



Memorandum of Understanding

BETWEEN

Eastern Health

Delmont Private Hospital

Eastern Metropolitan Region (EMR) Mental Health Community Support Services

EMR Alcohol & Other Drug Services

EMR Housing & Homelessness Services

EMR Primary Care Partnerships

Eastern Melbourne PHN

Eastern region Australian Government Department of Human Services

EMR Family Services

Eastern Domestic Violence Service

Eastern Community Legal Centre

Independent Mental Health Advocacy (IMHA)

Endorsed by the

**Department of Health & Human Services
Eastern Metropolitan Region**



IN RESPECT OF

A Mental Health Service Coordination Collaboration between Clinical Mental Health, Mental Health Community Support Services, Primary Health Services, Housing/Homelessness services, Alcohol & Other Drug services, Family Services, and Family Violence initiatives.

FOR

An Integrated Multi Sector Mental Health Service Coordination Framework for People with Mental Health issues and co-occurring concerns and their Carers.

1st December 2016

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is effective from 1st July 2016

BETWEEN Eastern Health, 5 Arnold Street, Box Hill, 3128

AND EMR Mental Health Community Support Services

- **EACH**, 2/254 Canterbury Rd | Bayswater North | Victoria 3153
- **Mind Australia**, 86-92 Mount Street, Heidelberg 3084
- **Wellways (previously MiFellowship), Suite 8, 602 Whitehorse Road, Mitcham Vic 3132**
- **Neami National**, 247-249 Rosanna Rd, Rosanna 3084
- **Uniting Care Prahran Mission**, 142A Normanby Road Kew East 3102.

AND Eastern Metropolitan Region Alcohol and Drug services

- **Anglicare Victoria**, 666 Mountain Hwy, Bayswater
- **Turning Point Eastern Alcohol & Drug Services**, Ground Floor 43 Carrington Road, Box Hill and Wellington House 31-33 Wellington Road Box Hill.
- **EACH Alcohol, Tobacco & other Drug Team**
- **Link Health & Community**
- **Access Health Community**
- **SalvoCare Eastern Support and Recovery Services**



- **YSAS**

AND EMR Homelessness & Housing services

- **Wesley Eastern Homeless Services, 291A Maroondah Hwy, Ringwood**

AND EMR Family Services

- **Anglicare Victoria, 666 Mountain Hwy, Bayswater**

AND EMR Specialist Family Violence Services

- **EDVOS, PO Box 701, Heathmont 3135**

AND EMR Primary Care Partnerships

- **Outer East Health & Community Support Alliance, 32 Greenwood Ave, Ringwood**
- **Inner East Primary Care Partnership, 43 Carrington Rd, Box Hill**

Eastern Melbourne PHN

- **18-20 Prospect Street Box Hill**

AND EMR Community Health Services

- **Connect 4 Health**
- **EACH**
- **Inspiro**
- **Eastern Health**

AND Commonwealth Department of Human Services

Box Hill, Camberwell, Greensborough and Heidelberg Service Centres

AND Delmont Private Hospital 300 Warrigal Rd, Glen Iris

**AND SalvoCare Eastern The Bridge Programme 49 Basin - Olinda Rd
The Basin**

AND Eastern Community Legal Centre Suite B, 6 Floriston Road (PO Box 747), Boronia VIC 3155

AND Independent Mental Health Advocacy Level 1, 9-15 Pultney Street, Dandenong VIC 3175

Endorsed by

Victorian Department of Health & Human Services, Eastern Metropolitan Region



Glossary and Abbreviations

Abbreviations

AMHS	Area Mental Health Service
AOD	Alcohol and Other Drugs Services
DHHS	Victorian Department of Health & Human Services
DHS	Commonwealth Department of Human Services
ECLC	Eastern Community Legal Centre
EMR	Eastern Metropolitan Region
EMHSCA	Eastern Mental Health Service Coordination Alliance
IMHA	Independent Mental Health Advocacy
MHCSS	Mental Health Community Support Services
YSAS	Youth Support and Advocacy Service

Glossary

Consumers	Refers to people with mental ill health and co-occurring concerns, who are eligible for treatment and care from health and social service sectors in the EMR on the basis of assessed need.
Service Sectors	Refers to the following health and social service sectors in the EMR. <ul style="list-style-type: none">▪ Aboriginal Health & Wellbeing▪ Alcohol & Other Drug sector▪ Clinical Mental Health Service sector▪ Community Health Sector▪ Family Services sector▪ Family Violence Sector▪ Housing & Homelessness Sector▪ Human Services Sector▪ Mental health Community Support Services sector▪ Primary Health sector
Strategic Plan	Refers to the most recent version of the strategic plan developed pursuant to the Memorandum of Understanding for the Eastern Mental Health Services Coordination Alliance.
Target Group	Refers to people with mental ill health with co-occurring concerns, and their carers.



PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to provide a clear guiding framework to bring together a number of different services within the Clinical Mental Health and Mental Health Community Support sectors (MHCSS), Housing/Homelessness, Alcohol and Other Drug (AOD) and Primary Health sectors to form an integrated multi sector mental health service coordination model for people with mental ill health and co-occurring concerns and their carers.

