Gippsland PHN – Primary Mental Health Care 2026 – 2027 Activity Work Plan Annual Update

Submitted: 30 April 2026 Approved: 17 August 2026

Mental Health 9 Supporting Recovery Pilot – Local Care Coordination

Activity Priorities and Description	
Program Key Priority Area	Other Supporting Recovery Pilot program
Aim of Activity	The aim of the Local Care Coordination activity is to support victim-survivors impacted by family, domestic and sexual violence in Latrobe and Baw Baw to ensure that they receive timely and tailored support to recover from trauma and the physical, mental, emotional, economic, spiritual and cultural impacts of violence.
Description of Activity	Gippsland PHN has commissioned Quantum Support Services as the Local Care Team to provide care coordination services in the Latrobe and Baw Baw LGA. Gippsland PHN have received indicative funding for the extension for this activity through until FY2027-28. Upon receipt of funding extension, Gippsland PHN intend to extend this program and contract. Under the Supporting Recovery Activity, Quantum Support Services work with victim-survivors in the Latrobe and Baw Baw region to help them develop their own integrated Recovery Plans. These include warm referrals to trauma-informed and trained service providers to deliver support specific to the needs of the victim-survivor. Services include, but are not limited to, financial advice, legal services, housing support and trauma-informed mental health services for victim-survivors experiencing mental health challenges. The support provided is long term and victim survivors could be in the service for as long as 18 months to two years. The service includes children and is primarily face to face. Referrals are via a 'no wrong door' approach, primarily supported by Latrobe Community Health Services intake service (provider of Supporting Recovery Pilot Trauma-Informed Mental Health Services). The Orange Door's intake service also links in with this service, which will continue to be funded by the Victorian Government's Department of Families, Fairness and Housing. Quantum Support Services is an integral member of Gippsland PHN's Supporting Recovery Pilot Program Expert Advisory Group. The Expert Advisory Group has reviewed the Model of Care to ensure local needs are represented in operational interpretation of the Model. The Expert Advisory Group will continue to monitor and evaluate the Model of Care to ensure that it is fit-for-purpose and that it continues to meet local needs throughout the life of the Pilot program. The Expert Advisory Group will also support smooth referral pathways for local victim-survivors, from Intake through to Care coordination and into and out of relevant local services. **Engagement with Local Hospital Networks (LHN) and/or State government:** Along with the Australian Government's Department of Health, Disability and Ageing Community of Practice for the Supporting Recovery Pilot program, Gippsland PHN continues to closely engage with the Victorian Government's Department of Families Fairness and Housing, particularly the Family Violence division for Inner Gippsland, which covers the areas of Latrobe and Baw Baw.

	Gippsland PHN has established an Expert Advisory Group for the Supporting Recovery Pilot project which includes representation from Latrobe Regional Health and the Victorian Department of Families Fairness and Housing. The Expert Advisory Group meets quarterly for formal discussions with collaboration supported outside of formal meetings via an online Teams group. This will continue throughout the duration of the program. The EAG included people with Lived Experience. Gippsland PHN also contributes to the Gippsland Family Violence Alliance, a collaboration of local member agencies with a joint vision to end family violence in Gippsland and collaborates with Local Health Services Network. **Collection of data:** Quantum collect MDs data via Fixus and collect qualitative and quantitative data from victim-survivors via a Consumer Experience Survey. Gippsland PHN will continue to review and adapt to ensure reporting is aligned with the national guidance. **Impact:** Along with empowering victim-survivors of family domestic and sexual violence in Latrobe and Baw Baw to drive their own tailored recovery and healing process, this activity also reduces existing wait times and improve referral pathways to ensure that victim-survivors don't need to tell their story an unnecessary amount of times and are less at risk of falling through the gaps.
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
Growing Up Healthy (0-25 years) Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Mental health and wellbeing, including suicide prevention Health workforce Family violence	
Activity Demographics	
Target Population Cohort	Victim-survivors of Family, domestic, and sexual violence in the Latrobe and Baw Baw catchments who are experiencing mental health challenges and are not already receiving support by other available services.
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	No
SA3 Name	**SA3 Code**
Baw Baw and Latrobe	
Activity Consultation and Collaboration	
Consultation	**Ongoing consultation includes:**

	Support of the Expert Advisory Group for ongoing consultation throughout the Pilot program with Gippsland-based service providers and consumers to ensure that the Supporting Recovery Pilot program will continue to meet local needs. Representation includes community members with lived experience of family domestic and sexual violence specific mental health services; a disability advocate; a provider of local multicultural services with experience in the local family violence sector; local trauma-informed mental health service providers; State agencies; Intake services; and the Victorian Aboriginal Child Care Agency. Outcomes of consultation via the Expert Advisory Group include ensuring the Supporting Recovery Pilot Program Model of Care is implemented and tailored according to local stakeholder advice and local need and that referral pathways are operationalised to support delivery of smooth integrated healthcare services.
Collaboration	Gippsland Women's Health Gippsland Family Violence Alliance Victorian Government's Department of Families Fairness and Housing – Family Violence division Department of Health, Disability and Ageing
Activity Milestone Details/Duration	
Activity Start Date	20/09/2023
Activity End Date	30/06/2028
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?	Yes
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details?	
Co-design or co-commissioning comments	This program is based on the Department's model of care however has also been implemented according to local stakeholder advice and EAG input.

Mental Health 10 Supporting Recovery Pilot – Trauma-informed mental health services

Activity Priorities and Description	
Program Key Priority Area	*Other* *Supporting Recovery Pilot program*
Aim of Activity	The aim of the trauma-informed mental health services activity is to support victim-survivors of family, domestic and sexual violence in Latrobe and Baw Baw LGAs who may be experiencing mental health concerns to be as healthy as possible in order to be able to recover from trauma and from the physical, mental, emotional, economic, spiritual and cultural impacts of violence.
Description of Activity	Gippsland PHN has commissioned Latrobe Community Health Service (LCHS) to deliver trauma-informed mental health services for victim-survivors of family domestic and sexual violence in Latrobe and Baw Baw who may be experiencing mental health challenges using attributed and carry forward funds. As part of the program, the clinicians must have experience in delivering trauma-informed mental health services that reduce the risk of re-traumatisation. These services are delivered primarily face to face at an individual level. LCHS also deliver the intake portion of this program: consumers are brought into the program and undertake an intake process. Referrals are via a 'no wrong door' approach, primarily supported by this intake service. Gippsland PHN have received indicative funding for the extension for this activity through until FY2027-28. Upon receipt of funding extension, Gippsland PHN intend to extend this program and contract. LCHS in partnership with The Cairnmillar Institute has developed and is delivering a qualification of Graduate Certificate in Trauma-informed Care to their team, Quantum and Family Domestic and Sexual Violence service providers in Latrobe and Baw Baw LGAs. This includes but is not limited to providers of Health, Social Services, Legal, Financial, Housing, and Emergency Services. LCHS has partnered with Cairnmillar Institute to launch TraumaConnect, which provides victim-survivors and their carers with 24/7 digital access to information, support, resources, referrals and networks along with a live chat function to support waitlist management, after hours support and flexible service access. Through LCHS, Victim-Survivors in the Latrobe and Baw Baw LGA regions are eligible to receive up to two years of trauma-informed mental health services. The services are based on the stepped-care approach as victim-survivors move back into crisis response at times, whilst continuing to undertake recovery and healing services. Children and young people are also recognised as victim-survivors in their own right, requiring and receiving specialised and tailored support to their individual needs through the program. **Engagement with Local Hospital Networks (LHN) and/or State government:** Along with the Australian Government's Department of Health, Disability and Ageing's Community of Practice for the Supporting Recovery Pilot program, Gippsland PHN continues to closely engage with the Victorian Government's Department of Families Fairness and Housing, particularly the Family Violence division for Inner Gippsland, which covers the areas of Latrobe and Baw Baw LGAs.

	Gippsland PHN has also established an Expert Advisory Group for the Supporting Recovery Pilot project, which includes representation from local hospital (Latrobe Regional Health). LCHS and Quantum who deliver trauma-informed mental health services are included in the Expert Advisory Group. The Expert Advisory Group meets quarterly for formal discussions with an online Teams group for encouraging consultation and informal discussion outside of the scheduled meeting times. Gippsland PHN also contributes to the Gippsland Family Violence Alliance, a collaboration of local member agencies with a joint vision to end family violence in Gippsland. Gippsland PHN has a close working relationship with Latrobe Regional Health and hold regular consultations in preparation for regional mental health and suicide planning activities. **Collection of data:** Service providers use the Primary Mental Health Care Minimum Dataset (PMHC-MDS) to collect and report data using Fixus or via an equivalent data collection and reporting tool. Providers are also required to collect qualitative and quantitative data from victim-survivors via a Consumer Experience Survey. **Impact:** Along with supporting victim-survivors of family domestic and sexual violence in Latrobe and Baw Baw LGAs to be healthy to be able to recover from trauma and from the physical, mental, emotional, economic, spiritual and cultural impacts of violence, this activity will also improve referral pathways to ensure that victim-survivors don't need to tell their story an unnecessary amount of times and won't be at risk of falling through the gaps. This service also contributes to prevention in terms of children seeing their parents heal which might prevent children from entering into similar situations when they are older. Supporting Recovery Pilot Program Model of Care is implemented and tailored according to local stakeholder advice and local need and referral pathways are operationalised to support delivery of smooth integrated healthcare services.
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
Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Mental health and wellbeing, including suicide prevention Health workforce Growing up healthy (0-25 years) Family violence	
Activity Demographics	
Target Population Cohort	All victims/survivors of family, domestic and sexual violence
In Scope AOD Treatment Type	No
Indigenous Specific	No

Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	No

SA3 Name	**SA3 Code**
Latrobe and Baw Baw	

Activity Consultation and Collaboration	
Consultation	**Ongoing consultation includes**: Support of the Expert Advisory Group for ongoing consultation throughout the Pilot program with Gippsland-based service providers and consumers to ensure that the Supporting Recovery Pilot program will continue to meet local needs. Representation includes community members with lived experience of family domestic and sexual violence specific mental health services; a disability advocate; a provider of local multicultural services with experience in the local family violence sector; local trauma-informed mental health service providers; State agencies; Intake services; and the Victorian Aboriginal Child Care Agency. Outcomes of consultation via the Expert Advisory Group include ensuring the Supporting Recovery Pilot Program Model of Care is implemented and tailored according to local stakeholder advice and local need and that referral pathways are operationalised to support delivery of smooth integrated healthcare services.
Collaboration	Gippsland Women's Health Gippsland Family Violence Alliance Victorian Government's Department of Families Fairness and Housing – Family Violence division, Local Health Services Network and Department of Health, Disability and Ageing.
Activity Milestone Details/Duration	
Activity Start Date	20/09/2023
Activity End Date	30/06/2028
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?	Yes
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No

Decommissioning details?	
Co-design or co-commissioning comments	This program is based on the Department's model of care however has also been implemented according to local stakeholder advice and EAG input.

