

Eastern Mental Health Service Coordination Alliance

“Creating opportunities to work strategically across the region with Multi- Sectoral partners”



Strategic Plan

2017-19



EMHSCA acknowledges the traditional Aboriginal owners of country throughout Victoria and respects them, their culture and their Elders past, present and future

We aim to strengthen and support the growing local peer workforce



EMHSCA continues to develop collaborative relationships across the Eastern Metro Region through Service Coordination focused workforce development activities



By expanding the scope of EMHSCA partnerships we improve the connectivity of services for the people we serve



EMHSCA's Shared Care Protocol supports improvements to shared care planning for people with mental ill health and co occurring concerns.



Acknowledgements

EMHSCA recognises those individuals and their supporters who have a lived experience of mental ill health and the important contribution that they make to development and delivery of health and community services.

This EMHSCA Strategic Plan has been developed in consultation with the members of the Eastern Mental Health Service Coordination Alliance and the Dual Diagnosis Consumer and Carer Advisory Council.

Particular recognition should be given to the members of the Strategic Planning subcommittee as follows.

Anna McKenry – Department of Health & Human Services

Bronwyn Williams – EMHSCA Project Officer

Hang Vo – EMR Mental Health & AOD Catchment Planning

Jean Crewe - Outer East Primary Care Partnerships

Larissa Seymour – Uniting Care Prahran Mission

Leigh Garde – Department of Health & Human Services

Mandy Taylor – Eastern Melbourne PHN

Martin Wilkinson – Eastern Melbourne PHN

Melissa Muir – MIND Australia

Sally Missing – Inner East Primary Care Partnerships

Dr. Tamsin Short – Connect4Health

Tim Brewster – Eastern Health Mental Health

Tom Styli – Each SURE

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Definitions

AOD – Alcohol and Other Drug

CCAC – Consumer and Carer Advisory Council

DD – Dual Diagnosis

DHHS –Department of Health and Human Services

EDVOS – Eastern Domestic Violence Service

EMHSCA – Eastern Mental Health Service Coordination Alliance

EMR – Eastern Metropolitan Region

EPSN – Eastern Peer Support Network

FV – Family Violence

IMHA – Independent Mental Health Advocacy

MH – Mental Health

MHCSS – Mental Health Community Support Services

NDIS - National Disability Insurance Scheme

SC – Sub-committee

WG – Working Group

Executive Summary

Now in its 9th year of operation, the Eastern Mental Health Service Coordination Alliance (EMHSCA) continues to lead the work in the Eastern Metropolitan Region (EMR) to improve service coordination for people living with mental ill health and co-occurring concerns. In 2007 the Eastern Health Adult Mental Health Service (EHAMHS) and Psychiatric Disability Rehabilitation Support Services (PDRSS) formed the Eastern Mental Health Alliance which aimed to support the delivery of more accessible, appropriate and coordinated mental health services to improve the experiences of mental health consumers, carers and practitioners.

Since 2010, the Eastern Mental Health Alliance has continued to expand to include a wide range of other regional partners to support a stronger focus on mental health service coordination across the service system. The range of sectors includes Alcohol & Other Drugs (AOD), Homelessness & housing, Family services, Family violence, Aboriginal services, Primary and Community health, Consumer advocacy and legal services and is supported by the Department of Health and Human Services (DHHS). This alliance serves all parts of the inner and outer east and is now well known across the EMR as EMHSCA.

The focus of EMHSCA has been the implementation of improved systems and processes to support service coordination for the benefit of people with mental health and other co-occurring concerns. Alliance members (appendix A) have introduced these improvements to their organisations following a process of collaboration with EMHSCA sub committees.

The current work of the Alliance is progressed through three core sub committees:

- Collaborative Pathways,
- Workforce Development,
- Strategic Planning.

The work of the sub committees is detailed in their work plans (see Appendix).

These sub committees consist of members of the EMHSCA member organisations.

The EMR Dual Diagnosis response consists of:

- Dual Diagnosis Working Group,
- Dual Diagnosis Consumer and Carer Advisory Council,
- Dual Diagnosis Linkage meetings,
- Dual Diagnosis Workforce Development.

These subcommittees report to the EMHSCA committee, providing information regarding the needs of consumers, carers and staff in relation to services provided for people with co-occurring substance use and mental health concerns.

The Eastern Peer Support Network was formed in 2015 to bring together the regional peer workforce in a similar way to the EMR Dual Diagnosis Linkages for general staff. The aim is to support the unique role of peer workers and reduce isolation. This group have a reporting relationship with EMHSCA also.

The EMHSCA committee has agreed on their shared agenda for 2017-2019 (pp.15-19). There are many potential areas of focus for this functioning Service Coordination Alliance. However, the success of EMHSCA may be attributed in part to its ability to identify and maintain its scope of activity. The Strategic Planning subcommittee have considered the top six priority areas nominated by EMHSCA committee members and aligned them to the existing EMHSCA structures. Work plans have been developed to provide further consideration to these key areas and actively address them as part of the EMHSCA Mental Health Service Coordination framework (pp.26-41).

As our organisations continue to traverse the changing landscape of multiple service reforms including NDIS, the EMHSCA continues to create opportunities for members to work strategically with a broad range of

services, consumers and carers across the EMR to improve outcomes for people with mental health and co-occurring concerns.



Martin Wilkinson

Co-Chair



Brad Wynne

Co-Chair

Our Vision

To ensure that people who have mental ill health and co-occurring concerns and the people who support them have access to responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey.

Our Values

As 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.

"It is important to be part of a group and to be heard"

Tony

Dual Diagnosis Consumer and carer advisory council

Strategic Priorities

EMHSCA strategic priorities have evolved over time with a number of consistent themes. Shared care practices and improved pathways for service provision remain as clear priorities for the work of the EMHSCA committees. Providing opportunities for people to meet, consult, learn, collaborate around service provision and generate ideas for improvements have been, and remain to be the highest priorities for EMHSCA. The actions of the various EMHSCA sub committees offer a means to achieve the EMHSCA objectives.

With consideration of the Collective Impact Framework¹ endorsed by EMHSCA members in 2013, it was agreed that the EMHSCA ‘common agenda’ should be identified and articulated. The members were surveyed and the results were refined by the strategic planning subcommittee.

Consultation with the Dual Diagnosis Consumer and Carer Advisory Council assisted in the development of the EMHSCA strategic plan 2014-2016 and the elements are summarised below. Upon review and evaluation of the strategic priorities in June 2016 it was agreed by EMHSCA members that these remain unchanged for at least the next two years given their ongoing relevance to the Alliance’s work and remain unchanged since the initial Strategic Plan was developed in 2014.



¹ https://ssir.org/pdf/2011_WI_Feature_Kania.pdf

“It is important to have my plan regularly reviewed with all the people involved”

Anon

EMHSCA Consumer Shared Care Survey

The 3 pillars containing the EMHSCA priorities are Service Coordination, Workforce Development and Service Improvement. These pillars define the parameters of EMHSCA work and remain unchanged since the initial Strategic Plan was developed in 2014.

Service Coordination

1a Collaborative Care Planning

We will promote and strengthen the provision of collaborative and coordinated service delivery by member agencies by ensuring a consistent approach to screening and assessment that leads to person centred collaborative care planning for people with mental health and co-occurring concerns.