This MOU articulates the principles, protocols and structural/functional working arrangements, which will facilitate effective communication, collaboration and integrated practice across the health and social services operating within the Eastern Metropolitan Region of Melbourne.

STATEMENT OF INTENT

In signing this MOU each party agrees to:

- Provide clear leadership and strategic direction in their respective organisations to develop and promote an integrated multi sector mental health service coordination model for the Target Group.
- Implement the agreed integrated multi sector mental health service coordination model by working in a coordinated and collaborative manner to identify common issues and solutions, and build and progress working alliances in the interests of the Target Group.
- Achieve sustainable outcomes by embedding the agreed protocols and functional arrangements into local work practice and providing ongoing support for the implementation of practice reforms, cost effective innovation in service system delivery and the structural changes necessary for the development and sustainability of an integrated multi sector mental health service coordination model the Target Group.
- Monitoring the success of the mental health service coordination model, strategic plan and associated work plans and their ongoing adaptation in response to changing needs the Target Group in the evolving environment of mental health and health service system reform.



IT IS HEREBY AGREED BETWEEN THE PARTIES

1. TERM

- 1.1 The term of this Memorandum of Understanding (MOU) shall be for three (3) years from the commencement date.
- 1.2 This MOU acknowledges the provision of non recurrent project officer funding provided by commonwealth and state governments.

2. Eastern Mental Health Service Coordination Alliance (EMHSCA) committee.

- 2.1 The EMHSCA committee will oversee the implementation and monitoring of this MOU.
- 2.2 Members of the EMHSCA committee will include representatives from Clinical Mental Health, Mental Health Community Support Services, Primary Health Services, Housing/Homelessness services, Family Services, Family Violence Services, Aboriginal Health & Well-being services, Social Support services and AOD services within the Eastern Metropolitan Region.
- 2.3 The membership, role, frequency of meetings and coordination of the EMHSCA committee are set out in the Terms of Reference (EMHSCA ToR), agreed between the parties, attached as **Appendix A**.
- 2.4 Written minutes will be kept of all EMHSCA committee meetings.
- 2.5 Changes can only be made to the EMHSCA ToR by the signatories to this MOU (or equivalent positions) or their nominated delegates.
- 2.6 The EMHSCA committee is accountable to the Chief Executives or their nominated delegates of the relevant organisations that are parties to this MOU.
- 2.7 The EMHSCA will be responsible for the development, implementation, monitoring and review of the MOU and associated documents, including the Strategic Plan and associated work plans.

3. REVIEW OF MEMORANDUM OF UNDERSTANDING

- 3.1 Review of the terms of this MOU during period of its operation is not required.
- 3.2 This MOU may only be amended with the written agreement of all parties.



4. SCOPE

- 4.1 The scope of this MOU includes commonwealth and state funded services in the Eastern Metropolitan Region: Mental Health, Alcohol & Other Drug, Community Health, Family, Family Violence, Federal Department of Human Services, Housing and Homelessness, the Eastern Melbourne PHN and Primary Care partnerships.

5 INTENT

- 5.1 The overall intent of the MOU is for parties to develop, implement and evaluate activities that promote coordinated services across the region for the Target Group.
- 5.2 The parties to this MOU will work together to create and strengthen working relationships between the services within scope of this MOU, to improve outcomes for people with mental health and co-occurring concerns and their carers.
- 5.3 The parties to this MOU will work together to achieve the goals of the Strategic Plan and outcomes identified by the EMHSCA sub committees.
- 5.4 The parties to this MOU will participate in activities designed to evaluate the effectiveness of the Strategic Plan.

6 ROLES AND RESPONSIBILITIES

- 6.1 Each party to this MOU:
- Will ensure that its nominated EMHSCA committee member commits to and complies with the components of the EMHSCA Membership Guide attached as Appendix C.
 - Agrees that its nominated EMHSCA committee member or their delegate will be responsible for engaging their respective organisations/sector in all processes and activities necessary to achieve the intent of this MOU.
 - will encourage organisational/sector commitment (from senior management to the worker level) to the sustained development of the mental health service coordination arrangements and associated processes as articulated in this MOU and the Strategic Plan.



7 GUIDING PRINCIPLES

7.1 The following principles encapsulate the critical features of the mental health service coordination framework:

- I. **Leadership** – to promote and develop a clear shared framework for mental health service coordination at all levels of the organisation/sector. This includes promoting a spirit of cooperation and collaboration, and respect for each other’s philosophy, priorities, knowledge, skills and experience.
- II. **Authority** – to implement the required changes in order to achieve the sustained development of a integrated multi sector mental health service coordination model for people with mental health concerns and their carers.
- III. **Accountability** – for quality service provision, achieving continuity of care and optimal recovery and rehabilitation outcomes including strength-based approaches for people with mental health concerns and their carers and for maximising the use of available resources and minimising duplication of effort.
- IV. **Ownership** – of the change processes involved in developing and sustaining an integrated multi sector mental health service coordination model for people with mental health concerns and their carers.
- V. **Sustainability** – by embedding change activities and processes (including coordination) within existing organisational/sector structures and service delivery networks and models.
- VI. **Adaptability/Flexibility** – to enable the integrated multi sector mental health service coordination model to respond to local needs, evolving service models, emerging evidence based practice change and changing consumer needs.

