Gippsland PHN expect that the programs commissioned will: • Reduce the impact of substance misuse on individuals, families, carers and communities; • Improve access to Alcohol and Other Drug (AOD) services by Indigenous people, youth, older Australians and people with low socio-economic status; • Improve care planning for people with co-morbid mental health and AOD issues;

Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
• Mental Health and Wellbeing, including Suicide Prevention • Health Workforce • Growing Up Healthy (0-25 years) • Connected Care • Alcohol and Other Drugs • Access to Primary Care for Marginalised Communities • Aboriginal and/or Torres Strait Islander Health and Wellbeing	

Activity Demographics	
Target Population Cohort	People misusing substances, including youth and Aboriginal and/or Torres Strait Islander people and families and carers who are struggling to cope with a loved one's substance misuse.
In Scope AOD Treatment Type	Yes
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
All areas of Gippsland	

Activity Consultation and Collaboration

Consultation	Commissioned service providers work collaboratively within the AOD sector to foster robust working relationships, which in turn strengthen community and client outcomes. They actively engage in broad community consultation and provide client-focused reviews of treatments, services and programs delivered. These consultations take place on a regular basis and inform programs delivered to the community. Consumer and community input is continually gathered by Gippsland PHN at all stages of commissioning to help maintain community and person-centred care.
Collaboration	The Gippsland Alcohol and Drug Service Providers Alliance (GADSPA) is convened by the Victorian Department of Health as a regional partnership, working in collaboration to improve access to the AOD service system. This is a key external network used as a consultation and collaboration mechanism by Gippsland PHN. The GADSPA membership consists of representatives from the following key stakeholder groups: • Department of Health; • All Gippsland AOD service providers; • Catchment Based Planner; • Local Hospital Service Networks; • Aboriginal Community Controlled Health Organisations; • Community/consumer/carer representation • Peak bodies In addition to GADSPA, Gippsland PHN actively seek additional collaboration from the Aboriginal Community Controlled Health Organisations, Local Hospital Networks and General Practice in relation any emerging needs or increased need for service delivery activities within Gippsland. Gippsland PHN is a member of the Latrobe Local Drug Action Team and collaborates with members to provide preventions services, education and information to young people from ages 16-25 with the aim to minimise the harm caused by alcohol and other drugs in the Latrobe local government area. Collaboration with relevant primary and mental health service providers to address and improve integrated care pathways and the delivery of seamless, effective and efficient care: Gippsland PHN utilises collaboration that occurs in the Primary Mental Health Care programs to foster further collaboration with AOD providers. Gippsland PHN teams continue to facilitate this collaboration via ongoing engagement sessions. Identifying options for further collaboration opportunities also occurs through the Gippsland PHN membership of the VATPHNA AOD Community of Practice. Gippsland PHN have been and will continue to engage with state-based hospital services operated through Gippsland and regularly converse with them regarding services.
Activity Milestone Details/Duration	
Activity Start Date	01/10/2022
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	

Procurement Approach	Continuing service provider/contract extension
Is this activity being co-designed?	no
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	no
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	yes
Decommissioning details?	
Co-design or co-commissioning comments	During 2021, 25 one to one consultations were held with current services providers (AOD and PMHC), one health sector and one consumer forum were held specifically to discuss AOD, and one tender specification co-design session was held. Information was also gathered from the concurrent range of consultations occurring in relation to the Gippsland PHN 2021-24 Needs Assessment. These informed our current AOD programs. During 2025, two consumer forums and two health sector forums were held as well as one on one conversations as part of the Gippsland PHN 2025-28 Health Needs Assessment, these will inform our integrated Primary Mental Health and AOD Wellbeing model to enable a new open procurement process. Once Gippsland PHN receive additional funding advice from DHDA for 2027/28 and beyond, Gippsland PHN will progress with a commissioning process that supports the needs of the Gippsland community.