Committees involved – Collaborative Pathways, EMR Dual Diagnosis response, Workforce Development

1b Recovery Principles

We will work with member agencies to successfully embed integrated, person centred practice that supports the principles of Recovery.

Committees involved - Workforce Development SC, Collaborative Pathways and EMR Dual Diagnosis response, Eastern Peer Support Network

1c Support collaborative arrangements during times of system change

We will create opportunities for member agencies to work through systemic issues emerging from sector reforms, structural and/or organisational change.

Committees involved – EMR Dual Diagnosis response, Workforce Development, and EMHSCA

Service Coordination Measures

Annual EMHSCA Shared Care Audit.

Partnership survey.

Service Coordination

Annual Consumer Shared Care Survey

Annual EMHSCA survey

Workforce Development

2 Workforce development for service coordination

We will support member agencies to develop a skilled and knowledgeable workforce that delivers the key elements of service coordination to better meet current and future needs of our community.

Committee involved - Workforce Development , Eastern Peer Support Network

Workforce Development Measures



Service Improvement

3a Advocating for improvements in service provision across the Eastern Metropolitan Region

We will articulate existing and potential mechanisms for identifying areas of service provision that are in need of improvement, and develop pathways to facilitate action.

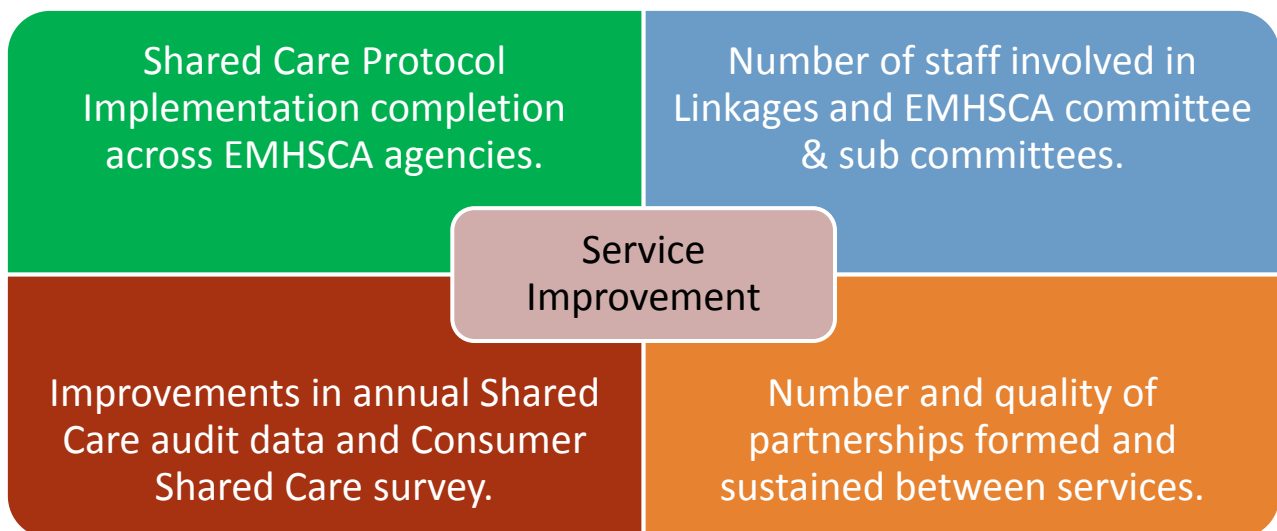
Committees involved – EMHSCA, EMR Dual Diagnosis response - Linkage meetings, Dual Diagnosis Consumer & Carer Advisory Council, Dual Diagnosis working group, Strategic Planning, Collaborative Pathways, Workforce development, Eastern Peer Support Network

3b Reducing inter-service barriers by improving communication and increasing transparency.

We will provide opportunities for member agencies to improve their understanding of and communication with each other.

Committees involved – EMHSCA, Collaborative Pathways, EMR Dual Diagnosis response, Workforce Development, Eastern Peer Support Network

Service improvement Measures





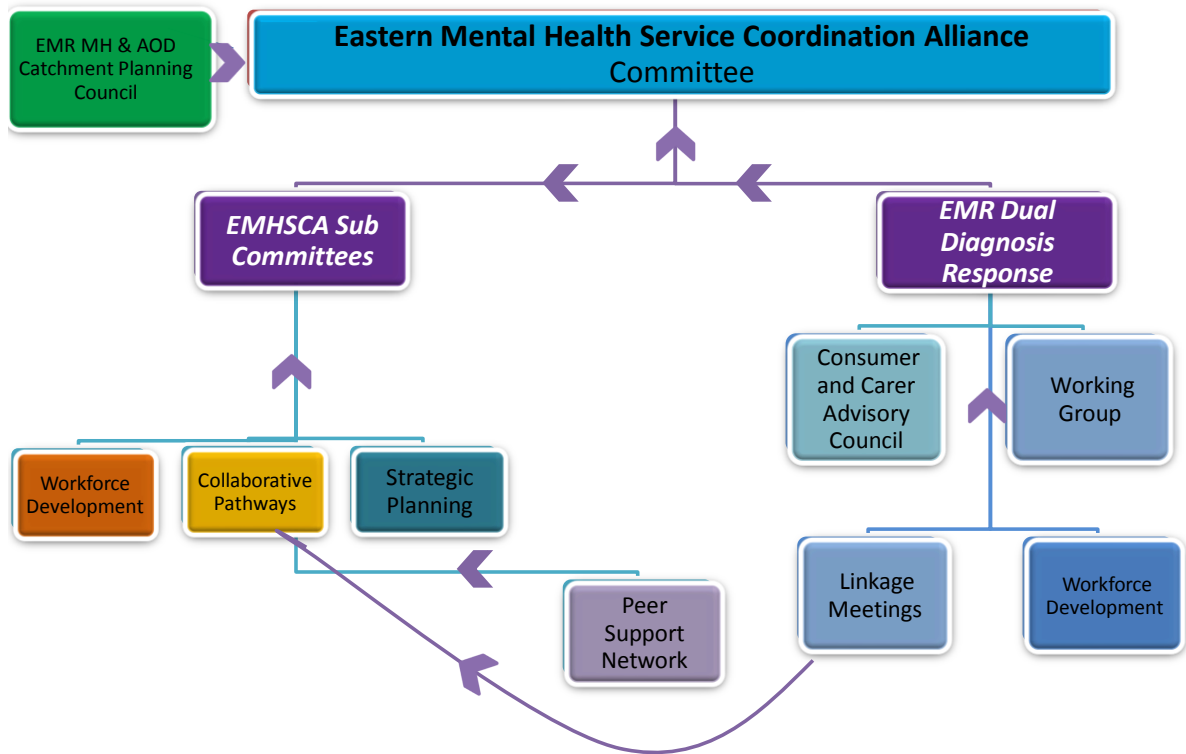
EMHSCA Mechanisms

To support the achievement of the EMHSCA objectives as described in the Strategic Priorities, three sub committees have been formed. These groups routinely report to the EMHSCA committee which consists of more than 30 leaders from EMHSCA member organisations who have a decision making capacity. The various work plans for the sub committees are included in the appendix to this document. Updated work plans can be located at [EMHSCA Shared Repository](#).

