

Eastern Mental Health Service Coordination Alliance



EMHSCA Strategic Direction and Work Plan

Provided by Bronwyn Williams

EMHSCA Project Officer

2018-2020



EMHSCA Work plan 2018-2020

Contents

EMHSCA Work plan 2018-2020	1
Glossary.....	2
Eastern Mental Health Service Coordination Alliance (EMHSCA)	3
Background	4
Our Vision.....	5
Our Values.....	5
EMHSCA Aim	6
EMHSCA Priority Areas	6
EMHSCA Function	6
EMHSCA Structure	6
Figure a EMHSCA Structure	7
EMHSCA relationships.....	9
EMHSCA Work Plan 2018.....	11



Glossary

AOD: Alcohol and Other Drugs

Carer: family members or friends of a consumer who provide care to the consumer within their relationship as defined by the Carers Recognition Act 2012. Carers may not necessarily live with the consumer for whom they care. Children can be carers too.

Collaborative: 1. Two or more people or organisations working together for a particular purpose. 2. All parties to the recovery plan participate as equals in all processes of coordinated shared care required.

Consumer: a consumer, who has been diagnosed with a mental health illness, has direct experience of Mental Health Services or identifies as a consumer [VMIAC's definition]. The term "consumer" refers to people who directly or indirectly make use of mental health services.

DDCCAC/WG: Dual Diagnosis Consumer and Carer Advisory Council and associated Working Group. These in-tandem groups (peer and staff) work together to support the Eastern Metro region Dual Diagnosis Response.

DHHS: Department of Health and Human Services

Dual Diagnosis: Term used to describe co-occurring Mental Health and Substance use issues.

Dual Diagnosis Linkages: A front line health and community staff linkage which meets monthly across at rotating sites across the inner and outer eastern region to network and capacity build.

EMPHCC: Eastern Melbourne Primary Health Care Collaborative

EMPHN: Eastern Melbourne Primary Health Network

EMR: Eastern Metropolitan region of Melbourne – includes both inner and outer east regions.

EMR Dual Diagnosis Response: A collective term to describe the various aspects of the work of the Eastern Dual Diagnosis Service which includes the DDCCAC/WG and the Dual Diagnosis Linkages.

Eastern Mental Health Service Coordination Alliance Services (EMHSCA): All Eastern Metropolitan Region of Melbourne services involved in the provision of care to people with a mental health concern and who have signed the EMHSCA Memorandum of Understanding 2013.

LAC: Local Area Coordinator – NDIS partner service – Latrobe Community Health Service in the Inner and Outer east.

MHCSS: Mental Health Community Support Services. Prior to November 2017 they provide non-clinical support for people with Mental Health illness throughout their recovery journey to manage and achieve a broader quality of life. Now providing psychosocial disability supports as NDIS providers.

MOU: Memorandum of Understanding

NDIA: The National Disability Insurance Agency (NDIA) is an independent statutory agency, whose role is to implement the National Disability Insurance Scheme (NDIS).

NDIS: The National Disability Insurance Scheme provides community linking and individualised support for people with permanent and significant disability, their families and carers.

PCP: Primary Care Partnerships

Recovery Plan: A consumer's plan that articulates what is important in their life and includes their goals, hopes and dreams, and identified supports (Glover 2013).



Eastern Mental Health Service Coordination Alliance (EMHSCA)

The following is a list of the organisations and partnerships involved in this alliance. Most members are signatories to the EMHSCA MOU.

- Anglicare Victoria
- Australian Government Department of Human Services
- Bolton Clarke
- Campbell Page
- Connect 4 Health (Inner East Community Health Services)
- Delmont Private Hospital
- Department of Health & Human Services – Inner and Outer Eastern Melbourne
- Dual Diagnosis Consumer and Carer Advisory Council & Working Group
- EACH
- Eastern Community Legal Centre
- Eastern Health Mental Health Services – Adult, Aged Consumers, Child and Youth
- Eastern Health Turning Point
- Eastern Homelessness Service System Alliance
- Eastern Melbourne PHN
- EMR Regional Family Violence Partnership
- [EMR Dual Diagnosis Response](#)
- Independent Mental Health Advocacy
- Inner East Primary Care Partnership
- Job Co.
- Latrobe Community Health Service
- Mentis Assist
- MIND Australia
- Mullum Mullum Indigenous Gathering Place
- NDIA – Eastern branches
- NEAMI National
- Outer East Health and Community Service Alliance
- Salvocare Eastern
- Wellways
- Uniting Prahran
- Yarra Valley Psychology



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



Background

In 2009 the inner and outer eastern Mental Health alliance groups joined to form 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. The Alliance has expanded to include a wide range of regional partners to support a broader focus on mental health service coordination across the service system. This Alliance has been called the Eastern Mental Health Service Coordination Alliance since 2012 in order to reflect the inclusion of the broader membership. This alliance serves all parts of the inner and outer east and is now known as EMHSCA. The range of sectors includes Mental Health, Alcohol & Other Drugs (AOD), Homelessness & Housing, Family Services, Family Violence services, Aboriginal services, Primary and Community health services, Employment supports, NDIS providers, Consumer advocacy and Community Legal services, and is supported by the Department of Health and Human Services (DHHS).