8 PROTOCOLS

8.1 The parties to this MOU will develop, implement and monitor protocols to:

- I. Monitor and review the development of the multi sector mental health service coordination framework;
- II. Coordinate the development and maintenance of business issues for mental health service coordination in the Eastern Region for the Target Group, including:
 - a. review/development of memorandums of understanding;
 - b. endorsement of cross sector operational protocols;
 - c. review of resource allocation for opportunities to address service gaps; and
 - d. consumer and carer collaboration and participation frameworks
- III. Make timely decisions that:
 - a. resolve any conflicts between the parties to this MOU;
 - b. monitor project risks;
 - c. strengthen and embed consumer and carer collaboration and participation; and
 - d. address issues arising in the development of mental health service coordination in the Eastern Region.

8.2 The protocols will be consistent with existing standards and frameworks.

9 STRATEGIC PLAN

9.1 The Strategic Plan is to be reviewed bi-annually. This review will be carried out by, or under the direction of, the EMHSCA committee.

10 FUNDING AND RESOURCES

10.1 The parties agree that Eastern Health will be the designated fund holder in respect of any funds received from



DHHS to facilitate the development/strengthening of mental health service coordination arrangements under this MOU.

10.2 The parties to this MOU are expected to meet their respective management and operational costs for the ongoing implementation of agreed activities and/or processes related to the development and/or strengthening of mental health service coordination arrangements.

10.3 The parties to this MOU agree to support ongoing workforce development activities that support mental health service coordination with an annual monetary donation to cover venue hire, equipment hire and other associated costs.

11 EVALUATION AND REPORTING

11.1 Evaluation of progress in achieving the agreed outcomes and assessment of performance against any key performance indicators (KPIs) set by the EMHSCA committee, are to be undertaken annually by, or under the direction of the EMHSCA committee.

11.2 The EMHSCA project officer shall submit an annual written evaluation report to the EMHSCA committee on the achievement of deliverables/actions articulated in the Strategic Plan.

12 WITHDRAWAL FROM MOU

12.1 A party may withdraw from this MOU at any time by giving the EMHSCA committee co-chairs 3 months' written notice.

13 DISPUTE RESOLUTION

13.1 If any question, difference or dispute arises between the parties, dispute resolution in the first instance is the responsibility of relevant program managers, who will refer any unresolved issue to their respective representatives on the EMHSCA committee.

13.2 Where the matter cannot be resolved by the EMHSCA committee, the Chief Executives of the organisations/sector representatives that are party to this MOU will agree on a method of resolution to apply to the question, difference or dispute.

14 INTELLECTUAL PROPERTY

14.1 In respect to any methods, plans or guidelines jointly created by any two or more parties to this MOU or the EMHSCA committee for the purposes of this MOU, all parties to this MOU shall be entitled to the intellectual property in the product unless objected to by one or more of the parties.

14.2 In respect to any methods, plans or guidelines created independently by a party to this MOU (product), that party shall retain the intellectual property in the product, notwithstanding that the EMHSCA committee may have approved the products.

15 Counterparts

15.1 This MOU is intended to be signed in counterparts, each of which is an original, but all of which, when taken together, constitutes one and the same MOU.



Signatories to MOU

Service

Signatory:

Title:

Signature: _____ **Date:** _____

Witness name: -----

Signature: ----- **Date:** _____

Appendices

- Appendix A EMHSCA Terms of Reference**
- Appendix B EMHSCA Membership**
- Appendix C EMHSCA Membership Guide**



Appendix A

TERMS OF REFERENCE:

Eastern Mental Health Service Coordination Alliance

Acceptance Date: November 2016

Review Date: November 2017

1. ROLE	
1.1	Oversee the development, implementation and monitoring of an integrated multi sector service coordination framework for people with mental health and co-occurring problems, and their carers across the Eastern Metropolitan Region (EMR) of Melbourne (inner and outer-east).
2. REPORTING	
2.1	Quarterly report, provided by the EMHSCA project officer, to all members of the Eastern Mental Health Service Coordination Alliance (EMHSCA) Committee, associated sub committees, and the EMR Dual Diagnosis Working Group.
2.2	Service provider representatives will report progress and seek authorisation of service coordination initiatives at relevant partner's internal governance and meeting structures.
3. FUNCTION	
3.1	Provide governance and expert strategic direction for mental health service coordination in the EMR, ensuring consumers and their carers are central to the process, and the needs of families and children are accounted for.
3.2	Lead the development and delivery of a Collaborative Practice Model for service coordination of mental health and co-occurring issues in the EMR.
3.3	Support the three (3) key priority areas of the EMHSCA Strategic Plan and their associated objectives – Service Coordination, Workforce Development, Service Improvement – by ensuring partner services are represented on the various EMHSCA sub committees, and considering proposals generated by these sub committees.
3.4	Create innovative strategies to address identified gaps across partner agencies in achieving the implementation of integrated service provision. This includes identifying service, business and clinical improvement opportunities within available resources.
3.5	Coordinate the management of business issues for mental health service coordination including review/development of MOU's; endorsement of cross sector operational protocols and practices; identify and support initiatives to address service gaps.
3.6	Raise awareness in the wider community and at government level for improvements leading to a more coordinated Mental Health service delivery in the EMR.
3.7	Strengthen and embed consumer and carer collaboration and participation in regional service activities.
4. STRUCTURE & RELATIONSHIPS	
4.1	Provide a structure to encourage collaboration and learning across all partner services to deliver coordinated multi sector support to people with mental ill health and co-occurring concerns
4.2	The following Sub Committees will provide advice, recommendations, and regularly