Mental Health 6.1 Aboriginal Dual Diagnosis Program - Current

Activity Priorities and Description	
Program Key Priority Area	*Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services*
Aim of Activity	This activity aims to ensure that Aboriginal communities have access to culturally safe and appropriate Alcohol and other Drug treatment and mental health services (dual diagnosis).
Description of Activity	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. Funds carried forward from 2023/24 into 2024/25 have been used to support this 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 can include individual and group sessions providing therapeutic interventions to people who have alcohol and drug abuse 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 contract one Aboriginal Controlled Community Organisation (ACCO) to deliver IDDS services in Gippsland, and the contract has been extended from an end date of 30 June 2025 until 30 June 2026. Should Gippsland PHN *not* receive any extension of Indigenous MH funding under the PMHC schedule, and/or any extension to Indigenous AOD funding into FY2026-27 then the IDDS program will be decommissioned at the end of the current contract end date of 30 June 2026 when existing attributed funds are fully expended/exhausted. 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 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.

	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 engage with local hospitals via quarterly meetings of other supported programs. 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. At the time of report, nine expressions of interest for these grants have been received and are progressing to be approved for funding agreements. The providers will utilise 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 PMHC-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 is restructuring contract KPIs and mapping them against the Quintuple Aim across all commissioning activities. Contract KPIs 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. **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 • Aboriginal and/or Torres Strait Islander Health and Wellbeing • Access to Primary Care for Marginalised Communities • Alcohol and Other Drugs • Connected Care • Growing Up Healthy (0-25 years) • Health Workforce • Healthy Ageing (people aged 65+)	
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	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.

answered yes to above)	
Coverage Whole Region?	No

SA3 Name	**SA3 Code**
East Gippsland	

Activity Consultation and Collaboration	
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy and is a strategic community leadership group who drives community involvement through a range of mechanisms. Gippsland PHN's Clinical Council comprises health professional representatives who recommend and advise on issues that are specific to their sub-region or discipline. The Clinical council has a Board sponsor. Gippsland PHN utilises these key governance mechanisms as the first point for consultation regarding service development and implementation. Consultation 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 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., bimonthly 'Round Table Yarn', ACCO CEO meeting, local government Aboriginal community groups. 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 Service Delivery activity. Gippsland PHN engages with the Gippsland Local Health Services Network and the Gippsland Mental Health Alliance.
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 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	15/06/2016
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	-

Mental Health - 52 - MH5.2 Gippsland Suicide Prevention – General Services

Activity Priorities and Description	
Program Key Priority Area	*Regional mental health and suicide prevention planning*
Aim of Activity	To reduce the impact of suicide deaths and loss of life across Gippsland through the Support After Suicide Program for all people living in Gippsland that are bereaved by suicide, including family, friends, and peers of the person that has died by suicide by: • Responding to referrals through the VPeR system (Victorian Police eReferral), from the website (www.supportaftersuicide.org.au), coronial services and a wide range of other services including GPs, psychologists, community health services, mental health services, Beyond Blue, schools and headspace services, community members/self; and • Providing support according to assessed need, such as counselling with Support After Suicide, facilitation of local postvention support groups, sending information and resources and linking to local services. • Establishing a community response capability for guiding and supporting impacted community groups, businesses and other organisations in providing broader response to occurrences of suicide.
Description of Activity	In 2025, Gippsland PHN undertook an open competitive tender to seek a provider to deliver the Support After Suicide Program to all people living in Gippsland that are bereaved by suicide, including family, friends, and peers of the person that has died by suicide. Wellways Australia were successful in their bid for these services, commencing operations from 1 September 2025 and will do so under current funding to 30 June 2026. This service now incorporates face-to-face services, adding to the telehealth/digital support provided under the preceding iteration of this service. For 2026/27 the program will continue to provide • Support to people with lived experience of suicide bereavement according to assessed need, such as counselling with Support After Suicide • Service navigation for other supports required, sending information and resources and linking to local services for the Gippsland region • Coordination, training and support of local postvention support volunteers in accordance with the Community Postvention Response guidelines established by Gippsland PHN. This group responds to the greater community needs following a suicide, guiding and supporting the impacted groups, businesses, or organisations. **Engagement with Local Hospital Networks and/or State government:** Collaborative meetings between Gippsland PHN and area mental health provider Latrobe Regional Health (LRH) occur across a range of areas. The Gippsland Mental Health Alliance are also engaged with Suicide Prevention for the region as one of the 3 core objectives. This assists with joint regional planning and commissioning in the Gippsland region. **Data Collection:** Data is submitted monthly and includes; • Number of new referrals • Number of new counselling clients • Number of counselling sessions • Client demographics • Qualitative information • Community response activity • Community response volunteer register and training records

	Impact: • People who experience a loss by suicide are supported in a timely manner by professional counsellors who are experts in suicide bereavement. • Families are provided with relevant resources and information. • Community groups, businesses and organisations are provided with information sessions on request which can follow a suicide event, or be undertaken proactively by an organisation. • Timely and professional suicide bereavement information, support and counselling can prevent further suicides from people who are at risk due to their bereavement. Postvention forms an important component of prevention with the heightened suicide risk that exists for those bereaved by suicide. **Specialist Aboriginal Suicide Response Service Planning** Identifying that East Gippsland has amongst the highest suicide rate in the region, and Aboriginal men in particular being the highest risk group, Gippsland PHN released an open tender to Aboriginal led orqanisations and Aboriginal Community Controlled Organisations to develop a suicide prevention plan for the region. This followed consultation with the East Gippsland ACCOs which encouraged the planning work to build on the recommendations of the preceding suicide prevention frameworks which have been done in consultation with Aboriginal and Torres Strait Islander communities elsewhere nationally. This tender is currently in evaluation with Gippsland PHN, for the planning work to be completed by 30 June 2026. The planning work aims to: 1. Develop an Aboriginal Suicide Prevention Action Plan for Gippsland with relevant budget and EFT if applicable. 2. Identify specific needs of the East Gippsland Aboriginal communities in relation to suicide prevention, suicidal distress and suicide bereavement to localise the plan. 3. Provide initial training for first responders and others in the regional health services. 4. Raise awareness of support services available to people experiencing suicidal thoughts and feelings and to people who have been bereaved by suicide.
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 Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Health workforce Growing up healthy (0-25 years) Family violence	
Activity Demographics	
Target Population Cohort	People who have been bereaved by suicide, including Aboriginal communities across Gippsland
In Scope AOD Treatment Type	No
Indigenous Specific	Yes

Indigenous Specific Comments (if answered yes to above)	Procurement to occur for Aboriginal led Suicide Prevention plan development for East Gippsland
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**

Activity Consultation and Collaboration	
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy and is a strategic community leadership group who drives community involvement through a range of mechanisms. Gippsland PHN's Clinical Council comprises health professional representatives who recommend and advise on issues that are specific to their sub-region and/or disciplines. The Clinical Council has a Board sponsor. Gippsland PHN utilises these key governance mechanisms as the first point for consultation regarding service development and implementation. The Gippsland Mental Health Alliance meet quarterly and provide a key role in informing Suicide Prevention activities. This assists with improving care pathways, reducing system fragmentation, inefficiencies, gaps and duplication of services. For the Aboriginal Suicide Prevention Plan consultation occurred with Gippsland's Aboriginal Community Controlled Organisations. Gippsland PHN engages with the Gippsland Local Health Services Network as well.
Collaboration	Collaboration Support After Suicide works collaboratively with Standby Support After Suicide and Postvention Coordination to provide an integrated model of support to individuals, families and communities bereaved by suicide. 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 Gippsland Pathways to help support integrated care pathways with all commissioned services having an active profile on the site. Gippsland PHN encourages partnerships between organisations to increase cross referrals of clients across services based on clinical need and waiting list availability. Gippsland PHN also supports program promotion via our communications channels and quarterly meetings with commissioned service providers and General Practices. Department of Health, Disability and Ageing and State Department of Health.
Activity Milestone Details/Duration	
Activity Start Date	15/06/2016
Activity End Date	30/06/2027
Other Relevant Milestones	
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Open tender
Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details?	
Co-design or co-commissioning comments	-