Core and Operational Funding (ADO2)

Activity Priorities and Description	
Program Key Priority Area	*Alcohol and Other Drugs*
Aim of Activity	This activity aims to increase the service availability of the drug and alcohol treatment sector through improved regional coordination and by commissioning additional drug and alcohol treatment services targeting areas of need. It also aims to improve the effectiveness of drug and alcohol treatment services for individuals requiring support and treatment by increasing coordination between various sectors and improving sector efficiency.
Description of Activity (The description of activities against priorities should follow the principles of '**what, who, why, how, access and outcome'**. When outlining proposed activities, where possible include: o what will be delivered and how (what will be commissioned and the delivery mechanism) o service type (group and/or individual) o target cohort if applicable (for example Indigenous youth) o location and population coverage of the activity o any specific issues or gaps the activity will address In addition the below headings need to be addressed).	Gippsland PHN pool the funding for both Core and NIAS activities within the AOD funding schedule to commission two AOD services. Australian Community Support Organisation Limited trading as ACSO provide a Gippsland wide service for Family and Carer support for adults with AOD substance addiction. Youth Support Advocacy Service (YSAS) in partnership with Gippsland Lakes Complete Health (GLCH) provide a youth focused service encompassing care coordination, case management and therapeutic intervention within the Wellington LGA and East Gippsland LGA. The aim of the Gippsland PHN AOD program/s are to: • Reduce the impact of substance misuse on individuals, families, carers and communities; • Improve access to Alcohol and Other Drug (AOD) services by Indigenous people, youth, older Australians and people with low socio-economic status; • Support prevention and early intervention activities and promote evidence-based information about alcohol and other drugs through education; • Improve integration via support linkages between drug and alcohol treatment services and mental health services, as well as with social, educational and vocational long-term support services to better support people's needs; • Improve care planning for people with co-morbid mental health and AOD issues; and • Generate program data that assists in the monitoring of evidence-based treatment, national policy and service delivery. Gippsland PHN initially commissioned the services after a request for tender approach for the period 1/10/2022 - 30/06/2024. During FY2023-24 after the receipt of extended funding in the AOD schedule, Gippsland PHN extended both contracts via a Deed of Variation until 30 June 2026. As indicated in last AWP submission, Gippsland PHN undertook an open competitive tender in FY2025-26 for an integrated Primary Mental Health and AOD Wellbeing model. While the competitive tender was open, DHDA published the outcome of their reviews the PHN Business Model and Mental Health Flexible Funding Stream, and the Alcohol and Other Drugs Program Evaluation. The reviews provide valuable insights into future service models, commissioning expectations, and funding structures. The Department's response to the recommendations from these reviews has not yet been finalised, creating uncertainty about long-term commissioning arrangements. As a result, Gippsland PHN decided to withdraw the tender prior to finalisation of the evaluation process. No contracts were awarded. Once Gippsland PHN receive additional funding advice from DHDA for 2027/28 and beyond, Gippsland PHN will progress with a commissioning process that supports the