The EMR Dual Diagnosis Response has a reporting relationship with EMHSCA. This enables the work of the various Dual Diagnosis groups in this region to be disseminated via the EMHSCA member organisations. Partnership with the Dual Diagnosis Consumer and Carer Advisory Council (DD CCAC) provides a means by which EMHSCA can seek advice from Peer advisors with a lived experience of mental health and substance use issues. A process has been developed to ensure peer endorsement of EMHSCA activities via the DD CCAC.

The EMR MH & AOD Planning Council has a communication mechanism with EMHSCA via shared membership and standing agenda items allowing for routine reporting across projects. The aim is to align and compliment rather than duplicate priorities. Similarly the Eastern Peer Support Network, an EMHSCA initiative, reports to EMHSCA via membership on the EMHSCA committee and the standing agenda item. Interested groups who are seeking improved collaboration but not currently aligned with EMHSCA are invited by the project officer to present at EMHSCA meetings. A number of these engagements have led to EMHSCA membership. The SP SC provides the mechanism to consider membership requests.

Communications and Reporting



EMHSCA committee members October 2015

EMHSCA Sub Committee Functions

Collaborative Pathways	
1	Review and update current Shared Care Protocol to ensure it aligns with health and mental health policy changes and new Commonwealth and State funded initiatives.
2	Identify procedural gaps and developing protocols to meet the identified needs.
3	Provide draft protocol for review and endorsement by EMHSCA.
4	Examine and review shared care documents in relation to a strengths based Recovery Framework and in consultation with Consumers and carers.
5	Develop, roll out and facilitate the implementation of shared care practices including identification of relevant KPIs.

Strategic Planning	
1	Support redevelopment and implementation of the EMHSCA Strategic Plan.
2	Measure EMHSCA member satisfaction with EMHSCA activities.
3	Strengthen Consumer and Carer networking in the EMR.
4	Ensure measurement of EMHSCA activities is consistent with the EMHSCA Strategic Plan.
5	Review the EMHSCA MOU in line with the Strategic Plan.
6	Ensure EMHSCA is informed of key sector and government policy reform.
7	Examine intersections between Mental Health and other relevant sectors.

Workforce Development	
1	Support the provision of an expert strategic direction for mental health service coordination in the Eastern Region via the development of training activities for participating regional services.
2	Provide training to service staff, consumers and carers that orients them to the services available in relation to mental health concerns and encourages partnership and collaboration.
3	Provide training to managers and team leaders from participating EMR services in order to enhance the integration and buy-in of the Service Coordination initiatives at a leadership level in services.
4	Provide training to service staff that aims to improve the knowledge and skills required for recovery focussed care in an integrated care framework and around a complex range of issues.
5	Encourage collaboration and learning across member organisations via training and learning events.
6	Support the development of a strong partnership model in delivering mental health service coordination in the Eastern Region via targeted training activities.

EMR Dual Diagnosis Response	
1	Facilitate and strengthen partnerships between MH and AOD service providers in the EMR and encourage the 'no wrong door' philosophy of service provision.
2	Strengthen consumer and carer participation and feedback in training, service development and evaluation.
3	Inform and support development of regional Dual Diagnosis Capability.
4	Support MH and AOD services to effectively screen, assess and provide care for people with Dual Diagnosis concerns.
5	Implement collection of appropriate outcome measures in relation to Dual Diagnosis activity across the region.
6	Provide a network for service providers across Mental Health, AOD and associated services to strengthen relationships, increase cross sectoral awareness, and improve pathways for people with mental ill health, substance use and co-occurring concerns.

Eastern Peer Support Network	
1.	Facilitate and support a network for Peer workers in the Eastern Metropolitan Region.
2.	Provide opportunities for inter-service Peer workforce development.
3.	Connect people with lived experience of mental ill health and/ or caring for someone with mental ill health who are interested in joining the Peer workforce with current Peer workers.
4.	Consult with the Peer workforce to identify potential improvements in service engagement with the Peer workforce.
5.	Provide an Annual Peer Forum to provide information to the broader community about the importance of the Peer Workforce.

Strategic Focus 2017-2019

In February 2016 EMHSCA committee members were surveyed regarding the priority areas for service coordination with a central focus on mental ill health. The following areas were agreed upon as key shared focal points for collaborative activity. Elements have been included into the subcommittee work plans in an effort to address these.

Improving collaboration for Dual Diagnosis
Improving collaboration for Family Violence
Peer Participation
Improve Physical Health for Mental Health
Improve collaboration with Aboriginal services
Preparing for NDIS
Preserving collaboration in preparing for NDIS
Preparing for AOD and MH reforms
Improving collaboration between MH & AOD intake services
Service system mapping

The shaded items describe the prioritised cohort focussed agenda for EMHSCA. The prioritisation of the cohort focussed agenda is essential to ensure EMHSCA’s scope is kept within its current resources.

Following Alliance discussions it was decided that “Improving collaboration between Mental Health and AOD intake services” would be addressed by the Dual Diagnosis Working group and “Service system mapping” would be the work of the Eastern Melbourne Primary Health Network.

Additionally the Workforce Development subcommittee aim to address the need for service coordination focussed workshops examining transitions between Youth, Adult and Aged Person’s services, and also increase service provider knowledge and skill when working with diverse populations. With the inclusion of Youth and Aged Persons’ service representatives at EMHSCA partnerships across age groups can be initiated with the aim of smoothing transitions.

A number of items are continuing from the 2014-2016 work plans. The following activities will support the current work.

1. Dual Diagnosis

Dual Diagnosis is “the fad that never fades” (Foster 2016). EMHSCA was built on the relationships that supported the work of the Dual Diagnosis Initiative in this region and have been a key EMHSCA strategic priority throughout its history. The EMR Dual Diagnosis Response is enabled by the DD CCAC and Working Group and supported by the portfolio holders that form the EMR Dual Diagnosis Linkages.

Committee /Aim	Collaborative Pathways	Strategic Planning	Workforce Development	New work
Improving collaboration for Dual Diagnosis	Shared Care Protocol	EMHSCA committee membership and standard agenda item; Communication relationship with DD CCAC and Working group	Include representatives and information in workshops	Re introduce sectoral DDx capacity building; Coordination of intake services

2. Peer Participation

EMHSCA has a history of peer participation in all workforce development activities and at the EMHSCA committee meetings. In 2015 EMHSCA was successful in securing funding to pilot the Eastern Peer Support Network. This network’s main aim is to strengthen the Peer Workforce and its connectedness across the EMR. The annual Peer Forum promotes local peer workforce activities and the value of peer participation. EMHSCA regularly seeks advice from people with lived experience of mental ill health and substance use in relation to their experiences of shared care across the region.

Committee /Aim	Collaborative Pathways	Strategic Planning	Workforce Development	New work
Peer Participation	Consumer Shared Care Survey; Liaise with DD CCAC	Supporting EPSN activities and membership; EMHSCA committee membership	Include reps and info in workshops	Peer Forum; Sustain EPSN. Invite peer membership of EMHSCA sub committees

The Eastern Mental Health and AOD Planning Council have established work groups to address the areas of Family Violence and Aboriginal health and well-being in relation to mental ill health and substance use. Their work will be valuable to support the service coordination developments that are facilitated as part of the EMHSCA strategic plan.