Mental Health 7 Targeted Regional Initiatives for Suicide Prevention

Activity Priorities and Description	
Program Key Priority Area	*Mental Health Priority Area 5: Community based suicide prevention activities*
Aim of Activity	The aim of the Targeted Regional Initiatives for Suicide Prevention (TRISP) is to adopt a community-led and systems-based approach to suicide prevention, targeting populations identified as at risk of suicide or suicidal distress. Place-based community development initiatives will be collaboratively implemented in response to local needs across Gippsland including suicide response and postvention coordination.
Description of Activity	Gippsland PHN delivered sustainable community led suicide prevention initiatives and capacity strengthening across the mental health and primary care service sector, including lived experience in the 2025/26 financial year. Gippsland PHN in the 2025/26 FY are working with service provider organisations involved with suicide prevention and response, through the Gippsland Mental Health Alliance, to establish a sustainable governance structure in Gippsland which will continue. The structure established previously comprised a Gippsland Suicide Prevention Partnership (GSPP) to act as a strategic steering committee for suicide prevention across Gippsland, and to provide oversight and subject matter expertise to the Gippsland Suicide Prevention Collaborative (GSPC). The GSPC would then support and guide the three activity hubs in development of a Suicide Action Plan for Gippsland. The three hubs were: • Community Led Suicide Prevention Hub • Aboriginal Led Suicide Prevention Hub • Mental Health Sector Led Suicide Prevention Hub This structure was intended to be commissioned to a provider to continue to operate the governance structure in a sustainable manner on suicide prevention and to include lived experience, peer support and mentorship. With the withdrawal of TRISP funding, engagement of an external provider was no longer feasible, and these responsibilities have remained with Gippsland PHN. In conjunction with the Gippsland Mental Health Alliance, Gippsland PHN will determine the path forward on the regional structure for suicide prevention strategic decision making, governance and its ongoing sustainability. **Community Postvention Response Guidelines** In 2024/25, Gippsland PHN commissioned the development of postvention support guidelines for the community to support a community level response after a suicide death. These guidelines were instrumental in commissioning a Community Response Coordination role in 2025/26 with the commissioned Postvention services provider, Wellways Australia. This service engages, trains, and supports community volunteers to respond to organisations, community groups, and businesses who may be impacted by a death by suicide needing support at a community level. That response is managed in accordance with the Gippsland Postvention Community Response Guidelines. **Aboriginal and Torress Strait Islander plan** As per our MH5.2 Gippsland Suicide Prevention, Gippsland PHN have also released a Request For Tender for services to develop a Suicide Prevention Plan for the

	Aboriginal and Torres Strait Island community in East Gippsland. Tenders were sought from Aboriginal based organisations or Aboriginal Community Controlled Organisations with the plan to reflect the learnings of other suicide prevention plans and frameworks previously undertaken nationally. At this time of writing, the tender has closed and is in evaluation. **Live4Life** East Gippsland has the highest death by suicide rates in Gippsland. The Live4Life is a program that is community driven program that improves youth mental health and reduces youth suicide via mental health education and promoting young leaders as mental health ambassadors. Gippsland PHN have provided funding to support the Live4Life program with ongoing programs in four of Gippsland LGAs (Latrobe, Baw Baw, South Gippsland and Wellington). More recently, this includes additional funding to support the establishment of Live4Life in East Gippsland. East Gippsland is the only LGA in Gippsland that does not have a Live4Life program set up. Bass Coast have withdrawn from the program due to local government changes. **Stigma Reduction Campaign** Gippsland PHN are also working on a Stigma Reduction campaign, which is utilising a small amount of underspend from TRISP and will finish in August 2026. The Stigma Reduction campaign is focussed on challenging the structural, public/social and self-stigma of mental ill health, suicide and substance use. The Stigma Reduction plan will seek to reduce the personal sense of stigma that prevents people accessing the supports they need, as well as reducing stigma at a broader community level through raising the awareness of the effects stigma has on others. Action is needed to build a society and culture where all people in Australia, including those who have experienced mental ill-health, trauma, distress or suicidality, alcohol and other drug use have equal dignity, respect and value and are able to live a life of meaning and purpose free from mental health-related stigma and discrimination. **Engagement with Local Hospital Networks and/or State government:** Gippsland PHN maintain connection with the Black Dog Institute's Suicide Prevention Network and community of practice events, and commission relevant suicide prevention capacity building training. Gippsland PHN have worked with the Victorian Department of Health, Suicide Prevention and Response Office, participating in joint activities that were identified for progression by the TRISP funded collaborative group. Latrobe Regional Health are part of our suicide prevention activities that are being shaped through the Gippsland Mental Health Alliance. Gippsland PHN also maintain connection and participation in the relevant Communities of Practice to ensure mutual support, sharing of information and best practice developments. **Data collection** Gippsland PHN remain connected to the information of local suicide occurrences through the VTPHNA TRISP fortnightly LGA alerts from the Coroners Court of Victoria information, as well as data from other sources such as AIHW. These contribute to the understanding of local trends, understanding of alignment to other co-occurring community and social parameters, and importantly help inform strategic thinking and forward planning. **Impact**

	With the ending of TRISP funding, activity specific to Suicide Prevention has slowed, but the priority and significance of Suicide Prevention, Response and Postvention has not declined. Gippsland PHN still aims, as previous, to collaborate with service providers, community, local government, community groups, local and community services and primary care services to: • Improve service providers (including primary care) capacity to identify and respond to early distress and suicidal ideation. • Improve care coordination and referral pathways for people at risk of suicidal ideation, attempted suicide and/or are bereaved by suicide. • Ensure individuals at risk can access culturally appropriate and safe support at all stages of the suicide prevention continuum and on multiple levels including professional services (clinical and psychosocial); community support groups; targeted suicide prevention programs; families, peers, community members and mental health and suicide prevention networks. • Increase the awareness, capacity and confidence of community members to identify and respond to suicidal distress and link people with reputable supports and services. • Establish coordinated peer support, training, a Community of Practice and opportunities for people with lived experience wishing to contribute to suicide prevention in Gippsland. • Improve real time response and wrap around support in small communities when a suicide occurs and utilised LGA level real time data to strengthen local postvention responses to suicide. • Ensure suicide prevention interventions and messaging are inclusive to meet the needs of identified priority population groups and/or diverse communities. • Facilitate inclusive governance structures with community members and lived experience representatives. • Raise awareness of safe communication about suicide in schools, workplaces and community settings. • Commission relevant services, project activities and training across the suicide prevention continuum. • Contribute to the body of knowledge about suicide prevention program delivery in Australia by using evidence to improve the effectiveness, efficiency and appropriateness of systems-based approaches to suicide prevention.
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 Aboriginal and/or Torres Strait Islander health and wellbeing	
Activity Demographics	
Target Population Cohort	Community with a focus on priority populations at higher suicide risk such as men, Aboriginal and/or Tortes Strait islanders, LGBTIQA+ people, veterans and people with mental health and AOD challenges, as well as those living in the highest suicide incidence rates. In Gippsland these are the East Gippsland and Latrobe LGAs.
In Scope AOD Treatment Type	No
Indigenous Specific	No

Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Community benchmarking and consultation occurred in 2024 via an online survey which resulted in the establishment of the Gippsland Suicide Prevention Collaborative and recruitment of ten priority population advisors. This includes people with lived experience and community members representing at risk groups such as LGBTIQA+ and Aboriginal and/or Torres Strait Islanders from across Gippsland. Gippsland PHN actively engage with the Local Health Services Network and the Gippsland Mental Health Alliance. Suicide Prevention is also one of four primary objectives of the Gippsland Mental Health Alliance which are currently working towards sustainable approaches to maintain suicide prevention activities in Gippsland for both the service provider and those engaged from community.
Collaboration	The Gippsland Suicide Prevention Partnership and Gippsland Suicide Prevention Collaborative were established with key stakeholders and people with a lived experience. This included: • Mental health practitioners and other health professionals; • General Practitioners; • Aboriginal Community Controlled Organisations (ACCOs); • Relevant Not-For-Profit organisations such as Lifeline Gippsland, Wellways and Roses in The Ocean; • Community groups such as Neighbourhood Houses and Rotary; • People with lived experience of suicide including those who have been bereaved; • Community members representing at risk groups such as LGBTIQA+ and Aboriginal and/or Torres Strait Islander people; • Youth Services such as headspace; • Victoria Police; • Ambulance Victoria; • Local governments; • Prevention and Health Promotion via the Gippsland Regional Public Health Unit (GRPHU); • Family Violence services; • Community Health Services and Public Hospitals; • Mental Health Peer workers; • Sporting Clubs; • Education providers/schools; • State Government; and • Local media. Led by Gippsland PHN, the Gippsland Mental Health Alliance is working through approaches to sustain the network engagement for Suicide Prevention. Gippsland PHN engages with the Gippsland Local Health services Network.

Activity Milestone Details/Duration	
Activity Start Date	01/07/2022
Activity End Date	30/06/2027
Other Relevant Milestones	

Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Not yet known
Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details?	NA
Co-design or co-commissioning comments	-

Mental Health - 8 – MH-8 Mental Health Stepped Care (Youth Enhanced Services)