Engagement with Local Hospital Networks (LHN) and/or State government: Collection of data: Impact:	needs of the Gippsland community and will align with the new funding schedules (once they are released), in terms of length, budget and scope. To ensure continuity of care and stability for consumers across Gippsland, Gippsland PHN extended the two existing AOD contracts with the YSAS youth-focussed service and ACSO's Family Carer Support Service into FY2026-27, after receiving funding schedule extension in June 2026. In FY2025-26, Gippsland PHN pooled underspend across its AOD programs (NIAS Aboriginal and Torres Strait Islander People Funding, NIAS Operational and Mainstream Funding and Core and Operational Funding) to fund a Short Term Intervention Program in Gippsland with the Australian Community Services Organisation (ACSO). This limited time contract aimed to increase support to Gippsland residents awaiting AOD treatments with a specific aim of supporting the Aboriginal and Torres Strait Islander community by formation of referral pathways with Gippsland's Aboriginal Community Controlled Organisations (ACCOs). This contract will cease on 30 June 2026. **Service Type:** Service delivery includes individual and group sessions providing therapeutic interventions to people who have alcohol and drug misuse issues. Additionally single sessions and support groups/education sessions for affected family/loved ones of clients are delivered. Services are delivered face to face and via telehealth as required. **Target cohort (if applicable):** YSAS deliver AOD services to Gippsland youth. ACSO deliver services to the broader Gippsland community. All services under the Gippsland PHN AOD Program are required to demonstrate their capacity in providing culturally appropriate services. • **Location and population coverage of the activity:** Services cover a broad area of the Gippsland region and are provided both in-reach and outreach. **Any specific issues or gaps the activity will address:** The services seek to support and further develop the AOD workforce by providing senior worker positions to support the workforce in professional development and case reviews, in addition to support for secondary consultations. Case studies provided by the contracted service providers as part of contract reporting requirements provide evidence of the impact of the programs on the individual, their families and communities. Some outcomes shared within these case studies include clients reducing their problematic and/or risky use of substances, engaging more in employment and educational activities and reconnecting with their social and family networks. **Engagement with Local Hospital Networks and/or State government:** Gippsland PHN have been and will continue to engage with state-based hospital services operated through Gippsland and regularly converse with them regarding services. Providers commissioned by Gippsland PHN are members of the Gippsland Alcohol Drug Service Provider Alliance. Membership of this Alliance includes Local Health Networks, AOD service providers, Victorian Alcohol and Drug Association (VAADA), Aboriginal Community Controlled Organisations (ACCOs) and the Victorian Department of Health. **Activities to promote and improve the update of practice accreditation:**

	Gippsland PHN requires that all commissioned service providers are accredited and provides support to providers where required. Gippsland PHN confirm accreditation status with commissioned services during Quarterly meetings. The current commissioned services providers for the AOD program are all currently accredited. Gippsland PHN will continue to liaise with the providers during regular Quarterly meetings to monitor accreditation end dates/renewal status as they fall due. **Collection of MDS data includes collection of data extensions or tags for service activity:** Contracts have a requirement for data to be collected monthly including both population health and episode of care data sets, which allows the services to report activity more accurately including for direct and indirect service delivery. Key Performance Indicators (KPIs) are outcomes based and themed according to the five outcome themes in the PHN Performance and Quality Framework, being: Addressing needs, Quality care, Improving access, Coordinated care and Capable organisations. To ensure Value for Money assessment is conducted at all stages of the commissioning cycle, Gippsland PHN has restructured contract KPIs and mapped them against the Quintuple Aim across all commissioning activities. From 1 July 2026 all Clinical Service Order Agreements now have contract KPIs against each of the five elements of the Quintuple Aim. Gippsland PHN recognises the importance of consumer experiences in providing quality health care and includes the YES PHN Survey (or other agreed alternative consumer feedback tool) as a standard contractual KPI. The providers are required to enact Quality improvements based on consumer feedback received. Additional KPIs suggested in tender submissions during the RFT process are also included in the commissioned services contracts. KPIs are assessed quarterly through a rigorous process and quarterly payments are adjusted based on the provider's score of met, developing and not met. The Victorian, Adelaide and Tasmanian PHN Alliance (VATPHNA) AOD Community of Practice aims to further investigate and understand the different data collection methods within the AOD space and ensure avoidance of duplication of data submission and entry at the provider level. In the long term, the VATPHNA AOD Community of Practice is seeking to introduce outcome measures similar to that which are currently used in the Primary Mental Health Care (PMHC) program. Gippsland PHN will continue to closely manage data collection throughout the contract period to ensure data collection methods are streamlined and data collected is useful. All contracted AOD service providers are required to submit AODTS-NMDS. **Impact:** The commissioned services impact across the region is articulated by the YES PHN survey data responses that are shared with Gippsland PHN. Survey results from the last financial year show that 81% of respondents rated the service as Very Good or Excellent. 100% of respondents answered that they 'always' felt comfortable using the service and were 'always' shown respect using the service. Survey results from this financial year are not yet available. Case studies provided by the contracted service providers as part of contract reporting requirements provide evidence of the impact of the programs on the