3. Family Violence

Prior to the Royal Commission into Family Violence in Victoria it was recognised that there was a lack of collaboration and skill sharing between Family Violence specialist services and Mental Health and AOD services. A proposal was created at EMHSCA which became obsolete with the EMR Catchment Planning Council’s focus on Family Violence as one of four priorities, which is now lead by a high level working group. The Eastern Domestic Violence Service (EDVOS) have joined EMHSCA as partners via the MOU and have participated in workforce development activities, information sharing and linkages as well as membership with the Collaborative Pathways subcommittee.

Committee /Aim	Collaborative Pathways	Strategic Planning	Workforce Development	New work
Improving collaboration for Family Violence	Inclusion in EMHSCA Shared Care Protocol	EMHSCA committee membership	Representation within EMHSCA workshops	Shared Workforce development activities; Strengthen screening and pathways to care

4. Physical Health

In 2013 EMHSCA set up a Physical Health subcommittee which established a minimum data set of physical health screening questions for services to embed in their various processes relating to client care. This committee no longer functions and much of the work to promote physical health for mental health consumers is now part of the remaining EMHSCA subcommittee work plans. The next stage is to ensure service providers are able to navigate the assessment and pathways for people with mental ill health requiring physical health support. A survey to establish the nature of the needs of staff is the first step.

Committee /Aim	Collaborative Pathways	Strategic Planning	Workforce Development	New work
Improve Physical Health for people with mental ill health	Questions in Shared Care Audit – what are main priorities identified by consumers?; Shared Care Protocol; Consumer SC survey	EMHSCA committee membership ; Examine divide between sectors – PH and MH; consider new work for EMHSCA.	Representation within EMHSCA workshops; PH elements introduced to all workshops.	Establish staff requirements via survey; Examine pathways to treatment; Consult with PH champions; Identify how screening has helped client outcomes.

5. Aboriginal health & well-being

Since 2014 EMHSCA has sought to partner with Aboriginal services to improve relationships and access to services for people of Aboriginal and Torres Strait Islander origins. Progress in this area has been slow. In 2016 a proposal has been developed to link EMHSCA to the range of local Aboriginal groups in an effort to build relationships and strengthen connections via the Aboriginal Health liaison at the DHHS.

Committee /Aim	Collaborative Pathways	Strategic Planning	Workforce Development	Other
Improve collaboration with Aboriginal services	Revisions to Shared Care Protocol; Colocation guide; Capture cohort in Consumer Shared Care Survey	EMHSCA committee representation and liaison	Representation within EMHSCA workshops; Cultural awareness incorporated into all workshops	Consider useful links to promote collaborative work with Aboriginal Services; Advice from Planning Council Workgroup

6. NDIS

The NDIS is due to commence in the EMR in November 2017. There has been much concern about the uncertain change that this will bring to mental health service provision and also how this will affect other sectors who work with people with mental ill health. Of particular concern is the threat to collaboration, the strengthening of which has been EMHSCA's key objective since its inception. In spite of various reforms EMHSCA has supported collaborative relationships. If the collaborative atmosphere of the EMR is to be maintained beyond 2017 EMHSCA needs to articulate the importance of collaboration in relation to NDIS and communicate this effectively to regional stakeholders.

Committee /Aim	Collaborative Pathways	Strategic Planning	Workforce Development	EPSN
Preparing for NDIS	Shared Care Protocol	Seek suitable speaker for EMHSCA updates	Include info in workshops; Provide local forum 2017	Develop peer workforce; Provide peer forum 2017
Preserving collaboration in preparing for NDIS	Cross sectoral committee membership; Shared Care Protocol	Cross sectoral committee membership	Cross sectoral committee membership & event participation	Inter service relationships between peer workforces

"It would be better if services would help me to connect with other services as I don't feel confident to make the call".

Anon

EMHSCA Consumer Shared Care Survey

Reference Documents

This Strategic Plan has been developed with the aim of improving Service Coordination for Mental Health and associated service provision. As such, the following documents provide important points of reference.

AOD Service Coordination Toolkit 2012

[https://www.easternhealth.org.au/images/services/emhsca/Eastern Metropolitan Region Alcohol and Other Drug Sector Service Coordination Toolkit.pdf](https://www.easternhealth.org.au/images/services/emhsca/Eastern_Metropolitan_Region_Alcohol_and_Other_Drug_Sector_Service_Coordination_Toolkit.pdf)

Consumer participation in Victorian public mental health services 2012

[http://docs.health.vic.gov.au/docs/doc/B87781AF7B3B4813CA257C20007B92FE/\\$FILE/Consumer%20Participation%20in%20MHS%20Report.pdf](http://docs.health.vic.gov.au/docs/doc/B87781AF7B3B4813CA257C20007B92FE/$FILE/Consumer%20Participation%20in%20MHS%20Report.pdf)

Fitting together the pieces: Collaborative Care Models for Adults with Severe and Persistent Mental Illness 2010

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0ABBFD239D790377CA257BF0001C6CBC/\\$File/colsev.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0ABBFD239D790377CA257BF0001C6CBC/$File/colsev.pdf)

Framework for Recovery-Orientated Practice 2011

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0ABBFD239D790377CA257BF0001C6CBC/\\$File/colsev.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0ABBFD239D790377CA257BF0001C6CBC/$File/colsev.pdf)

Improving the physical health of people with severe mental illness: No mental health without physical health – 2011 <http://docs.health.vic.gov.au/docs/doc/Improving-the-physical-health-of-people-with-severe-mental-illness:-No-mental-health-without-physical-health>

Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022

[http://docs.health.vic.gov.au/docs/doc/6430F2F47068726DCA2579FF00019833/\\$FILE/1307014_koolin_balit_jul13_WEB.pdf](http://docs.health.vic.gov.au/docs/doc/6430F2F47068726DCA2579FF00019833/$FILE/1307014_koolin_balit_jul13_WEB.pdf)

Mental Health Act 2014

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/0001F48EE2422A10CA257CB4001D32FB/\\$FILE/14-026aa%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/0001F48EE2422A10CA257CB4001D32FB/$FILE/14-026aa%20authorised.pdf)

National framework for recovery-oriented mental health services 2013

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde>

National Practice Standards for the Mental Health Workforce 2013

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-wkstd13-toc>

Reducing the alcohol and drug toll: Victoria's plan 2013-2017

[http://docs.health.vic.gov.au/docs/doc/1D4BF7FF3C551C4DCA257AFD00707A93/\\$FILE/Reducing-AOD-toll.pdf](http://docs.health.vic.gov.au/docs/doc/1D4BF7FF3C551C4DCA257AFD00707A93/$FILE/Reducing-AOD-toll.pdf)

VDDI Key Directions & Priorities for Service Development 2009

<http://www.health.vic.gov.au/mentalhealth/dualdiagnosis/dualdiagnosis2007.pdf>

Victorian Chief Psychiatrist Clinical Guideline: Information sharing between area mental health services and psychiatric disability rehabilitation and support services – 2010

http://www.health.vic.gov.au/mentalhealth/cpg/information_sharing.pdf

Victorian Chief Psychiatrist Clinical Guideline: Working together with families and carers – 2005 <http://www.health.vic.gov.au/mentalhealth/cpg/families.pdf>

Victoria's 10 year Mental Health Plan

<http://www.health.vic.gov.au/healthplan2022/>

Victorian Homelessness Action Plan 2011-2015

http://www.dhs.vic.gov.au/data/assets/pdf_file/0007/661633/Victorian_Homelessness_Action_Plan.pdf