The Alliance was originally funded by DHHS; however since 2012 EMHSCA has been funded in partnership by various members. For the period 2018 to 2020 EMHSCA is co-funded by DHHS, the Eastern Melbourne PHN and Eastern Health. Member organisations contribute financially to the Workforce Development activities and provide their time and resources in-kind to the functioning of EMHSCA.

With respect to the common agenda for partners, 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 have introduced these improvements to their organisations following a process of collaboration. The local Dual Diagnosis initiative has been aligned with the work of EMHSCA since its inception, and a direct reporting relationship was developed in 2013. This has provided the Alliance with a significant Mental Health and Alcohol and Other Drug (AOD) focussed peer advisory function, along with organised grass roots staff linkages.

EMHSCA initiatives have included the following: the EMHSCA MOU (25 signatories); Service Coordination focussed workforce development activities (32 events provided for 2590 staff since 2010); EMHSCA Shared Care Audit (6940 files across 6 orgs. over 4 years) and consumer survey; EMHSCA Shared Care Protocol; Eastern Peer Support Network; EMHSCA service mapping; EMHSCA Colocation guide; EMHSCA Shared care plan guide; and a range of EMHSCA tip sheets. The EMHSCA shared repository can be located here <https://www.easternhealth.org.au/services/mental-health-services/eastern-mental-health-service-coordination-alliance>.



Our Vision

For people who experience mental ill-health and co-occurring concerns, and the people who support them, to access 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 and fairness, acknowledging all viewpoints, respecting diversity, and ensuring constructive honesty.

This Alliance sees 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.



EMHSCA Aim

To strengthen Mental Health and AOD service collaboration, coordination and system integration across Inner and Outer Eastern Melbourne for improved consumer outcomes.

EMHSCA Priority Areas

1. Mental health and AOD service and system reform
2. NDIS

EMHSCA Function

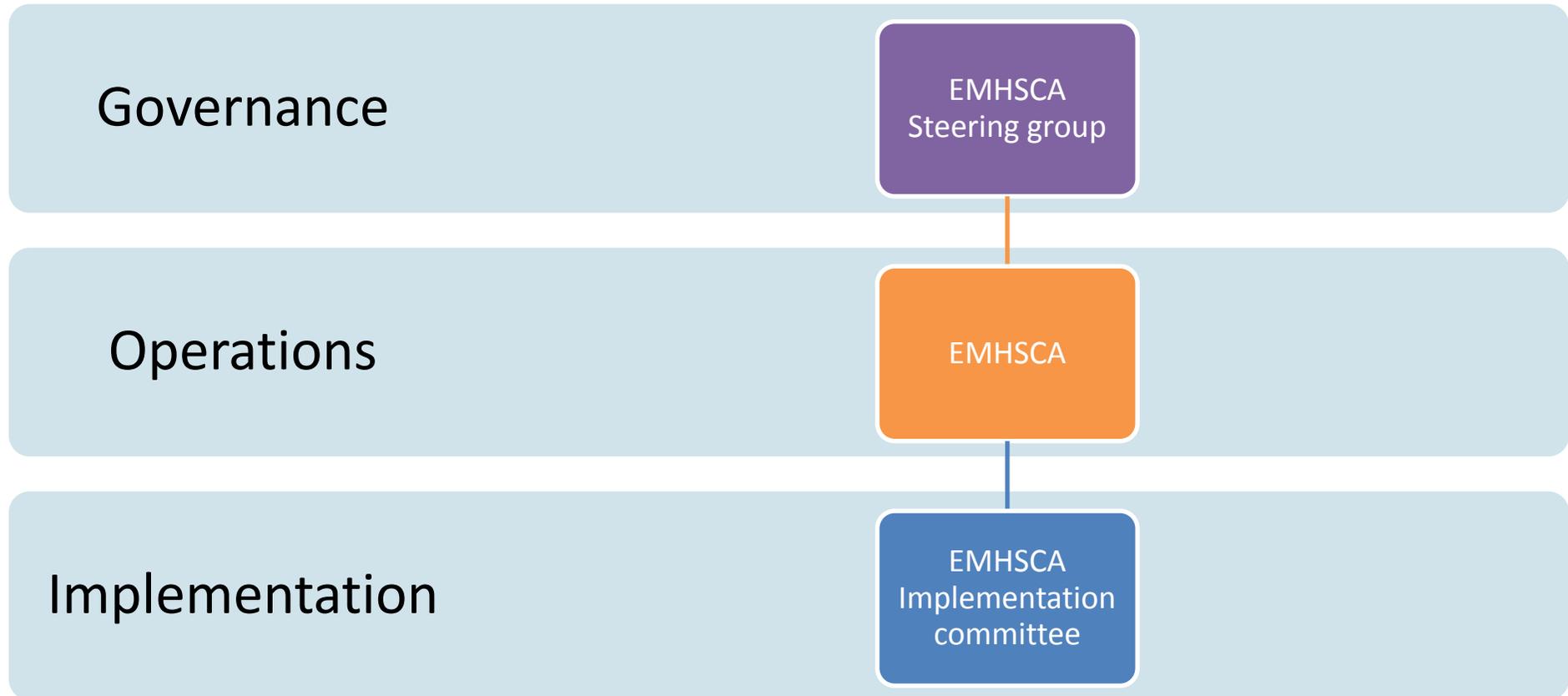
EMHSCA will continue as the key local platform for health and community service consultation and collaborative decision making in the Eastern Metropolitan Region.