	individual, their families and communities. Some outcomes shared within these case studies include clients reducing and/or discontinuing substance use, higher engagement with services, stronger connections with family, and returning to work and/or studies. Gippsland PHN expect that the programs commissioned will: • Reduce the impact of substance misuse on individuals, families, carers and communities; • Improve access to Alcohol and Other Drug (AOD) services by Indigenous people, youth, older Australians and people with low socio-economic status; • Improve care planning for people with co-morbid mental health and AOD issues;
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
• Mental Health and Wellbeing, including Suicide Prevention • Health Workforce • Growing Up Healthy (0-25 years) • Connected Care • Alcohol and Other Drugs • Access to Primary Care for Marginalised Communities • Aboriginal and/or Torres Strait Islander Health and Wellbeing	
Activity Demographics	
Target Population Cohort	People misusing substances, including youth and Aboriginal and/or Torres Strait Islander people and families and carers who are struggling to cope with a loved one's substance misuse.
In Scope AOD Treatment Type	Yes
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes
SA3 Name	**SA3 Code**
Whole of region	
Activity Consultation and Collaboration	
Consultation	Commissioned service providers work collaboratively within the AOD sector to foster robust working relationships, which in turn strengthen community and client outcomes. They actively engage in broad community consultation and provide client-focused reviews of treatments, services and programs delivered. These consultations take place on a regular basis and inform programs delivered to the community. Consumer and community input is continually gathered by Gippsland PHN at all stages of commissioning to help maintain community and person-centred care.
Collaboration	The Gippsland Alcohol and Drug Service Providers Alliance (GADSPA) is convened by the Victorian Department of Health as a regional partnership, working in

	collaboration to improve access to the AOD service system. This is a key external network used as a consultation and collaboration mechanism by Gippsland PHN. The GADSPA membership consists of representatives from the following key stakeholder groups: • Department of Health; • All Gippsland AOD service providers; • Catchment Based Planner; • Local Hospital Networks; • Aboriginal Community Controlled Health Organisations; • Community/consumer/carer representation • Peak bodies. In addition to GADSPA, Gippsland PHN actively seek additional collaboration from the Aboriginal Community Controlled Health Organisations, Local Hospital Networks and General Practice in relation to the Increased Service Delivery activity. Gippsland PHN is a member of the Latrobe Local Drug Action Team and collaborates with members to provide preventions services, education and information to young people from ages 16-25 with the aim to minimise the harm caused by alcohol and other drugs in the Latrobe local government area. Collaboration with relevant primary and mental health service providers to address and improve integrated care pathways and the delivery of seamless, effective and efficient care: Gippsland PHN utilises collaboration that occurs in the Primary Mental Health Care programs to foster further collaboration with AOD providers. Gippsland PHN teams continue to facilitate this collaboration via ongoing engagement sessions. Identifying options for further collaboration opportunities also occurs through the Gippsland PHN membership of the VATPHNA AOD Community of Practice. Gippsland PHN have been and will continue to engage with state-based hospital services operated through Gippsland and regularly converse with them regarding services.
Activity Milestone Details/Duration	
Activity Start Date	01/10/2022
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Continuing service provider/contract extension
Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No

Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details?	
Co-design or co-commissioning comments	During 2021, 25 one to one consultations were held with current services providers (AOD and PMHC), one health sector and one consumer forum were held specifically to discuss AOD, and one tender specification co-design session was held. Information was also gathered from the concurrent range of consultations occurring in relation to the Gippsland PHN 2021-24 Needs Assessment and the AIHW Alcohol and Other Drug 2019/20 Annual Report