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 2: Child and youth mental health services
Aim of Activity	Gippsland PHN commissions Primary Mental Health Care services work within a Stepped Care approach, supported by the Primary Mental Health and Suicide Prevention Stepped Care Program Guidelines. The program seeks to provide enhanced access to medical care, care coordination and evidenced based psychological interventions, and promote youth service integration through local partnerships. It also aims to contributes to a quality, innovative, and effective mental health and suicide prevention service system.
Description of Activity	In previous years, Youth Enhanced Service has been imbedded into the delivery of psychological therapies and severe and complex mental health services by existing providers who have both the capacity and credentialed workforce. Gippsland PHN has previously undertaken a market sounding project to better understand the needs of youth enhanced services in Gippsland particularly for ages 12 to 25. This involved consultation and codesign via workshops and surveys with (but not limited to) existing service providers, consumers, their carers and families, advocates, health sector professionals, Orygen, Gippsland PHN Community and Clinical Councils, other PHNs and other community members. Part of these consultations were around identifying un-met need as well as looking at the modelling published by Orygen for Youth Enhanced Services to ensure it is fit for purpose to meet the needs of both the supply and demand side of the market in Gippsland. On completion of the market sounding project, Gippsland PHN returned to the market with a public procurement seeking organisations to bid for the services that were codesigned from the consultation to commence from 01 January 2024. The public procurement resulted in one contract being offered to Relationships Australia Victoria to deliver Youth Enhanced Services in Gippsland. The contract included an establishment period and service delivery commenced July 2024. The contract has been extended, and pending ongoing funding and performance of the provider, Gippsland PHN intend to continue this program in future years. The current service delivery model will continue and includes: • A range of evidence-based psychological interventions, such as Cognitive Behavioural Therapy, interpersonal therapy, family therapy and family-based interventions, and psychoeducation. • Access to specialist medical care (e.g. GP for medication management and physical health, sessional psychiatrist for assessment, diagnostic clarity and treatment planning). • Outreach services, home visits, and telehealth (in addition to office-based services). • Case management and care coordination. • Group and family support programs • Partnerships with other service providers to ensure wrap around holistic care • Inclusion of peer support/lived experience workers within the program **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. Staff undertake mandatory training for cultural, diversity competency and safety, this aids them in achieving/maintaining accreditation. All staff have undertaken IAR training to better support their cohort of clients **Engagement with Local Hospital Networks and/or State government:** Gippsland PHN have been and will continue to engage with child and youth state-based services operated through Latrobe Regional Health and regularly collaborate with them about targeted Youth Enhanced Services. Gippsland PHN engages with the Gippsland Local Health Services Network and the Gippsland Mental Health Alliance (secretariat). **Impact:** The program in the first six months has progressively increased occasions of service and responded to the need in the community. Over the 2024/2025 financial year, the program delivered of 1600 occasions of service. The intended outcomes are that the program is helping to fill the identified gap in services for youth aged 12 – 25 years of age. **Collection of PMHC-MDS data** includes collection of data extensions or tags for service activity. The approach for collection is: The Youth Enhanced Program provider uses FIXUS to capture PMHC-MDS data. The review of service order agreement Key Performance Indicators and feedback to individual service providers on their progress towards targets ensures that the PMHC-MDS is submitted and analysed by the completion of quarterly interval reports as well as monitoring of Program/Provider level outcome dashboards. There are some issues with capturing the true value of the Youth Enhanced Service via the PMHC-MDS; this was reported as being a widespread issue via PHNs forums facilitated by Orygen. It is reported that PMHC-MDS is too rigid to capture the true essence of a YES service and there is discussion about creating a national data set more aligned to the need of a multidisciplinary and integrated outreach-based care model. We are continuing to work on the model of capturing the care coordination of the program alongside the occasions of service, this being ongoing. 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 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.
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 Growing Up Healthy- (0-25 years)	
Activity Demographics	
Target Population Cohort	Young people aged 12-25 throughout Gippsland
In Scope AOD Treatment Type	No
Indigenous Specific	No

Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Consultation continues to occur with; • Gippsland PHN Community Advisory Committee • Gippsland PHN Clinical Council • Existing PMHC, Head to Health, Medicare Mental Health (including Medicare Intake phone service), and headspace services in Gippsland • Other PHNs who have well established Youth Enhanced Services • Gippsland PHN engages with the Local Health services Network and the Gippsland Mental Health Alliance.
Collaboration	Orygen Victorian Child and Youth Mental Health Gippsland Unit – Latrobe Regional Health
Activity Milestone Details/Duration	
Activity Start Date	01/08/2023
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?	Yes
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details?	NA
Co-design or co-commissioning comments	Service modelling and tender specification have been co-designed with both sides of the market (supply and demand)

Mental Health - 13 – MH13 Mental Health Stepped Care (Low Intensity)

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 1: Low intensity mental health services
Aim of Activity	Gippsland PHN commissions Primary Mental Health Care services work within a Stepped Care approach, supported by the Primary Mental Health and Suicide Prevention Stepped Care Program Guidelines. The program seeks to contribute to a quality, innovative, and effective mental health and suicide prevention service system. The program aims to provide PMHC services to Gippsland residents aligning with the expectation of need in the region.
Description of Activity	Gippsland PHN combined and pooled funding for three activities (MH3.1-Psychological Therapies for Underserviced Groups; MH4.1 - Severe and Complex; and MH13 - Low Intensity Mental Health) into one flexible activity; Mental Health Stepped Care. This better aligns to the true nature of a stepped-care model. The services within the low-intensity step included: <u>Relationships Australia Victoria</u> Child Mental Health services for children aged 4-11 living in Gippsland. The service 'Connect Me' utilised both face-to-face and telehealth modes and improved the overall health and wellbeing of children in Gippsland via intake and assessment and the development of a family action plan which may have included paediatric services that worked collaboratively with the 'Connect Me' program. <u>South Gippsland Hospital</u> This service meets a demand for support in Foster and the surrounding regions within the South Gippsland area. This service directly supported the Psychological Therapies activity delivered by the same provider in the same area by supporting the needs and goals of each client, working on strength based and solution-focused methods, maintaining task-centred practice, narrative approaches, loss and bereavement support and client advocacy. The service was delivered via a mix of individual face-to-face and telehealth sessions and provided counselling and/or social work services depending on the assessed needs of the consumer and the agreed treatment plan. Services can be provided as outreach services to smaller communities on request of the consumer. Current (2026-2027) activity 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, Gippsland PHN will progress with a commissioning process that supports the needs of the Gippsland

	community and will align with the new funding schedules (once they are released), in terms of length, budget and scope. As DHDA have now launched a National Early Intervention Service (Medicare Mental Health Check-In) from 1 January 2026, the RAV Connect Me program will be removed from the Low Intensity program. Whilst the RAV Connect Me program has been in place, data and need for children needing support at a higher level has emerged. Children in Gippsland are experiencing higher levels of mental health need compared with the Victorian and National average. Whilst under the low intensity program, RAV Connect Me program has been providing services to a broad range of mental health presentations and have therefore been seeing consumers at a higher level of care. In light of this, the RAV Connect Me program will be transitioned to the Psychological Therapies program for the 2026/27 financial year with the contract being extended for a period of 12 months from 1 July – 30 June 2027 from the Psychological Therapies funding. South Gippsland Hospital will be commissioned to provide Psychological Therapies and will not be commissioned to provide Low Intensity Interventions. While Gippsland PHN do not intend to commission stand-alone Low Intensity Services in 2026-27, all Mental Health providers commissioned to provide Psychological Therapies and Severe and Complex Mental Health supports will also provide Low Intensity interventions such as brief interventions, online resources or education for their consumers to utilise between visits or while awaiting a first appointment. These low intensity interventions are to support existing consumers rather than duplicate the services of the NEIS. Throughout 2025-26, Gippsland PHN undertook the below 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. • Staff undertake mandatory training for cultural, diversity competency and safety, this aids them in achieving/maintaining accreditation. • Staff have undertaken IAR training to better support their cohort of clients. **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 the Local Health Services Network and the Gippsland Mental Health Alliance. **Collection of PMHC-MDS data** includes collection of data extensions or tags for service activity. FIXUS is utilised by both providers for the collection, submission and review of data. The review of service order agreement Key Performance Indicators and feedback to individual service providers on their progress towards targets ensures that the PMHC-MDS is submitted and analysed by the completion of quarterly interval reports as well as monitoring of Program/Provider level outcome dashboards. **Impact** Gippsland PHN Low Intensity treatment delivered evidence-based treatment services to meet local need, catchment priorities and service gaps, including services delivered to the target populations of those within the region who would otherwise have access issues such as Aboriginal and/or Torres Strait Islanders, youth, and the general population.

	Gippsland PHN used contract monitoring to review the impact of service delivery on the region. Data collected in the PMHC-MDS allowed the formulation of provider and program dashboard reports which serve to highlight the level of significant improvement experienced by clients engaged in the programs commissioned. Additional data in the form of total program occasions of services allowed data to be compared against the percentage of the Gippsland region expected to need care at each step of the Stepped Care program. This data also allowed collection and capture of year-on-year growth of occasions of service. Gippsland PHN commissioned service providers have delivered: • FY2022-2023: 802 occasions of service • FY2023-2024: 1702 occasions of service • FY2024-2025: 1255 occasions of service • FY2025-2026: 590 occasions of service (Jul 25 – Jan 26 data)
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 Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Health workforce Growing up healthy (0-25 years) Family violence Access to primary care for marginalised communities	
Activity Demographics	
Target Population Cohort	Individuals throughout the Gippsland region requiring low intensity mental health services
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes
SA3 Name	**SA3 Code**
Gippsland wide	
Activity Consultation and Collaboration	
Consultation	Ongoing and regular consultations held with Gippsland Mental Health Alliance, Gippsland Drug and Alcohol Service Providers Alliance (GADSPA), consumer representatives, local hospitals, Local Health Services Network, Aboriginal Community Controlled Organisations, medical professionals, social and community services, and state Department of Families Fairness and Housing (DFFH).
Collaboration	All services report collaborations with their consumers and carers to co-design health and wellbeing care plans and other Gippsland PHN commissioned service providers and other organisations within Gippsland, including: • Connect Well East Gippsland and Wellington partnership (collaboration of community and health organisations who deliver Orange Door); • Medicare Mental Health Centres (Head to Health)

	• Medicare Mental Health Phone Intake Service • Mental Health and Wellbeing Locals • Youth Support Advocacy Service (YSAS); • Australian Community Support Organisation (ACSO); • Wellways • Department of Justice and Corrections • Victoria Police • Ambulance Victoria • General Practice Clinics • Community Services • Local Hospital Services • LifeLine • Mental Health Wellbeing Network facilitated by the East Gippsland Primary Care Partnership • East Gippsland Youth Focus Network • Noah's Ark • Quantum Support • Save the Children • Schools, to complement existing resources within school environment, support parents and families, enable teachers and staff to access for advice and support • headspace Gippsland for any Youth referrals that may be appropriate, promoting the services in this activity aimed at children and collaborating with the local student support service teams • Aboriginal Controlled Community Organisations • Victorian Mental Health and Wellbeing Hubs located in Bass Coast (Cowes) / South Gippsland (Wonthaggi) for cross referrals. Collaboration with relevant primary and mental health service providers seeks to address and improve integrated care pathways and the delivery of seamless, effective and efficient care. Gippsland PHN collaborates via community health pathways and through its Clinical Councils. It also encourages and facilitates collaboration between service providers and Head to Health and will seek to further improve integrated care pathways. Gippsland PHN also collects information and encourages partnerships between organisations to increase cross referrals of clients across services based on clinical need and waiting list availability.
Activity Milestone Details/Duration	
Activity Start Date	15/06/2016
Activity End Date	30/06/2026
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-	No

commissioning arrangements?	
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	Yes
Decommissioning details?	Existing contract/s across MH13 - Low Intensity Mental Health will be decommissioned as standalone Low Intensity program with consumers transitioning from low intensity to moderate intensity step for South Gippsland hospital as at 30/6/2026. RAV Connect Me will be extended however this extension will be funded from psychological therapies activity.
Co-design or co-commissioning comments	The tender evaluation criteria for the public Request for Tender procurement for these services was co-designed with consumers with lived experience and industry experts.