Victorian Service Coordination Practice Manual 2009

http://www.health.vic.gov.au/pcps/downloads/sc_pracmanual2.pdf

Victorian strategic directions for co-occurring mental health and substance use conditions 2013 [http://docs.health.vic.gov.au/docs/doc/Victorian-Dual-Diagnosis-Initiative-\(VDDI\)-Bulletin--October-2013](http://docs.health.vic.gov.au/docs/doc/Victorian-Dual-Diagnosis-Initiative-(VDDI)-Bulletin--October-2013)

Appendices

Appendix A – Membership list

Appendix B - Collaborative Pathways Sub Committee Work plan

Appendix C - Workforce Development Sub Committee Work plan

Appendix D – Strategic Planning Sub Committee Work plan

Appendix E – EMR Dual Diagnosis Consumer & Carer Advisory Council and Working Group Work Plan

Appendix F – EMR Dual Diagnosis Linkage Meetings Terms of Reference

Appendix G – Eastern Peer Support Network Terms of Reference

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Appendix A EMHSCA Membership list

ORGANISATION	REPRESENTATIVE	Reporting relationships	Network Connections
Anglicare Victoria : Senior Service Manager Family & Community Services Eastern Region	Kris Drew	Sue Sealey Regional Director Eastern region Anglicare	OE Family Services Alliance; Member of the regional family violence partnership; Financial counselling consortium and the AOD SURE consortium; OE Services Connect project led by Anglicare
Australian Government Department of Human Services : Service Centre Manager – Box Hill	David Westwood		
Connect4Health: Executive Director of AOD Services	Dr. Tamsin Short	Harry Majewski (CEO Access HC)	Connect4health
Delmont Private Hospital: In-patient Therapy Team Leader	Jodie Thomas	Peter Randell DON	
Department of Health and Human Services: Aboriginal Liaison	Chelsea Brand		
Department of Health and Human Services: Team Leader Outer East Alcohol and Drugs and Mental Health Programs, Eastern region	Leigh Garde	Anna McKenry	Older Persons MH Alliance, Strategic planning working group, Koolin Balit Aboriginal Health Committee, Yarra Ranges Indigenous Advisory Group,
Dept of Health & Human Services : A/Manager Outer East Area and alcohol and drugs, East Division	Anna McKenry	Health Director, East Division.	EMR MH & AOD Planning Council
EACH AOD: SURETeam Leader	Tom Stylli	AM Rogers Bernie Durkin	
EACH MH: Transition Manager: Mental Health Recovery	Mike Quaass	Peter Ruzyla – CEO Michael Janssen – Gen Mgr	
EACH PH: Manager Clinical Services	Edmond Wong	Ann Elkins- General Manager, Primary Health	Allied Health Eastern Region,; Refugee Health ; Eastern Region Diabetes Initiative Steering Committee
EACH: General Manager: Planning, Strategy & Development	Hang Vo	Peter Ruzyla – CEO	EMR MH & AOD Planning Council
Eastern Community Legal Centre: Director – Partnerships & Community Development	Sonia Vignjevic		

Eastern Dual Diagnosis Consumer & Carer Advisory Council: Member	Belle Groves	DDCCAC & Working Group Chairs	
Eastern Dual Diagnosis Consumer & Carer Advisory Council: Member	Fred Murray	DDCCAC & Working Group Chairs	
Eastern Health (EH): Associate Program Director- Adult Mental Health,	Brad Wynne	Rebecca Johnson – A/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
Eastern Health Mental Health Program: Manager Dual Diagnosis and Service Development	Gavin Foster	Brad Wynne – APD Adult MHP	
Eastern Health: Adult MH Services Carer Consultant	Kathy Collet	Gavin Foster	
Eastern Health: Director Aged Care & Mental Health Triage & ED Response and Consultation Liaison Teams	Joyce Goh	Rebecca Johnson – A/Program Director Mental Health, Eastern Health	
Eastern Health: Eastern MH Service Coordination Alliance Project Officer	Bronwyn Williams	Rebecca Johnson (RFI Project), Gavin Foster (EMHSCA)	Dual Diagnosis Working Group, DDCCAC, EMR Linkages, Change Agent Network, RFI Steering committee
Eastern Health: Manager, Community & Specialist Youth Child & Youth Mental Health Service	Kylie Scoullar	Lynne Alison – APD CYMHS	
Eastern Melbourne Primary Health Network : Director –Primary Care and Clinical Services	Martin Wilkinson	CEO - EMPHN	IE PIR Consortium
Eastern Peer Support Network: Coordinator	Annie Rawson	Bronwyn Williams	Eastern Peer Support Network
EMR Regional Family Violence Partnership: Regional Integration Coordinator	Jelena Djurdjevic	Maryclare McLean EO	Regional Coordinators Reference Group
Independent Mental Health Advocacy: Advocate	Amy Corcoran		
Inner East Primary Care Partnership: Executive Officer	Sally Missing		

Inspiro: Primary Care Manager	Gillian Smith		Eastern Consortium of AOD Services
MIND Australia : Area Manager MIND East,	Sally Corrigan	Glen Prewett – General Mgr, Sth/East & Gipps.	
Mullum Mullum Indigenous Gathering Place: Manager	Les Chessells		
NEAMI National: Regional Manager- Eastern Victoria	Peter Warden	Glen Tobias	Inner East Complex Care Panel Eastern Complex Care Panel EMR MH & AOD Planning Council Operational Management Group PIR Consortium Various local Govt committees
Outer East Health and Community Support Alliance: Executive Officer	Jacky Close	OEHCSA Executive Committee	EMR MH & AOD Planning Council OE PIR Consortium Knox, Yarra Ranges and Maroondah local Govt committees Koolin Balit Aboriginal Health Committee,
Prahran Mission: Regional Operations Manager Inner East (MHCSS and Phams Monash)	Janet Charalambakis	Mark Smith General Manager, Services	
Royal District Nursing Service: Client Services Manager – Knox/Lilydale	Tracey Easte	Martin Wischer Victoria General Manager RDNS	PCP Executive
SalvoCare Eastern Support and Recovery Services, The Bridge Programme and Aurora: Manager – East Region	TBA		
Wellways/MI Fellowship Victoria: Regional Manager Inner East	Justin McKenzie	Sean Hegarty – General Manager Operations	IEPIR consortium Boroondara MH Alliance
Wesley Mission Victoria : Senior Program Coordinator Homelessness Services, Crisis and Homelessness Services, Eastern Region	Maidie Graham	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
YSAS Eastern: Manager Community Programs	Geoff Bayldon		

Appendix B Collaborative Pathways Subcommittee Work plan

Strategies for 2017

1. Initiate new Consumer Shared Care Survey in line with Shared Care Audit.
2. Review Shared Care Protocol in relation to EMHSCA's new cohort focused agenda.
3. Conduct Annual Shared Care audit and provide feedback to EMHSCA services.
4. Continue to work together with the Workforce Development Committee to build capacity of organisations regarding Shared Care planning and associated activities.
5. Support further development of Service Coordination Champion role in the EMR.
6. Develop Co-location guide.
7. Support EMHSCA services to implement the EMHSCA Shared care protocol locally.