	<p>report back to the EMHSCA committee:</p> <ul style="list-style-type: none"> - Workforce Development - Collaborative Pathways - Strategic Planning
4.3	<p>The EMR Dual Diagnosis Response comprising the Dual Diagnosis Working Group (DDWG), Dual Diagnosis Consumer and Carer Advisory Council (DDCCAC), Dual Diagnosis Workforce Development Committee and Dual Diagnosis Linkage Meetings will report to the EMHSCA committee via the standing agenda item. The EMR DD response will provide advice and recommendations to EMHSCA. The EMR Dual Diagnosis Linkage meetings will support the connectivity of the EMHSCA Service Coordination Champions.</p>
4.4	<p>The Eastern Peer Support Network (EPSN) will be supported by the EMHSCA Strategic Planning Subcommittee (SP SC) and will report directly to the EMHSCA committee via the standing agenda item and membership of the EPSN coordinator.</p>
4.5	<p>Aboriginal health & well-being liaison will be prioritised by EMHSCA, and a member appointed to represent the various groups in this region. A standing agenda item will provide routine communication with the sector.</p>
4.6	<p>Membership of the EMHSCA sub committees will include representatives from within the membership of the EMHSCA committee and will co-opt members from within the partner agencies as required.</p>
<p>5. COMPLIANCE & ACCOUNTABILITY</p>	
5.1	<p><u>Decision making:</u></p> <p>a) It is acknowledged that the members of the EMHSCA committee are representatives of independent organisations and that decisions made by the EMHSCA committee are ‘in principle’ agreements made by the representatives.</p> <p>b) The member organisations’ governance structures are responsible for reviewing the ‘in principle’ agreements for inclusion into local policy and procedure and will either accept them or seek further clarification or suggest amendments via their representatives at the next EMHSCA committee meeting.</p> <p>c) EMHSCA committee members will confirm and clarify the organisations response to the in-principle agreements with their organisation and offer feedback to EMHSCA.</p> <p>d) Once the ‘in principle’ agreement has been accepted by the member organisations’ governance structures the agreement will be ratified at the next EMHSCA committee meeting.</p> <p>e) It is the responsibility of EMHSCA members to monitor implementation of initiatives within their organisation and provide feedback to EMHSCA upon request. The EMHSCA committee will aim for consensus when making decisions. Where issues are put to vote a simple majority will apply. When a vote results in a tie, the rostered chairperson has one additional casting vote.</p> <p>A two-third majority of members who are party to the current MOU is required to dissolve the EMHSCA.</p>
5.2	<p><u>Dispute Resolution:</u></p> <p>If any question, difference or dispute arises between the parties, dispute resolution in the first instance is the responsibility of relevant program managers, who will refer</p>



	any unresolved issue to their representative on the EMHSCA committee. Where the matter cannot be resolved by the EMHSCA committee, the Chief Executives of the organisations/sector representatives that are party to this MOU will agree on a method of resolution to apply to the question, difference or dispute.
5.3	<u>Communication</u> : In general all discussions within the EMHSCA committee meetings should be disseminated within partner agencies and other aligned services to enhance the progress of the project unless otherwise stated during EMHSCA committee meetings. It is the responsibility of EMHSCA committee members to convey information regarding EMHSCA activities, including workforce development activities, to their organisations.
5.4	<u>Change of business structure or committee membership</u> In the event of changes to an EMHSCA members' business structure or committee membership, the co-chairs and/or project worker are to be informed in writing by the members' senior management at the earliest possible convenience.
6. PERFORMANCE MONITORING	
6.1	Identify/develop and implement appropriate outcome measures as endorsed by the EMHSCA committee in order to monitor progress of the EMHSCA Strategic Plan and associated activities.
6.2	Monitor EMHSCA sub committees' Work Plans' progress against projected timelines.
6.3	Record service provider representative attendance at committee meetings and events
7. MEMBERSHIP	
7.1	The Eastern Mental Health Service Coordination Alliance will include representatives from following service providers: Aboriginal Services Anglicare Australian Government Department of Human Services Connect 4 Health (Link Health & Community; Carrington Health; and Access Health & Community) Consumer and Carer Representatives Delmont Private Hospital Department of Health & Human Services – Inner and Outer Eastern Metro Regions EACH Turning Point Eastern Treatment Services Eastern Community Legal Centre Eastern Health Mental Health Services Eastern Homelessness Support Services Alliance Eastern Melbourne Primary Health Network EDVOS EMR Dual Diagnosis Response IMHA Inner East Primary Care Partnership MIND