Mental Health - 31 - MH3.1 Mental Health Stepped Care (Psychological Therapies)

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 3: Psychological therapies for rural and remote, under-services and/or hard to reach groups
Aim of Activity	Gippsland PHN commissions Primary Mental Health Care services within a Stepped Care approach, supported by the Primary Mental Health and Suicide Prevention Stepped Care Program Guidelines. The program seeks to contribute to a quality, innovative, and effective mental health and suicide prevention service system. The program aims to provide PMHC services to Gippsland residents aligning with the expectation of need in the region.
Description of Activity	In past years (from 2022-23 until 2025-26), Gippsland PHN have combined and pooled funding for three activities (MH3.1- Psychological Therapies for Underserviced Groups; MH4.1 - Severe and Complex; and MH13 - Low Intensity Mental Health) into one flexible activity; Mental Health Stepped Care. Moving into FY26-27, Gippsland PHN will be de-commissioning the Low Intensity Program as a standalone program and the two low intensity contracts (South Gippsland Hospital and Relationships Australia Victoria) will continue with funding only from Psychological Therapies program. Program: This activity delivers psychological therapies appropriate for individuals experiencing mild to moderate mental illness to: ○ Increase service access rates maximising the number of people receiving evidence-based interventions; and ○ Improve access to adequate level of primary mental health care interventions to maximise recovery and prevent escalation. The current services can be accessed by consumers via direct referrals from their GP or other health provider, via self-referral or via the Medicare Mental Health Phone Intake service. In 2025/26 services delivered by: • South Gippsland Hospital (South Gippsland LGA) • Erin Dolan and Associates (Baw Baw LGA and Gippsland-wide via telehealth) • Uniting Care (South Gippsland LGA and Latrobe LGA) • Gippsland Lakes Complete Health (East Gippsland LGA) • Relationships Australia Victoria Connect Me A range of evidence based psychological therapies were provided by psychologists and other appropriately qualified allied health professionals. Private psychiatrists and paediatricians were involved for some individual cases where clinically indicated and where psychiatry support is accessible by the service or consumer. Services were mainly face-to-face primary care services, supported by psychologists, social workers and counsellors as clinically indicated; or linked to broader social supports. Clinician-assisted digital mental health services were made available where appropriate, particularly for more remote locations, such as in East Gippsland. Peer workforce may be utilised to complement clinical services. To ensure high quality of service delivery, health professionals who deliver these services must: • Be credentialed in the field of mental health, or, to allow for entry of newly trained persons into the field of mental health, practice under the approved and direct professional supervision of a fully qualified and accredited mental health professional; and

	• Meet the required qualifications and standards to provide the specified therapies including Continuing Professional Development (CPD) requirements. For this activity, the workforce consists primarily of registered, credentialed and recognised psychologists, mental health nurses, mental health social workers, mental health occupational therapists and Aboriginal and/or Torres Strait Islander mental health workers. They must have completed best practice current training relative to priority populations or services being offered and provide evidence of compliance with Gippsland PHN's clinical governance requirements. Contract and Provider Performance Management: In September 2025, Royal Flying Doctors Service [RFDS] was decommissioned. To support current and prospective consumers of RFDS services after de-commissioning, Gippsland PHN undertook a limited Expression of Interest to existing commissioned service providers to extend their services via face-to-face and/or telehealth services to Bass Coast, Wellington and Far East Gippsland. Short-term contracts were awarded to Inglis Medical Centre (Wellington and Far East Gippsland) and Outcome Health (Bass Coast). These contracts commenced 1 October 2025 and will end 30 June 2026. FY2025-26 Tender Process: 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, Gippsland PHN will progress with a commissioning process that supports the 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, we will continue contracts for some current Mental Health and AOD service providers into 2026/27. Contract extensions were informed by an internal review of all current commissioned service providers and their performance to contract KPIs and deliverables; service availability across Gippsland and health needs assessment. Contract extensions will be offered to the commissioned service providers below: • South Gippsland Hospital (South Gippsland LGA) • Erin Dolan and Associates (Baw Baw LGA and Gippsland-wide via telehealth) • Gippsland Lakes Complete Health (East Gippsland LGA) • Melbourne East General Practice Network (Outcome Health) (South Gippsland) Services are planned to continue until 30 June 2027 through the extension of existing contracts resulting from the initial public RFT via Deeds of Variation. Additional

	services may be procured as gaps are identified, and as part of standard continuous quality improvement processes. 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. • Staff undertake mandatory training for cultural, diversity competency and safety, this aids them in achieving/maintaining accreditation. • Staff have undertaken IAR training to better support their cohort of clients. Collection of PMHC-MDS data includes collection of data extensions or tags for service activity. FIXUS is utilised by both providers for the collection, submission and review of data. The review of service order agreement Key Performance Indicators and feedback to individual service providers on their progress towards targets ensures that the PMHC-MDS is submitted and analysed by the completion of quarterly interval reports as well as monitoring of Program/Provider level outcome dashboards. 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 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. **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 collaborate regarding services. Gippsland PHN engage with the Local Health Services Network and the Gippsland Mental Health Alliance. **Impact** Psychological therapies for rural and remote, under-serviced and/or hard to reach groups delivers evidence-based treatment services to meet local need, catchment priorities and service gaps, including services delivered to the target populations of those within the region who would otherwise have access issues such as Aboriginal and/or Torres Strait Islanders, youth, and the general population. Services are supported with telehealth offering to reach rural and remote consumers. Having a KPI in all contracts with a timeframe for following up all suicide-risks ensures that the impact of suicide on the community is reduced. Gippsland PHN uses contract monitoring to review the impact of service delivery on the region. Data collected in the PMHC-MDS allows the formulation of provider and program dashboard reports which serve to highlight the level of significant improvement experienced by clients engaged in the programs commissioned. Additional data in the form of total program occasions of services allows data to be compared against the percentage of the Gippsland region expected to need care at each step of the Stepped Care program. This data also allows collection and capture of year-on-year growth of occasions of service.
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 Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Health workforce Connected care Growing up healthy (0-25 years) Family violence Access to primary care for marginalised communities	
Activity Demographics	
Target Population Cohort	Marginalised communities across Gippsland who may experience barriers in accessing mental health and suicide prevention services.
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Ongoing and regular consultations held with Gippsland Mental Health Alliance, Local Health Services Network, Gippsland Drug and Alcohol Service Providers Alliance (GADSPA), consumer representatives, local hospitals, Aboriginal Community Controlled Organisations, medical professionals, social and community services, and state Department of Families Fairness and Housing (DFFH).
Collaboration	All services report collaborations with their consumers and carers to co-design health and wellbeing care plans and other Gippsland PHN commissioned service providers and other organisations within Gippsland, including: • Connect Well East Gippsland and Wellington partnership (collaboration of community and health organisations who deliver Orange Door); • Medicare Mental Health Centres (Head to Health) • Medicare Mental Health Phone Intake Service • Mental Health and Wellbeing Locals (Traralgon, Bairnsdale) • Youth Support Advocacy Service (YSAS); • Australian Community Support Organisation (ACSO); • Wellways • Department of Justice and Corrections • Victoria Police • Ambulance Victoria • General Practice Clinics • Community Services • Local Hospital Services • LifeLine • Mental Health Wellbeing Network facilitated by the East Gippsland Primary Care Partnership • East Gippsland Youth Focus Network • Noah's Ark • Quantum Support • Save the Children

	• Schools, to complement existing resources within school environment, support parents and families, enable teachers and staff to access for advice and support • headspace Gippsland for any Youth referrals that may be appropriate, promoting the services in this activity aimed at children and collaborating with the local student support service teams • Aboriginal Controlled Community Organisations • Victorian Mental Health and Wellbeing Hubs located in Bass Coast (Cowes) / South Gippsland (Wonthaggi) for cross referrals. Collaboration with relevant primary and mental health service providers seeks to address and improve integrated care pathways and the delivery of seamless, effective and efficient care. Gippsland PHN collaborates via community health pathways and through its Clinical Councils. It also encourages and facilitates collaboration between service providers and Head to Health and will seek to further improve integrated care pathways. Gippsland PHN also collects information and encourages partnerships between organisations to increase cross referrals of clients across services based on clinical need and waiting list availability.
Activity Milestone Details/Duration	
Activity Start Date	29/06/2019
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?	Yes
Decommissioning	yes
Decommissioning details?	RFDS Contract was de-commissioned by mutual agreement of Gippsland PHN and RFDS as at 30 September 2025. Short-term contracts to support consumers impacted by the de-commissioning of RFDS to Outcome Health and Inglis Street Medical will be de-commissioned at 30 June 2026. Uniting will be de-commissioned at 30 June 2026.

Co-design or co-commissioning comments	The tender evaluation criteria for the public Request for Tender procurement for these services was co-designed with consumers with lived experience and industry experts.