Strategies	Actions	Timeline	Responsibility
1. Monitor regional shared care practices.	Redevelop Shared Care Audit guide	January 2017	CP SC
	Circulate audit documents to EMHSCA services	February 2017	Project Officer
	Support Audit with information and discussion at EMHSCA meetings	Feb & April 2017	Project Officer
	Collect data from EMHSCA member services involved in shared care practices	End May 2017	Project Officer
	Provide feedback to EMHSCA re collated Shared Care Audit data and compare annual results	August 2017	CP SC and Project Officer
	Develop survey of EMHSCA members re Shared Care audit satisfaction	September 2017	CP SC
	Conduct survey of EMHSCA members involved in audit regarding their satisfaction	October 2017	CP SC
Success indicators: All EMHSCA services involved in Shared Care Practices provide snapshot data.			
2. Support and Monitor Consumer Shared Care	Develop Consumer survey to support Shared care audit	January/ February 2017	CPSC
	Provide proposed Consumer Shared Care Survey questions to Consumer & Carer	March/April 2017	CPSC

Survey	Advisory groups for their input		
	Develop Consumer Shared Care Survey implementation strategy and time line	April 2017	CPSC
	Provide Consumer Shared Care Survey implementation strategy to EMHSCA for endorsement	June 2017	CPSC and Project Officer
	Provide final version of Consumer Shared Care Survey (CSCS) Guide to EMHSCA members including dates for commencement	August 2017	CPSC
	Develop training session for Peer survey providers	July 2017	CPSC
	Provide training session for Peer survey providers	September 2017	CPSC
	Follow up collection of results from EMHSCA members	November 2017	Project Officer
	Collate results of survey	December 2017	
	Provide Summary of survey results to EMHSCA members	February 2018	Project officer
	Develop satisfaction survey for EMHSCA members re CSCS	March 2018	CP SC
Success Indicators: Consumers of EMHSCA services involved in the Shared Care audit provide their perspective regarding shared care practices.			
3. Provide ongoing support to Linkages and Service Coordination Champion role in EMR.	Support establishment of Linkage Calendar	November 2016	CP SC & EDDS
	Review Linkage Terms of reference	June 2017	CP SC & EDDS
	Evaluate outcomes of EMR Linkages	June 2017	CP SC & EDDS
	Provide leadership within each EMHSCA service as Service Coordination Champions	Ongoing	CPSC members
Success Indicator: Service Coordination Champion Role is sustained.			
4. Support EMHSCA services to	Review 2015 Implementation Questionnaire.	February 2017	CP SC
	Revise Implementation guide.	March 2017	Project Officer

implement the EMHSCA Shared care protocol locally.	Provide draft to EMHSCA committee for endorsement	April 2017	Project officer
	Provide final version of Implementation guide to EMHSCA	May 2017	CP SC; Project officer
Success Indicator: EMHSCA services utilize the Shred Care Protocol implementation Guide to improve shared care practices across their services.			
5. Support improved integration of service provision.	Map current colocation arrangements	November 2016	CP SC
	Discuss key aspects of colocation and challenges	November 2016	CP SC
	Develop draft colocation guide	February 2017	CP SC
	Develop final draft and present to EMHSCA for endorsement	April 2017	CP SC ; Project officer
	Circulate final document to EMHSCA members	June 2017	CP SC ; Project officer
	Provide guide to the Workforce Development (WD) Subcommittee to include in WD events.	July 2017	Project officer; WD SC
Success Indicator: There is an increase in effective service colocation in the EMR			
6. Ensure currency and consistency of information provided by EMHSCA regarding principles of shared care in the EMR.	Review EMHSCA Shared Care Protocol in relation to new cohort focused agenda	August 2017	CP SC
	Develop draft of recommended changes	September 2017	CP SC
	Consult with all EMHSCA member service leaders regarding recommendations	October 2017	Project officer
	Develop final draft and present to EMHSCA for ratification	December 2017	CP SC ; Project officer
	Circulate Final revised Shared Care Protocol to EMHSCA	February 2017	Project officer
	Provide revised Shared Care Protocol to participants at EMHSCA workshop	March 2017	Project officer; WD SC
Success Indicator: The EMHSCA Shared Care Protocol reflects the EMHSCA cohort focused agenda to support good practice across local health and community services.			

Appendix C Workforce Development Subcommittee Work plan

Strategies for 2017

1. Support the implementation strategy for the **Shared Care Practices and Collaborative Planning Protocol** by introducing the document at CCPW and LCCPW.
2. Support the region as it assimilates the changes to service provision as a result of dual reforms via information provided at the EMR Orientation 2017.
3. Identify opportunities to promote collaboration as the NDIS is rolled out in this region.
4. Develop and deliver a new workshop to support staff competency regarding issues of diversity in service provision.
5. Identify opportunities to examine and address issues regarding transitions between aged groups in service provision.
6. Support the implementation of the Physical Health screen and principles via EMHSCA events.
7. Support the Older Persons Alliance via incorporating Older persons focus into EMR Orientation 2017

Task	How will the task be met?	Who is responsible?
1. Orient EMHSCA staff to the EMHSCA Shared Care Protocol and support improved collaborative practices.	Provide Collaborative Care Planning Workshop March 2017	EMHSCA Workforce Development Sub committee and Project Officer
2. Assist all staff in the EMR to become familiar with available services and understand the various sectors involved in providing health and community support.	Provide EMR Orientation May 2017: Include Aged Persons, Youth services and Boroondara Alliance.	EMHSCA Workforce Development Sub committee and Project Officer
3. Support and educate EMHSCA service staff regarding their approach to people who have co-occurring issues.	Provide Mental Health & Co-occurring Issues Explored Workshop November 2017.	EMHSCA Workforce Development Sub committee and Project Officer
4. Provide opportunity for EMHSCA service leaders to improve their support for staff with regard to Collaborative Care Planning and orient them to the Shared Care Practices and Collaborative Planning Protocol implementation strategy.	Defer to 2018	EMHSCA Workforce Development Sub committee and Project Officer
5. Provide a forum for staff to learn to work more effectively with issues of diversity	Consider options re such an event and work out logistics Aim to provide in August 2017	EMHSCA Workforce Development Sub committee and Project Officer
6. Ensure that EMHSCA services are provided with appropriate and timely workforce development activities that support service coordination	<ul style="list-style-type: none"> • Survey EMHSCA service managers regarding potential events • Present EMHSCA workforce development updates to EMHSCA and process feedback • Collect formal feedback at all Workforce development events and utilize to shape future events 	EMHSCA Workforce Development Sub committee and Project Officer
7. Promote Workforce Development Activities	<ul style="list-style-type: none"> • Advertise to EMHSCA members • Advertise via local networks • Provide report to EMHSCA members annually – written and verbal 	EMHSCA Workforce Development Sub committee and Project Officer

Appendix D Strategic Planning Subcommittee Work plan

Planned work for 2017

1. Develop clear objectives regarding Physical Health and Mental Health and facilitate new work within the EMHSCA structure.
2. Consider useful links and improvements to the EMHSCA structure to promote collaborative work with Aboriginal Services.
3. Seek suitable speakers regarding NDIS and Mental Health sector partnerships.
4. Consider ways to strengthen screening and pathways to support for people experiencing Family Violence.
5. Support peer and service engagement with Eastern Peer Support Network activities.
6. Monitor EMHSCA membership and support strategic expansion.