	<p>NEAMI National Outer East Health and Community Support Alliance Outer East Primary Care Partnership Uniting Care Prahran Mission Salvocare east Basin Centre Wellways YSAS</p> <p>Note: Each service provider will send representatives who can attend regularly have seniority, and appropriate decision making authority for their organisation. Potential new members to be considered by the EMHSCA committee via annual review, and if accepted, the project officer will extend an invitation. Criteria for membership include appropriate level of seniority in the represented organisation and interest in supporting the EMHSCA Strategic Priorities.</p>
8. MEETINGS	
8.1	<p>Chairpersons: Two chairpersons to be elected by ballot at EMHSCA committee meetings bi-yearly or as required for purpose of continuity. Term of chair is generally to be of 24 months duration. Refer to EMHSCA Co - chair guide.</p>
8.2	<p>Quorum: 50% (inclusive of Chair) plus 1</p>
8.3	<p>Frequency of meetings: Bi-monthly</p>
8.4	<p>Minutes are to be recorded by the project officer. Minutes are to be circulated no later than two weeks after each meeting.</p>
8.5	<p>STANDING AGENDA</p> <ul style="list-style-type: none"> Acknowledgement of country Acknowledgement of lived experience Declaration of potential conflict of interest Apologies Attendance List/Introductions Acceptance of Minutes Welcome new members Business Arising Service Sector Updates (as required/requested only) Sub Committee reports <ul style="list-style-type: none"> - Aboriginal Liaison - EMR Dual Diagnosis Response - Strategic Planning - EPSN - Workforce Development - Collaborative Pathways New Business Next meeting date <p>Guest speakers with information relevant to the strategic direction of the EMHSCA will be welcomed but must be approved and placed on the EMHSCA committee meeting agenda by the Project Officer.</p>





Appendix B

EMHSCA Committee Membership December 2016

	ORGANISATION	REPRESENTATIVE	EMAIL	TELEPHONE	ADDRESS	Reporting relationships	Network Connections
1	Anglicare Victoria : Senior Service Manager Family & Community Services Eastern Region	Kris Drew	kris.drew@anglicarevic.org.au	9735 4188	47-51 Castella St, Lilydale 3140	Sue Sealey Regional Director Eastern region Anglicare	Chair of OE Family Services Alliance Member of the regional family violence partnership Exec member of both the financial counselling consortium and the AOD SURE consortium, exec member of OE Services Connect project led by Anglicare
2	Australian Government Department of Human Services : Service Centre Manager – Box Hill	David Westwood	David.westwood@humanservices.gov.au	03 99328312	3 Harrow Street BOX HILL VIC 3128		
3	Connect4Health: Executive Director of AOD Services	Dr Tamsin Short	tamsin.short@accesshc.org.au	9818 6703	378 Burwood Rd, Hawthorn 3121	Harry Majewski (CEO Access HC)	Connect4Health
4	Delmont Private Hospital In-patient Therapy Team Leader	Jodie Thomas	jthomas@delmonthospital.com.au	9805 7322	Warrigal Rd, Burwood	Peter Randell DON	
5	Department of Health and Human Services: Senior Program Advisor - Aboriginal Health, Outer	Chelsea Brand	Chelsea.brand@dhhs.vic.gov.au	9843 1738	883 Whitehorse Road Box Hill Vic 3128	Anna McKenry	



	Eastern Melbourne Area						
6	Department of Health and Human Services: Team Leader Outer East Alcohol and Drugs and Mental Health Programs, Eastern region	Leigh Garde	leigh.garde@dhhs.vic.gov.au	9843 1708	883 Whitehorse Road Box Hill Vic 3128	Anna McKenry	Older Persons MH Alliance, Strategic planning working group, Koolin Balit Aboriginal Health Committee, Yarra Ranges Indigenous Advisory Group,
7	Dept of Health & Human Services : Acting Manager Mental Health Partnerships and Planning	Anna McKenry	anna.mckenry@dhhs.vic.gov.au	9843 1708	883 Whitehorse Road Box Hill Vic 3128	Director of Community Services Local Government	EMR MH & AOD Planning Council
8	EACH AOD: SURETeam Leader	Tom Stylli	tstylli@each.com.au	t (03) 8892 4260 m 0457 528 684 f (03) 8892 4299	2/26-28 Prospect Box Hill Vic 3128	AM Rogers Bernie Durkin	
9	EACH MH: Transition Manager Mental Health Recovery	Mike Quaass	mquaass@each.com.au	9871 1803	46 Warrandyte Road, Ringwood 3134	Peter Ruzyla – CEO Michael Janssen – Gen Mgr	
1	EACH PH: Manager Clinical Services	Edmond Wong	edmond.wong@each.com.au	9757 6219	1063 Burwood Hwy, Ferntree Gully 3156	Ann Elkins- General Manager, Primary Health	Allied Health Eastern Region, Refugee Health Eastern Region Diabetes Initiative Steering Committee
1	EACH: General Manager Planning, Strategy & Development	Hang Vo	Hang.vo@each.com.au	8720 1158	2/254 Canterbury Rd, Bayswater North, Vic, 3153	Peter Ruzyla – CEO	EMR MH & AOD Planning Council
1	Eastern Community Legal Centre: Director –	Sonia Vignjevic	SoniaV@eclc.org.au	t: (03) 9285 4822	Suite 3, Town Hall		