Mental Health - 41 - MH4.1 Mental Health Stepped Care (Severe and Complex)

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Aim of Activity	Gippsland PHN commissions Primary Mental Health Care services within a Stepped Care approach, supported by the Primary Mental Health and Suicide Prevention Stepped Care Program Guidelines. The program seeks to contribute to a quality, innovative, and effective mental health and suicide prevention service system. The program aims to provide PMHC services to Gippsland residents aligning with the expectation of need in the region.
Description of Activity	In past years (from 2022-23 until 2025-26), Gippsland PHN have combined and pooled funding for three activities (MH3.1- Psychological Therapies for Underserviced Groups; MH4.1 - Severe and Complex; and MH13 - Low Intensity Mental Health) into one flexible activity; Mental Health Stepped Care. Program: This activity delivers high intensity mental health treatment services appropriate for individuals experiencing severe and complex mental illness to: • Improve access to adequate levels of primary mental health care intervention to maximise recovery and prevent escalation; and • Provide wrap-around coordinated care for people with complex needs. Services have been delivered by: • Foster Medical Centre • Melbourne East General Practice Network (Outcome Health) The type of services delivered involves face-to-face clinical care, using a combination of General Practitioner care, Psychiatrists, Mental Health Nurses, Psychologists and Allied Health. It involves coordinated, multiagency services for those with severe and complex mental illness. To ensure high quality of service delivery, health professionals who deliver these services must: • be credentialed in the field of mental health or to allow for entry of newly trained persons into the field of mental health under the approved and direct professional supervision of a fully qualified and accredited mental health professional; and • meet the required qualifications and standards to provide the specified therapies including Continuing Professional Development (CPD) requirements. All services are based within General Practices across Gippsland as this model provides a multi-disciplinary model of care creating a community of care for the consumer. Intake uses the Intake Assessment and Referral tool (IAR) to guide decision making around the intensity and type of treatment each person requires. Services include evidenced based psychological therapies, clinical care coordination and mental health nursing. Psychiatry services are on hand and part of the community of care and consumers are referred as required. Referrals may be into or out of psychosocial services, allied health and other health services to support a holistic approach and local health networks. Clinical staff are experienced with: • Children and young people as well as adults and older adults

	• Dual diagnosis consumers and some clinical staff are qualified dual diagnosis practitioners • Chronic disease • Trauma informed care • Family violence. Contract and Provider Performance Management: Foster Medical Centre advised Gippsland PHN of the loss of clinician/s on 16 January 2026, with no future recruitment activity planned. Foster Medical Centre indicated that they did not intend to replace the departing clinician/s in anticipation of contract ending in June 2026. Consumers are being reviewed and closed or referred to other service/s by remaining clinician/s and General Practitioners within the service between January and June 2026. FY2025-26 Tender Process 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 unknowns 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 receives additional funding advice from DHDA, Gippsland PHN will progress with a commissioning process that supports the 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, we will continue contracts for some current Mental Health and AOD service providers into 2026/27. Contract extensions were informed by an internal review of all current commissioned service providers and their performance to contract KPIs and deliverables; service availability across Gippsland and health needs assessment. Contract extensions will be offered to Outcome Health. Services are planned to continue until 30 June 2027 through the extension of existing contract resulting from the initial public RFT via Deeds of Variation. Additional services may be procured as gaps are identified, and as part of standard continuous quality improvement processes. **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, Local Health Services Network and regularly converse with them regarding services. Service specific consultation occurs through the Gippsland region. 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. • Staff undertake mandatory training for cultural, diversity competency and safety, this aids them in achieving/maintaining accreditation.

	• Staff have undertaken IAR training to better support their cohort of clients. **Collection of PMHC-MDS data** includes collection of data extensions or tags for service activity. FIXUS is utilised for the collection, submission and review of data. The review of service order agreement Key Performance Indicators and feedback to individual service providers on their progress towards targets ensures that the PMHC-MDS is submitted and analysed by the completion of quarterly interval reports as well as monitoring of Program/Provider level outcome dashboards. 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 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. **Impact** Severe and complex services deliver evidence-based treatment services to meet local need, catchment priorities and service gaps, including services delivered to the target populations of those within the region who would otherwise have access issues such as Aboriginal and/or Torres Strait Islanders, youth, and the general population. The program is a Nurse-Led model embedded within General Practices across Gippsland. This provides an opportunity for collaboration and referral pathways between the Nurse Practitioners and GPs to reduce co-occurring and/or co-morbid physical and mental health challenges and offer holistic care for people living with persistent mental health challenges. Gippsland PHN uses contract monitoring to review the impact of service delivery on the region. Data collected in the PMHC-MDS allows the formulation of provider and program dashboard reports which serve to highlight the level of significant improvement experienced by clients engaged in the programs commissioned. Additional data in the form of total program occasions of services allows data to be compared against the percentage of the Gippsland region expected to need care at each step of the Stepped Care program.
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 Aboriginal and/or Torres Strait Islander health and wellbeing Alcohol and other drugs Health workforce Connected care Growing up healthy (0-25 years) Family violence Access to primary care for marginalised communities	
Activity Demographics	
Target Population Cohort	Individuals living in Gippsland experiencing severe and complex mental illness.
In Scope AOD Treatment Type	No
Indigenous Specific	No

Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes
SA3 Name	**SA3 Code**
Gippsland wide	
Activity Consultation and Collaboration	
Consultation	Ongoing and regular consultations held with Gippsland Mental Health Alliance, Gippsland Drug and Alcohol Service Providers Alliance (GADSPA), consumer representatives, local hospitals, Local Health Services Network, Aboriginal Community Controlled Organisations, medical professionals, social and community services, and state Department of Families Fairness and Housing (DFFH).
Collaboration	All services report collaborations with their consumers and carers to co-design health and wellbeing care plans and other Gippsland PHN commissioned service providers and other organisations within Gippsland, including: • Connect Well East Gippsland and Wellington partnership (collaboration of community and health organisations who deliver Orange Door); • Medicare Mental Health Centres (Head to Health) • Medicare Mental Health Phone Intake Service • Mental Health and Wellbeing Locals (Traralgon, Bairnsdale) • Youth Support Advocacy Service (YSAS); • Australian Community Support Organisation (ACSO); • Wellways • Department of Justice and Corrections • Victoria Police • Ambulance Victoria • General Practice Clinics • Community Services • Local Hospital Services • LifeLine • Mental Health Wellbeing Network facilitated by the East Gippsland Primary Care Partnership • East Gippsland Youth Focus Network • Noah's Ark • Quantum Support • Save the Children • Schools, to complement existing resources within school environment, support parents and families, enable teachers and staff to access for advice and support • headspace Gippsland for any Youth referrals that may be appropriate, promoting the services in this activity aimed at children and collaborating with the local student support service teams • Aboriginal Controlled Community Organisations • Victorian Mental Health and Wellbeing Hubs located in Bass Coast (Cowes), South Gippsland (Wonthaggi) for cross referrals. Collaboration with relevant primary and mental health service providers seeks to address and improve integrated care pathways and the delivery of seamless, effective and efficient care. Gippsland PHN collaborates via community health pathways and through its Clinical Councils. It also encourages and facilitates collaboration between service providers and Head to Health and will seek to further improve integrated care pathways. Gippsland PHN also collects information and encourages partnerships

	between organisations to increase cross referrals of clients across services based on clinical need and waiting list availability.
Activity Milestone Details/Duration	
Activity Start Date	29/06/2019
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?	Foster Medical Centre will be de-commissioned as at 30 June 2026 on mutual agreement between Gippsland PHN. The provider is undertaking a staged closure/referral process in the lead up to de-commissioning of the contract.
Co-design or co-commissioning comments	The previous tender evaluation criteria for the public Request for Tender procurement for these services was co-designed with consumers with lived experience and industry experts.

Mental Health - 22 - MH2.2 Gippsland headspace services

Activity Priorities and Description	
Program Key Priority Area	*Mental Health Priority Area 2: Child and youth mental health services*
Aim of Activity	This activity provides tailored and holistic mental health support to young people aged 12 - 25 years, with a focus on early intervention and with the young person at the centre of the service delivery.
Description of Activity	Three headspace centres deliver this activity – • Morwell to cover the Local Government Areas (LGAs) of Latrobe and Baw Baw; • Bairnsdale to cover the LGA of East Gippsland; with a Satellite Service in the community of Sale to cover the LGA of Wellington • Wonthaggi to cover the LGAs of Bass Coast and South Gippsland; with an outreach model of Youth Access Clinics across five separate locations. Each service is bound by a licence agreement with headspace National, ensuring that the services are delivered according to the headspace model of care. The headspace service in each location (Bairnsdale, Morwell, Wonthaggi, satellite site Sale) provide telehealth and outreach when required and deliver four streams of care – general practice, mental health, alcohol and other drug services and vocational. Each service is delivered by a consortium of local service providers, with a lead agency in place. All services also have a youth advisory committee to guide service development and implementation. All Primary Mental Health service providers (including headspace Lead Agencies) work within a stepped-care approach and have established referral pathways to 'step people up' into higher intensity services as required. There is established referral pathways between headspace services and the Area Mental Health Child/Youth Service (AMHS) in Gippsland. Latrobe Regional Health (the Lead Agency of AMHS in Gippsland) sits on headspace service Consortium meetings for all three headspace centres, providing clinical oversight and strengthening referral pathways into clinical services for people who might be experiencing severe mental health issues. With the introduction of the enhancement funding in 2023, satellite site Sale headspace continues to open 4 days per week. Services are planned to continue through the extension of existing contracts via Deeds of Variation. Engagement with Local Hospital Networks and/or State government: Headspace centres in Gippsland have local hospital Area Mental Health Child & Youth service representation on their consortium membership. Gippsland PHN and the providers engage with the Gippsland Mental Health Alliance as well as the Local Health Services Network. Activities to promote and improve the update of practice accreditation: All headspace centres work towards maintaining their headspace Model Integrity Framework (hMIF) accreditation. The hMIF is referred to and updates are given at regular consortium meetings. Gippsland PHN refers to the accreditation tasks through hMIF at quarterly meetings with service providers and seeks an update of progress towards completion. Collection of PMHC-MDS data includes collection of data extensions or tags for service activity. The approach for collection is:

	Gippsland PHN seeks data to be submitted from headspace centres monthly via the headspace data system HAPI. This data includes occasions of service and DNAs and waitlist details. Seeking advice from providers regarding their waitlist time management is included in program meeting discussions. Gippsland PHN also accesses Tableau reporting on a regular basis to review and monitor progress and reporting and related information. Impact: Young people across Gippsland have access to culturally safe and youth-friendly services to support their mental health needs. Young people living in smaller and more remote towns in Bass Coast and South Gippsland have face-to-face access to headspace services due to the outreach model of Youth Access Clinics across five separate locations.
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 Aboriginal and/or Torres Strait Islander health and wellbeing Alcohol and other drugs Health workforce Connected care Growing up healthy (0-25 years) Family violence Access to primary care for marginalised communities	
Activity Demographics	
Target Population Cohort	12-25 year target cohort
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes
SA3 Name	**SA3 Code**
Gippsland wide	
Activity Consultation and Collaboration	
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy and is a strategic community leadership group who drives community involvement through a range of mechanisms. Gippsland PHN's Clinical Council is comprised of health professional representatives enabling the group members to recommend and advise on primary care issues that are specific to Gippsland across many disciplines. The Clinical Council has a Board sponsor. Gippsland PHN utilises these key governance mechanisms for consultation regarding service development and implementation. Other consultation that has occurred in relation to this commissioning activity includes the Gippsland Mental Health Alliance, Gippsland Drug and Alcohol Service Providers Alliance (GADSPA), Consumer representatives, local hospitals, Aboriginal Community Controlled Health Organisations (ACCHOs), medical professionals, social

	and community services and state Department of Families, Fairness and Housing (DFFH). Service specific consultation also occurs through the youth advisory committees in each local area and the DFFH Child and Youth Area Partnership.
Collaboration	The lead agencies for Gippsland headspace services collaborate closely with their local service providers via their governance consortiums. Membership of these consortia may include Area Mental Health Service Child and Youth Mental Health (via Latrobe Regional Health); Local Health Services Network; rural health services; community health services; welfare/support organisations such as Quantum Support, Berry Street, and Anglicare; ACCHOs; education, employment and Local Learning Employment Networks; and alcohol and other drug service providers. Collaboration is achieved through the membership and involvement of relevant primary and mental health providers on headspace consortiums. Service providers give service updates at consortium meetings and highlight any discussion that may require a collective solution. The updates support referral and integration of all the services. The discussion gives an opportunity for services to talk about their waiting lists, challenges and sometimes their successes. It is also an opportunity where initiatives are highlighted and can be shared. headspace centres also provide space for relevant primary and mental health service providers to co-locate within their headspace centre to provide easy access and a collaborative approach to the care of young people.
Activity Milestone Details/Duration	
Activity Start Date	29/06/2019
Activity End Date	30/06/2028
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?	NA
Co-design or co-commissioning comments	Gippsland PHN worked with headspace Centres and youth advisory groups to design models fit for local communities. Refer to collaboration and consultation for further information regarding co-design processes.

Mental Health - 32 - MH3.2 Psychological therapies for people living in residential aged care homes

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 3: Psychological therapies for rural and remote, under-services and/or hard to reach groups
Aim of Activity	This activity provides psychological therapies to people with a diagnosis of mental illness (or risk of developing a diagnosable mental illness) for people who live Residential Aged Care Homes (RACHs)
Description of Activity	This activity delivers psychological therapies appropriate for individuals living in Residential Aged Care Homes experiencing mild to moderate mental illness, to: • Increase service access rates maximising the number of people receiving evidence-based intervention; and • Improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation. This activity supports older people accessing timely, person-centred mental health supports in their aged care home. In Gippsland access to psychological therapy services through the Better Access initiative on the MBS is limited for residents as many residents do not have referrals from a Psychiatrist. This activity provides responsive supports to the resident that is tailored to the person's need. To ensure high quality of service delivery, health professionals who deliver these services must: • be credentialed in the field of mental health or to allow for entry of newly trained persons into the field of mental health under the approved and direct professional supervision of a fully qualified and accredited mental health professional; and • meet the required qualifications and standards to provide the specified therapies including Continuing Professional Development (CPD) requirements. Gippsland PHN commissioned Wellways Mental Health in Aged Care (MHIAC), offering tailored mental health support services to residents in all 53 Gippsland aged care homes until 30 June 2027. MHIAC program is an innovative, non-stigmatising early intervention program for older Australians living in, residential aged care using skilled Mental Health and Wellbeing Support Workers, alongside trained peer support workers and local community volunteers. The Wellways MHIAC team use several therapies tailored to supporting the resident's needs. This includes reminiscence therapy, cognitive behaviour therapy, eco therapy, art therapy and music therapy. Additional supports are provided to manage the resident's anxiety, depression and stress. These interventions are generally delivered on a one-to-one basis, however group music session, art therapy and sometime eco-therapy have been facilitated in a group environment. A detailed care plan is developed with each resident highlighting goals and strategies to achieve these within the 12-week timeframe.

	Wellways have strengthened their partnership with Head to Health and Neami National and work together with them within a selection of RACHs across Gippsland. Wellways continues to achieve set targets and provide a valuable service to the community. Wellways will continue with this effective model of delivery into 2026 -2027 and regularly undertake program reviews as part of their continuous improvement cycle. Accreditation Wellways are a large national organisation who are fully accredited and have vast experience in delivering high quality, person centred mental health programs to consumers of all ages. **Links with local hospital networks:** As part of their community outreach, the provider liaises and networks with Community Health services, local hospital groups, Local Health Services Network, Gippsland Mental Health Alliance and community organisations to promote the program and support referrals. **Data Collection:** As part of the Wellways service agreement, Wellways submit a monthly Managers report. This details how many aged care homes they are working in, training opportunities, trends, COVID impacts and includes a case study. This Managers report complements the monthly FIXUS data which captures how many Occasions of Service (OOS) are completed for the month. Wellways is exceeding their targets due to an experienced, highly qualified team and effective person-centred interventions that support residents' wellbeing. **Impact** Wellways deliver mild to moderate psychosocial services to residents requiring support with their mental health, living in Residential Aged Care Homes (RACHs). Wellways has actively engaged with all 53 registered RACHs in Gippsland and provides an important service to support the resident, the family and the Homes. From 2024 – 2025, Wellways delivered 2927 occasions of service, representing 141% of their target. From 1.7.25 - 31.1.26 Wellways delivered 1641 occasions of service and are sitting at 119% of their target achievement. They have supported many older people with their mental health via a dedicated team working across the Region. To manage the increasing wait list, Wellways have incorporated an informal group therapy program as an introduction to their service to complement their 12-week individual program for residents. This is resulting in greater service and more residents supported with positive resident outcomes.
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
Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Mental health and wellbeing, including suicide prevention Health workforce	
Activity Demographics	
Target Population Cohort	People living in Residential Aged Care Homes. The program targets people with mild to moderate symptoms of mental illness such as depression, anxiety and post-traumatic stress or who are at risk of experiencing a mental illness

In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Specific consultation has and continues with regional Residential Aged Care Homes and Cognitive Dementia Memory Services representatives. Mental health clinicians such as Social Workers, Occupational Therapists and Diversional Therapists and older people living or caring for people living in Residential Aged Care Homes are also included. Key stakeholders including Head to Health and Gippsland PHN are included in broad consultation
Collaboration	The key collaborations for this activity are: • Residential Aged Care Homes; • General practitioners; • Mental health and allied health professionals; • Consumers and carers; and • State Department Health • Local Health Services Network • Gippsland Mental Health Alliance Wellways continue to partner with those stakeholders listed above but also work alongside: · NEAMI Australia, · Latrobe Regional Health, · Head to Health program.

Activity Milestone Details/Duration	
Activity Start Date	29/06/2019
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	No

joint-commissioned?	
Decommissioning	No
Decommissioning details?	NA
Co-design or co-commissioning comments	Gippsland PHN hosted a co-design workshop with key program stakeholders including families and carers of people living in aged care homes and mental health service providers to inform the commissioning approach and program design

Mental Health -H2H – MH15 Medicare Mental Health Intake and Assessment Phone Service

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 7: Stepped care approach
Aim of Activity	This activity aims to increase access to appropriate mental health services for people living in the Gippsland region. The service supports people to find the most appropriate service for their needs, assists them in navigating a changing mental health system, reduces the burden on patients transitioning into a new service and increases the number of successful referrals. It also aims to reduce the number of inappropriate referrals or referrals lost to follow-up.
Description of Activity	Gippsland PHN currently commissions Australian Community Support Organisation (ACSO) to operate the Gippsland Medicare Mental Health (previously Head to Health) Intake and Assessment Phone service to 30 June 2026. Gippsland PHN has received indicative advice and once the schedule is received will re-commission ACSO to continue the service to 30 June 2027. This service provides a central point for people in Gippsland, connecting them to the most appropriate services for their needs through the extensive service directory that is maintained as part of this service. The intake team offers a range of supports and local knowledge, including offering information and advice about mental health and alcohol and other drug misuse to consumers, their carers, families and clinicians. The intake team are trained to utilise the Commonwealth's Initial Assessment and Referral (IAR) tool which supports a holistic assessment and helps match a person presenting to the services to the least intensive level of care that most suits their current treatment need. Where applicable, and with the callers consent, clinicians undertake a warm referral to an appropriate service dependent on the outcome of their (IAR) assessment, and follow-up with consumers to ensure the referral loop was closed. The intake service connects people seamlessly to the most appropriate service and holds and maintains a service directory for the Gippsland region providers as well as specialist mental health services supported by telehealth for aspects such as peri-natal concerns, eating disorders, and many others to ensure referral pathways beneficial to all callers whether consumers or referring clinicians. A recent addition into the services of this program is for the Phone and Intake services to be the entry point for consumers to access the Medicare Mental Health Check-In Service. This service has been established nationally and will provide guided support for those of IAR level 1 and 2 through Low intensity Cognitive Based Therapy based learnings in self care. The Phone and Intake Service clinicians will assess callers suitability for the program based on their IAR assessment, and their suitability and willingness to utilise guided self care approaches, and refer them on to the service being provided by St Vincents through the Medicare Mental Health information systems. Work continues to ensure GPs understand the scope of the program and service delivery model to ensure consumer expectations are in line with the program offering. In 2025/2026 additional work is being undertaken in this promotional activity area including promotion of the use of the IAR tool to improve referral consistency, provide linkage to the supporting training resources, overall service awareness, and encourage use of the eReferral system deployed by Medicare Mental Health. General promotion of the program to GPs by the PHN in quarterly meetings and relevant communications is utilised. Promotion is also targeted from Phone service provider directly to practices. In 2025/2026 Gippsland PHN have worked closely with the two Health to Health providers and GPs to ensure integrated care pathways with consumers accessing the right care in an effective and efficient pathway.