Strategies	Actions	Timeline	Responsibility
1. Develop clear objectives regarding Physical Health and Mental Health and facilitate new work within the EMHSCA structure.	Develop survey for EMHSCA re staff needs in relation to working with PH and MH issues concurrently.	Feb 2017	SP SC & project officer
	Seek EMHSCA endorsement of survey	April 2017	SPSC Chair
	Provide survey re PH for MH to EMHSCA leaders to survey their staff	April 2017	Project Officer
	Collect and collate survey results	May 2017	Project officer
	Report back to EMHSCA and recommend actions	June 2017	SPSC Chair
	Seek out and engage old Physical Health Champions	April 2017	SPSC
Success Indicator: Improved understanding of the needs of staff in the EMR in relation to PH for MH - to inform the work going forwards..			
2. Improve collaboration and enhance relationships with Aboriginal services.	Consider proposal to create communication relationship for EMHSCA with Aboriginal services.	November 2016	Chelsea Brand and SP SC
	Provide recommendations to EMHSCA committee for consideration and endorsement	February 2017	SP SC Chair
	Develop brief guide to enhancing relationships with Aboriginal services in consultation with local Aboriginal leaders.	July 2017	SP SC & PO
	Present guide for endorsement to EMHSCA committee	August 2017	SP SC Chair
	Provide final guide to EMHSCA	September 2017	PO

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Success Indicator: Improvement to number of aboriginal people accessing mainstream services in the EMR.			
3.Strengthen screening and pathways to support for people experiencing Family Violence.	Examine any existing data regarding the needs of staff from EMHSCA services in relation to working with Family Violence issues.	August 2017	SP SC
	Provide recommendations to the EMHSCA committee in relation to effective capacity building activities and collaborative partnerships.	October 2017	SP SC
Success Indicator:			
4. Ensure EMHSCA membership is appropriate and strategic	Consider requests for EMHSCA committee membership and present to EMHSCA	Ongoing	SP SC
	Review Membership to line up with EMHSCA strategic plan	February 2017	SP SC
	Discuss EMHSCA committee membership requests at EMHSCA committee meetings	Ongoing	SP SC & EMHSCA
	Provide updates regarding subcommittee attendance and membership to the EMHSCA committee	June and December	Project officer
Success indicator: EMHSCA committee members attend meetings regularly and make valuable contributions to the Alliance.			
5. Support establishment of Peer Support Network in EMR	Provide initial support to project as it is establishing.	July- Sept. 2015	SP SC
	Provide updated information to project coordinator regarding peer advisors, workers and consultants in EMHSCA services.	March 2016	SP SC and EMHSCA members
	Offer suitable venues for PSN meetings via EMHSCA member services	November 2016	SP SC, EMHSCA members
	Host meetings at EMHSCA member services	July 2016-June 2017	SP SC members and EMHSCA service reps.
	Participate in project surveys and events	When required	SP SC
Success Indicator: Peer Support Network is established in the EMR and involves relevant EMHSCA services.			

Appendix E Dual Diagnosis Consumer and Carer Advisory Committee and Working Group Work plan

Membership

The EMR Dual Diagnosis Working Group is drawn from the following service sectors:

State funded Mental Health Services (Clinical and Mental Health Community Support Services)

Commonwealth funded Mental Health Services

Alcohol and Other Drug (AOD) Services

The Dual Diagnosis Consumer and Carer Advisory Council consists of :

8 people with lived experience of both mental health and substance use problems

2 people who care for loved ones experiencing both mental health and substance use problems

Underpinning Processes

A Consumer Centered approach

Equity of access for Consumers & Carers seeking services

Recovery focused service provision

Engagement of and collaboration with all health and community service sectors in the Eastern Region

Our values

A non-judgemental attitude:

We will be accepting of others, whatever their opinions and where-ever they are on their recovery journey.

Respectful Behaviour:

The opinions of others are important

Everyone has a right to be heard

Active listening is required

We respect that all people are at various stages of recovery

Diverse styles of participation are encouraged.

Safety:

The emotional and physical safety of everyone is vital. We will create an environment within our meetings and our work that allows people to feel safe to participate.

Honesty:

We will endeavour to be honest in all our interactions with ourselves and others.

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Unity:

As individuals we are part of a team working in unity to achieve our goals. Individuals act to preserve the unity of the group.

Strategic directions for dual diagnosis practice

Strategic Direction 1	Improve outcomes for people with co-occurring mental health and substance use conditions and their families and significant others
Strategic Direction 2	Provide integrated screening, assessment, treatment and care for people experiencing co-occurring mental health and substance use conditions
Strategic Direction 3	Facilitate integration of the systems and services responding to people with co-occurring mental health and substance use conditions and their families and significant others
Strategic Direction 4	Further develop dual diagnosis capability of Victorian clinical mental health, AOD and mental health community support services sector organisations and workforce

Victorian strategic directions for co-occurring mental health and substance use conditions 2013

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Appendix F EMR Dual Diagnosis Linkage Meeting Terms of Reference

The Eastern Metropolitan Region (EMR) Linkage Meetings are a forum to provide inter-sectoral and cross-sectoral collaboration amongst key Dual Diagnosis (or DD_x) stakeholders and the Eastern Mental Health Service Coordination Alliance (EMHSCA) Service staff, representing the Alcohol & Other Drug (AOD), Clinical Mental Health (CMH), Mental Health Community Support services (MHCSS), Homelessness/Housing Services, Family Services, Partners in Recovery (PIR) and all associated services providing care and support to people with Mental ill Health (MH), Substance Use(SU) and co-occurring concerns in the Eastern Metropolitan Region of Melbourne.

1. Role	
1.1	The EMR Linkage Meetings are a forum for representatives (from all associated services providing care and support to people with Mental ill health, Substance Use issues and co-occurring concerns) to form working partnerships, learn about available resources in this region, discuss cases to improve capabilities, provide feedback on barriers to integrated care, and seek improvement in provision of care and support to people on personal, service and system levels.
1.2	More recently the meetings are a place to support Service Coordination Champions in their role and provide activities to develop skills regarding provision of coordinated care.
1.3	The Collaborative Pathways Subcommittee of EMHSCA provides local support to the Service Coordination Champions.
2. Reporting	
2.1	The EMR Linkage Meeting Chair reports to the EMR Dual Diagnosis Working Group (DDWG), EMR Dual Diagnosis Consumer & Carer Advisory Council (DDCCAC), Eastern Dual Diagnosis Service (EDDS), the Eastern Mental Health Service Coordination Alliance Committee (EMHSCA), and the Collaborative Pathways Sub Committee (SP SC) as required.
3. Function	
3.1	This cross sector meeting supports and encourages member organisations to work together to deliver the outcomes outlined in the DHS “Dual diagnosis: Key directions and priorities for service development” policy document (2007, pg 24-25) – at a local level. http://www.health.vic.gov.au/mentalhealth/dualdiagnosis/dualdiagnosis2007.pdf