	Partnerships & Community Development				Hub, 27 Bank Street, Box Hill VIC 3128		
1	Eastern Dual Diagnosis Consumer & Carer Advisory Council: Member	Fred Murray	freedomurray@gmail.com			DDCCAC & Working Group Chairs	
1	Eastern Health (EH): Associate Program Director- Adult Mental Health,	Brad Wynne	brad.wynne@easternhealth.org.au	9895 4965	1 st floor Upton House 131 Thames Street Box Hill Vic 3128	Paul Leyden – Program Director Mental Health, Eastern Health	EH Mental Health Program Executive EH MHP Consumer Family Children Carer Advisory Committee EH Closing the Health Gap Steering Committee IE PIR Consortium
1	Eastern Health/ Turning Point: Manager Alcohol & Drug Specialist Services	Gavin Foster	Gavin.foster@easternhealth.org.au	9843 5864	Level 3, 43 Carrington Rd Box Hill	Anthony Denham (EH TP)	VDDI Leadership group, Older persons MH Alliance, Operations group
1	Eastern Health: Adult MH Services Carer Consultant	Kathy Collet	Kathy.collet@easternhealth.org.au		Level 1, 43 Carrington Rd, Box Hill	Brad Wynne	
1	Eastern Health: Director Aged Care & Mental Health Triage & ED Response and Consultation Liaison Teams	Joyce Goh	joyce.goh@easternhealth.org.au				
1	Eastern Health: Eastern MH Service Coordination Alliance Project Officer	Bronwyn Williams	bronwyn.williams@easternhealth.org.au	0434 608 544	Dept of Health 820 Whitehorse Rd Box Hill	Rebecca Johnson (RFI Project), Brad Wynne (EMHSCA)	Dual Diagnosis Working Group, DDCCAC, EMR Linkages, Change Agent Network, RFI Steering committee
1	Eastern Health: Manager, Community & Specialist	Kylie Scoullar	Kylie.scoullar@easternhealth.org.au	9895 4060	Upton House, 131		



	Youth Child & Youth Mental Health Service				Thames Street, Box Hill 3128		
2	Eastern Melbourne Primary Health Network : Director – Primary Care and Clinical Services	Martin Wilkinson	Martin.Wilkinson@emphn.org.au	0419358405	18-20 Prospect St, Box Hill	CEO - EMPHN	IE PIR Consortium
2	Eastern Peer Support Network: Coordinator	Annie Rawson	Nicola.rawson@easternhealth.org.au		46b Railway Ave, Ringwood East 3135	Bronwyn Williams	Eastern Peer Support Network
2	EMR Regional Family Violence Partnership: Regional Integration Coordinator	Jelena Djurdjevic	jelena.rfvp@edvos.org.au	9259 4200 0437 004 306	EDVOS Ringwood	Maryclare McLean EO	Regional Coordinators Reference Group
2	Independent Mental Health Advocacy: Advocate	Amy Corcoran	Amy.corcoran@imha.vic.gov.au	9093 3723	Level 1, 9- 15 Pultney Street, Dandenong VIC 3175		Dandenong Cardina Casey Mental Health network ; Latrobe peninsula network
2	Inner East Primary Care Partnership: Executive Officer	Sally Missing	Sally.missing@iepcp.org.au	9890 2220 0427 565 748	Carrington Health, 43 Carrington Rd, Box Hill		
2	Inspiro: Primary Care Manager	Gillian Smith	Gillian.smith@inspiro.org.au	9738 8881	6 Clarke St, Lilydale		Eastern Consortium of AOD Services
2	MIND Australia : Area Manager MIND East,	Sally Corrigan	sally.corrigan@mindaustralia.org.au	9872 2206	353 Whitehorse Road Nunawading Vic 3131	Glen Prewett – General Mgr, Sth/East & Gipps.	
2	Mullum Mullum Indigenous Gathering Place: Manager	Les Chessells	manager@mmigp.com.au				