	In 2026/27, work will continue to develop integrated care pathways to Gippsland PHN commissioned mental health service providers. The two Head to Health clinics meet frequently with the Medicare Mental Health Phone service through Gippsland PHN led monthly governance meetings to discuss pathways, processes and share any other relevant community learnings. These meetings also benefit from the invitation to other service provider organisations throughout the region to attend the governance meetings to improve referral pathways and build networking between service provider representatives. **Engagement with Local Hospital Networks, State government and other groups:** In the 2025/26 period the Gippsland Head to Health Intake and Assessment Phone Service further established relationships and referral pathways to services in Gippsland, supported by the promotional activities described above funded by Gippsland PHN. This will continue to be a priority in 2026/27 for the Medicare Mental Health Intake and Assessment Service with increased stakeholder engagement and service promotion proposed with existing partners within Gippsland, particularly those situated within LGAs who currently have fewer calls and fewer referrals coming into the phone intake service. Different promotional campaigns have been undertaken including local social media campaigns, and regional newspaper advertising. Planned national online campaigns being undertaken by Medicare Mental Health are also hoped to boost service awareness and engagement. The Gippsland Medicare Mental Health Intake and Assessment Phone Service has an existing relationship with the triage service delivered by the Local Hospital Network (Latrobe Regional Health) and meetings with the State government funded Latrobe Mental Health and Wellbeing Locals (Bairnsdale and Traralgon) will continue as the service builds capacity. The Latrobe and East Gippsland Mental Health and Wellbeing Locals are now accepting referrals from the Phone Service. ACSO and Gippsland PHN engage with the Gippsland Mental Health Alliance (latter providing Secretariat). **Activities to promote and improve the update of practice accreditation:** The Gippsland Medicare Mental Health Intake and Assessment Phone Service is accredited against the QIP – QIC Health and Community Services Standards and also for the Digital Mental Health Standards. As part of Gippsland PHN's contract management practice, accreditation requirements are maintained and audited when required. **Collection of PMHC-MDS data includes collection of data extensions or tags for service activity. The approach for collection is:** Data is collected via two databases for the purpose of Primary Mental Health Care Minimum Dataset (PMHC-MDS) Reporting, utilising the Medicare Mental Health Central Intake Database as developed and maintained by North Western Melbourne PHN and the Fixus Case Management System. Intake assessments are entered into the Head to Health Central Intake Database and every 15 minutes, this database is cross-referenced with Fixus to identify if there are any new referrals. If new referrals are identified, these are swept over to Fixus. Clinics then utilise the Fixus system for their PMHC-MDS reporting. Any relevant data extensions or tags for service activities are entered and the data submitted uses the PMHC-MDS v4 model. We additionally collect qualitative data and a case study. Key Performance Indicators in the Service Order Agreement 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. In the next iteration of the contract (26/27), these KPIs will be realigned to reflect the Quintuple Aim.

	Impact: The Medicare Mental Health Intake and Assessment Phone Service activity has had an important impact on the ground since it was commenced in September 2020 and this will continue in 2026/2027. Impacts to date have been providing a seamless easy to access point for consumers to access care via the Head to Health clinics and other mental health providers in Gippsland. The Phone service often receives calls from consumers where this is the first time they are reaching out for support for their mental health. The complex mental health system can be challenging to navigate, and the Phone Service provides an assessment and navigation service making this journey less confronting. Many calls are also received from referring GPs and other clinicians to support consumer navigation and referral support. The Phone Service also draws consumers of lower acuity away from more acute services including Emergency Departments and Area Mental Health, connecting them to the right care at the right time and to reduce overloading of the Area Mental Health Service intended for those of high risk and highly complex needs. This connection via warm referral reduces the chance for disengaging and people falling through the gaps. Gippsland PHN will actively monitor referral pathways and work with providers to ensure current referral pathways are improved, resulting in delivery of seamless, effective and efficient care, promoting the Medicare Mental Health Phone and Intake service as the central point for service navigation and referral pathways for the region.
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 Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Alcohol and other drugs Mental health and wellbeing, including suicide prevention Health workforce Connected care Growing up healthy (0-25 years) Family violence	
Activity Demographics	
Target Population Cohort	Whole of population
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**
Gippsland wide	
Activity Consultation and Collaboration	
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy and is a strategic community

	leadership group who drives community involvement through a range of mechanisms. Gippsland PHN's Clinical Council comprises health professional representatives who recommend and advise on issues that are specific to their sub-region or their discipline(s). The Clinical Council has a Board sponsor. Gippsland PHN utilises these key governance mechanisms as the first point for consultation regarding service development and implementation. Specific consultation has and will continue with local Aboriginal Controlled Community Health Organisations (ACCHOs), Residential Aged Care Homes, existing Gippsland PHN commissioned service providers, other professional stakeholders and regional network groups.
Collaboration	The key collaborations for this activity are: • Head to Health Adult Mental Health Centres; • Victorian Adelaide and Tasmanian PHN Alliance (VATPHNA); • General practitioners and primary care providers; • Local Health Services Network and Area Mental Health Service provider; • Local Alcohol and other Drug provider/s; • Mental health and allied health professionals; • Consumers, their families and carers; • State Department of Health; • North Western Melbourne PHN; and • PHN Cooperative • Gippsland Mental Health Alliance These collaborators have been involved in helping Gippsland PHN to shape the Head to Health and Medicare Mental Health services to local needs and ensure safety and quality of care. Gippsland PHN is also participating in work being led by the PHN Southern Alliance on integration and the role of the IAR in system integration.
Activity Milestone Details/Duration	
Activity Start Date	01/07/2022
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?	NA
Co-design or co-commissioning comments	Co-design activities were undertaken with service providers (outgoing and incoming) to ensure seamless service delivery transition. Co-design activities included scoping for staffing position descriptions, training and processes for transition.

Mental Health 14 Initial Assessment and Referral Training and Support Officers

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 7: Stepped care approach
Aim of Activity	The aim of the activity is to support General Practitioners (GPs) and clinicians in primary care to use the stepped care model to select the least intensive level of care for a person presenting with mental illness by using the online Initial Assessment Referral (IAR) tool.
Description of Activity	This activity has now ended as at 30 June 2026. The Initial assessment tool (IAR) underspend carried forward into FY2025-26 was utilised to promote awareness and utilisation of the IAR tool and national training throughout the Gippsland PHN region in a number of ways: • Commissioning the Medicare Mental Health Central Intake Line provider to work with the sector to promote and further embed the IAR into daily practice within the Gippsland region and continue educating and directing new workers in Primary Mental Health Care commissioned services to the National Training. This has also resulted in increased use by GPs of the Medicare Mental Health eReferral which incorporates the IAR assessment. 16 practices had one to one training sessions with over 60 clinics contacted. • Embedding the use of the IAR into relevant contracts • In our role as Secretariat of the Gippsland Mental Health Alliance, which brings together all of the mental health stakeholders across the region, our team continued to engage, educate and promote national training within the sector in the use of the tool throughout 2025/26 • The use of the national training and/or the online IAR training module has been required of all onboarded clinicians working within the Head to Health services within the region. • During regional stakeholder forums, inclusive of the work in integrated mental health planning and special projects, we continued to promote the tool and training through presentations to the Local Health Services Network, inclusive of 11 regional hospital services. In FY2025-26, Gippsland PHN promoted the national training in their Training and Events calendar and through Newsletters which included the following networks; • Child and Youth Services • Residential Aged Care Homes • Local Hospital Networks Training GPs and mental health providers in IAR has provided opportunities for networking for GPs and mental health service providers facilitating further discussion, knowledge sharing and collaboration about referral and care pathways.

Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2022/23-2024/25-V2

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page Reference
Access to care that meets people's needs	

Health workforce Mental health and wellbeing, including suicide prevention	
Activity Demographics	
Target Population Cohort	Individuals requiring mental health assistance presenting to GPs and clinicians in the primary care setting.
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Consultation with Gippsland PHN's Clinical Council and GPs has been undertaken to develop a plan for disseminating and implementing National IAR Guidelines locally with the aim to define activities to maximise local adoption and implementation.
Collaboration	The IAR TSO collaborated with~~in~~ the TSO network, the TSO Community of Practice and key stakeholders to explore opportunities for cross-boundary learning and collaboration. Collaboration continued with youth mental health centres and Local Health Networks (LHNs) to deliver training, build relationships and provide ongoing support to GPs and clinicians.
Activity Milestone Details/Duration	
Activity Start Date	13/12/2021
Activity End Date	30/06/2026
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	N/A
Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	Yes
Decommissioning details?	The promotional activity funded via the Mental Health Intake Line will end at 30 June 2026.

Co-design or co-commissioning comments	NA