3.2	<p>Improving Service Coordination across the EMR is a key function of this group as per the Victorian Service Coordination Practice Manual 2009.</p> <p>http://www.health.vic.gov.au/pcps/downloads/sc_pracmanual2.pdf</p>
4. Strategy & Direction	
4.1	<p>The EMR Linkage meeting aims to gather information that will inform EMR services regarding the planning and implementation of System, Service and practice change. See reporting relationships above.</p> <p>Responsibilities of members are gradually being increased with a view to increasing sustainability of this program and further negotiations with members on an annual basis will occur to further this objective. The longer term goal for EMR Linkages is that the services involved will take up responsibility for the chairing, agenda, minutes and venue organization on a rotational basis.</p>
5. Performance Monitoring	
5.1	<p>Chair to collect and collate bi-yearly feedback from members regarding the meetings and implement appropriate alterations.</p> <p>Consumer and Carer participation and feedback is actively encouraged.</p> <p>Collated feedback information is presented at the Collaborative Pathways subcommittee meeting and the Eastern Dual Diagnosis Service meeting following the collection date.</p>

Appendix G Eastern Peer Support Network Committee Terms of Reference

The Eastern Peer Support Network (EPSN) Meetings are a forum to provide inter-sectoral and cross-sectoral collaboration amongst Peer workers and those interested in engaging in Peer work in future. This is an initiative of the Eastern Mental Health Service Coordination Alliance (EMHSCA), representing the Alcohol & Other Drug (AOD), Clinical Mental Health (CMH), Mental Health Community Support services (MHCSS), Homelessness/Housing Services, Family Services, Partners in Recovery (PIR) and all associated services providing care and support to people with Mental ill Health (MH), Substance Use(SU) and co-occurring concerns in the Eastern Metropolitan Region (EMR) of Melbourne (inner and outer east).

1. Role	
1.1	The EPSN Meetings are a forum for Peer workers (consumers and carers from all associated services providing care and support to people with Mental ill health, Substance Use issues and co-occurring concerns) to form working partnerships, learn about available resources in this region, discuss issues in relation to their roles and to provide feedback on barriers to effective peer work, and seek improvement in provision of care and support to people on personal, service and system levels.
1.2	The EPSN also supports people with lived experience who are interested in becoming peer workers in the future and invites their membership.
1.3	The Strategic Planning Subcommittee of EMHSCA provides local support to the Eastern Peer Support Network.
2. Reporting	
2.1	The EPSN coordinator reports to the EMR Dual Diagnosis Working Group (DDWG), EMR Dual Diagnosis Consumer & Carer Advisory Council (DDCCAC), and EMHSCA via the standing agenda item. The EPSN Manager reports to the Strategic Planning Sub Committee (CP SC) via the standing agenda item.
3. Function	
3.1	To encourage and support networking of the peer workforce across the EMR services, thus reducing isolation and increasing awareness of the broader peer workforce.
3.2	To provide opportunities for people with a lived experience of mental ill health and/or substance misuse, who are not currently employed as peer workers, to become informed and engage with the existing peer workforce as they consider future work in this sector.
3.3	To raise awareness of peer workforce development opportunities and forums.

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3.4	To provide workforce enhancing activities as part of the network meetings.
3.5	To facilitate an annual peer forum that brings together the broader peer network and information that supports people to use their lived experience to make a difference.
4. Strategy & Direction	
4.1	The Eastern Peer Support Network (EPSN) aims to gather information that will inform EMR services regarding the planning and implementation of an effective peer workforce. See reporting relationships above.
5. Performance Monitoring	
5.1	The Coordinator collects monthly meeting feedback and provides a collated report for the Eastern Melbourne PHN in June 2017. Collated feedback is presented at the EMHSCA Committee meeting in June 2017. All developments to the EPSN are made via co-design methods.

6. Membership	
6.1	Peer workers from health and community services in the EMR, along with people who are interested in becoming peer workers in future are invited to become members of the EPSN.

6.2	<p>At least one representative from each EMHSCA service who has a designated peer workforce is desired at each meeting.</p> <p>EMHSCA service providers include the following:</p> <ul style="list-style-type: none"> • Aboriginal Services • Anchor • Anglicare • Australian Government Department of Human Services • Connect 4 Health (Link, Whitehorse, Manning & Access Health & Community) • Consumer and Carer Representatives • Delmont Private Hospital • Department of Health & Human Services – Inner and Outer Eastern Metro Regions • EACH • Eastern Health/Turning Point • Eastern Community Legal Centre • Eastern Health Mental Health Services • Eastern Melbourne Primary Health Network • Eastern Domestic Violence Service (EDVOS) • EMR Dual Diagnosis Response • Independent Mental Health Advocacy • Inner East Primary Care Partnership • MIND • NEAMI National • Outer East Health and Community Support Alliance • Outer East Primary Care Partnership • Uniting Care Prahran Mission • SalvoCare eastern Basin Centre • Wellways • Wesley Homelessness Services (LASN)
6.3	<p>The network is open to new members via application to the coordinator. This is done via email</p> <p>peersupport.mentalhealth@easternhealth.org.au.</p> <p>Line management support should be sought by applicants who are currently employed prior to approaching the coordinator.</p>
<p>7. Hosting Meetings</p>	

7.1	<p>Host Service Members are responsible for the following:</p> <ul style="list-style-type: none"> • Provide a suitable room to accommodate about 30 people and forward contact details and address to coordinator at least one month prior to the meeting; • Provide refreshments – a light morning or afternoon tea; • Provide a service presentation with a peer workforce focus to increase participant’s awareness of local services and peer workforce opportunities and models; • It is always great to hear from peer workers at the host service about their roles, responsibilities and initiatives; • Make sure your entry staff are aware the Linkage members will be attending on the date and time set so that they are welcomed and guided to where they need to be.
8. Frequency and format of Meetings	
8.1	Meetings are held on an agreed-to monthly cycle and at various stakeholder services (by prior arrangement). Typically occurring on third Monday or Wednesday of each month.
8.2	Although dates and times will be set on an ongoing basis, they may be subject to change in order to provide opportunity for all stakeholder services to be involved, or to accommodate guest presenters.
8.3	The duration will be approximately 3 hours, but may run shorter or longer as required by consensus of the representatives.
8.4	The content will endeavour to include an introduction of participants, a host service presentation, a peer workforce development activity, local peer workforce news and updates, and networking time.
8.5	In November each year a calendar will be provided to all stakeholder representatives (by the coordinator) and EMHSCA services will be encouraged to nominate a month or months when they are able to host a meeting. See host services responsibilities above.
9. Chairpersons	

9.1	<p>The Network Coordinator is responsible for chairing the EPSN Meetings and disseminating the flyer, the meeting agenda, keeping the representative Contacts List up-to-date, and circulating information to the representatives. They will also prepare a yearly Calendar in November and circulate to members. They will seek out new members and add to contact list.</p> <p>NOTE: The longer term goal for EPSN meetings is that the services involved will take up responsibility for the chairing, agenda and venue organization.</p>
10. Minutes	
10.1	<p>Meeting Summary: Meeting Summaries are not required but presentations and other relevant information will be collected by the chair and forwarded to the members no more than one week following the EPSN meeting.</p>
10.2	<p>A copy of relevant documents will be added to the Eastern Health Mental Health Shared drive under Eastern Mental Health Service Coordination Alliance/Peer Support Network/Minutes</p>
10.3	<p>An Agenda will be written up and disseminated at least 7 days prior to all meetings.</p> <p>New business items should be forwarded to the Chair at least 2 days prior to the upcoming EPSN Meeting.</p> <p>It is the responsibility of members to provide feedback to their respective stakeholder service.</p>
11. Confidentiality	
11.1	<p>Discussions within meetings are not confidential, unless specified by the Chair person or by request of a member.</p>
12. Review – Annually – Next: November 2017	