2	NEAMI National: Regional Manager- Eastern Victoria	Peter Warden	peter.warden@neaminational.org.au		11 Malmsbury St Kew VIC 3101	Glen Tobias	Inner East Complex Care Panel Eastern Complex Care Panel EMR MH & AOD Planning Council EMR MH & AOD Planning Council Operational Management Group PIR Consortium Various local Govt committees
2	Outer East Health and Community Support Alliance: Executive Officer	Jacky Close	jacky.close@oepcp.org.au	9870 2725	Federation Estate 32 Greenwood Avenue, Ringwood	OEHCSA Executive Committee	EMR MH & AOD Planning Council OE PIR Consortium Knox, Yarra Ranges and Maroondah local Govt committees Koolin Balit Aboriginal Health Committee,
3	Prahran Mission: Regional Operations Manager Inner East (MHCSS and Phams Monash)	Janet Charalambakis	janet@prahranmission.org.au	0438 020 510	142a Normanby Road, Kew East, Vic3102	Mark Smith General Manager, Services	
3	SalvoCare Eastern Support and Recovery Services, The Bridge Programme and Aurora: Manager – East	TBA		9760 2900			



	Region						
3	Wellways/MI Fellowship Victoria: Regional Manager Inner East	Justin McKenzie	jmckenzie@mifellowship.org	8873 2514	Suite 8 602 Whitehorse Road Mitcham Vic 3132	Sean Hegarty – General Manager Operations	IEPIR consortium Boroondara MH Alliance
3	Wesley Mission Victoria : Senior Program Coordinator Homelessness Services, Crisis and Homelessness Services, Eastern Region	Maidie Graham	maidie.graham@wesley.org.au	8870 4022	291A Maroondah Hwy Ringwood Vic 3134	Janene Evans & Eastern Homelessness Service System Alliance	Homelessness team leaders network meetings, regional and statewide. PIR consortium Maroondah Council Wellbeing Committee ECARS (Family violence) Eastern Males Support Services network
3	YSAS Eastern: Manager Community Programs	Geoff Bayldon	gbayldon@ysas.org.au	03 9890 7855 0417 032 945	16-18 Ellingworth Pde, Box Hill Vic, 3128		





Appendix C

Welcome to EMHSCA

The members of the Eastern Mental Health Service Coordination Alliance welcome you, and look forward to a long and productive relationship as we collectively consider, strategise and act regarding service coordination issues in this region.

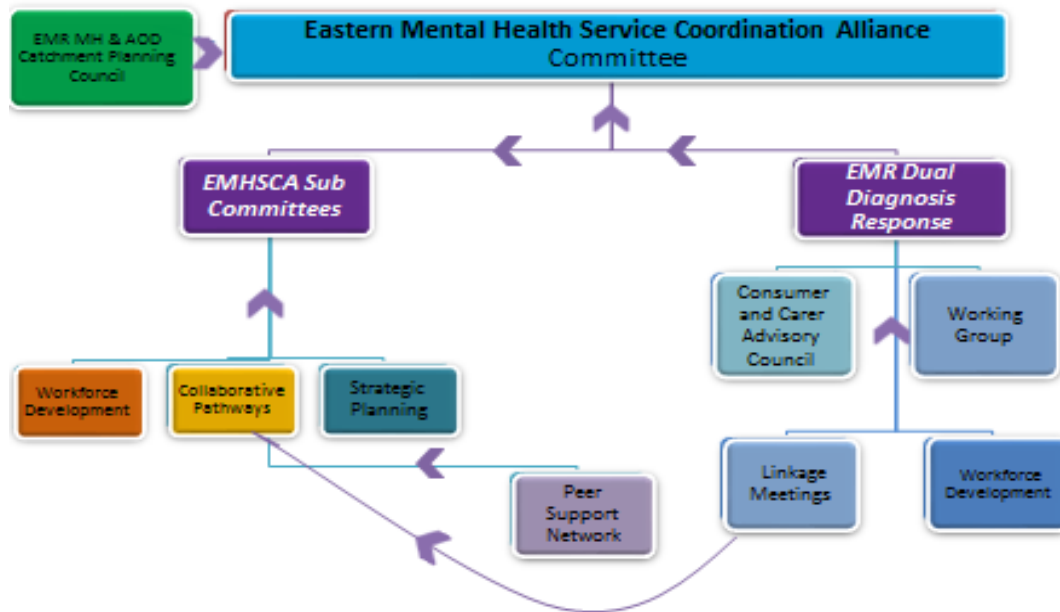
In order to achieve these aims EMHSCA committee members are required to be of a leadership level that allows for decision making on behalf of their organisation at EMHSCA meetings. Membership of the EMHSCA sub committees is required from each EMHSCA member organisation and these members may or may not hold a leadership capacity in their organisation, but rather capacity for and an interest in planning and promoting service coordination activities in the region.

Responsibilities of EMHSCA members

- Attend bi-monthly EMHSCA meetings (as per calendar provided by Project officer).
- Provide suitable members from their organisation for the various EMHSCA sub committees (see below).
- Provide clear leadership and strategic direction in their respective organisations to develop and promote an integrated multi sector mental health service coordination model for people with mental ill health and co-occurring concerns, and their carers, families, dependants and significant others.
- Implement the agreed integrated multi sector mental health service coordination model by working in a coordinated and collaborative manner to identify common issues and solutions, and build and progress working alliances in the interests of people with mental health illness and co-occurring concerns, and their carers.
- Achieve sustainable outcomes by embedding the agreed protocols and functional arrangements into local work practice and providing ongoing support for the implementation of practice reforms, cost effective innovation in service system delivery and the structural changes necessary for the development and sustainability of an integrated multi sector mental health service coordination model for people with mental ill health and co-occurring concerns, and their carers.
- Monitor the success of the mental health service coordination model and EMHSCA Strategic plan and their ongoing adaptation in response to changing needs of people with mental ill health and co-occurring concerns, and their carers in the evolving nature of the mental health and health service system reform.
- In general all discussions within the EMHSCA committee meetings should be disseminated within partner agencies and other aligned services to enhance the progress of the project unless otherwise stated during EMHSCA committee meetings. It is the responsibility of EMHSCA committee members to convey information regarding EMHSCA activities, including workforce development activities, to their organisations.



Communication and reporting structures

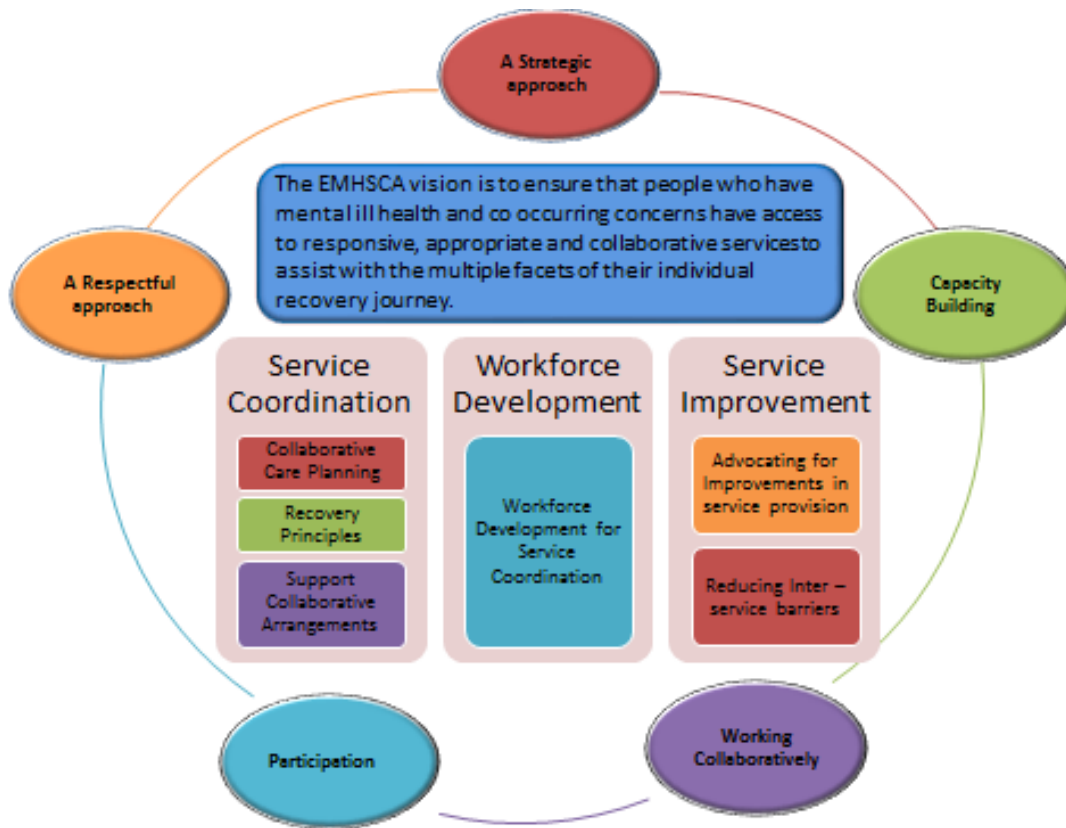


Our Vision

The EMHCSA vision is to ensure that people who have mental ill health and co occurring concerns have access to responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey.

At EMHSCA we value:

- **A Strategic approach** by encouraging the expansion of organisational thinking and planning into a broader regional context.
- **A Respectful approach** by treating everyone with courtesy, acknowledging all viewpoints, respecting diversity, and considering everyone with fairness and ensuring constructive honesty.
- **Participation** from a diverse network of services, consumers and carers who commit to being actively involved in the sharing of information, practice wisdom, resources, and innovation.
- **Working collaboratively** to support each other to achieve common goals and enhance integrated practice across the region.
- **Capacity Building** to assist with continuous improvement of the services provided in this region, enhancing collaboration and coordinated care.



For further information about EMHSCA membership go to

[EMHSCA Shared repository](#)

Please refer to the

1. EMHSCA Strategic Plan
2. EMHSCA Memorandum of Understanding
3. EMHSCA Terms of Reference
4. Quarterly reports
5. Subcommittees' Terms of Reference



We acknowledge the traditional Aboriginal owners of country throughout Victoria and respect them, their culture and their Elders past, present and future.