EMHSCA Structure

The aim of the 2018 EMHSCA structure (figure a) is to simplify the EMHSCA model and clarify its' purpose and functions. There has been extensive consultation involving members of the EMHSCA committee, Strategic Planning subcommittee, Collaborative Pathways subcommittee, and the Workforce Development subcommittee between November 2017 and April 2018. This consultation process involved a members' survey completed by 21 participants in November 2017. Focussed discussions were facilitated at four subcommittee meetings with minuted responses. The EMHSCA committee members were invited to contribute to the restructure following the February EMHSCA committee meeting. The Department of Health and Human Services, EMHSCA co-chairs, the Eastern Melbourne PHN and the Outer Eastern Primary Care Partnership provided separate and specific advice regarding the restructure. The following information reflects the results of the consultations.



Figure a EMHSCA Structure





Structure	Function	Membership	Funding	Previous to 2018
EMHSCA Steering Group	Governance	Primary Funding Organisations Executive Leadership, EMHSCA Co-Chairs, EMHSCA Project Officer	EMPHN and DHHS Co-Chair Organisations	Previously existed until 2012. New for 2018
EMHSCA “The Alliance”	Operations	MOU Membership Organisations Senior Operational Leadership, EMHSCA Project Officer	In-kind by MOU Membership Organisations	Unchanged
EMHSCA Implementation Committee	Implementation of EMHSCA activities	Nominated representatives from MOU Member Organisations, EMHSCA Project Officer	Funded Project Officer: DHHS, EMPHN, Eastern Health	Sub-Committees of EMHSCA Workforce development Collaborative Pathways Strategic Planning Physical Health

EMHSCA Steering Group: functions to guide the direction of EMHSCA by making decisions regarding the scope and priority areas of work of the Alliance.

EMHSCA (“the Alliance”): functions to 1. Provide a platform for consultation and information sharing for various projects and initiatives; 2. Provide operational leadership and decision making in relation to the work; 3. Improve collaborative practices across sectors; 4. Provide a key communication mechanism for EMHSCA partners.

EMHSCA Implementation Committee: functions to 1. Implement the work of the Alliance; 2. Enhance capacity of partner services in relation to key initiatives.



EMHSCA relationships

EMHSCA will maintain a strong relationship with the EMR Dual Diagnosis response comprising the Dual Diagnosis Consumer and Carer Advisory Committee (DDCCAC); Dual Diagnosis Working Group (DDWG); Dual Diagnosis Linkages. This will ensure that Dual Diagnosis, the top shared priority of EMHSCA partners, continues to be addressed, and consumer and carer leadership is across all aspects of the work. Coproduction in designing projects for consideration by EMHSCA is essential, and the DDCCAC will remain a member of EMHSCA. The Dual Diagnosis Working Group continues to work in-tandem with the DDCCAC to support the Eastern Metro Region Dual Diagnosis response. This collaborative relationship will provide support for the operational work of EMHSCA and the various projects.

The Eastern Melbourne Primary Health Care Collaborative (EMPHCC) has prioritised Mental Health Service System Integration for action. This work is in development and the role of EMHSCA in this work will be clarified over time.

The Eastern Peer Support Network (EPSN) was established by EMHSCA in 2015 and continues to provide support and networking for the EMHSCA partners peer-workforce. The EPSN coordinator is a member of the Alliance.

EMHSCA will establish and strengthen its' relationships with other regional mental health alliances and share ideas and opportunities across the regions.



Figure b Strategic Priorities





EMHSCA Work Plan 2018

Key Priority Area	Key Outcome	Deliverables
<p>1. Mental Health & AOD System Reform</p> <p>To improve consumer and carer access to person centred, timely, appropriate and integrated supports.</p>	<p>Service system Shared understanding of key issues, and agreed application of service coordination and care pathways between partner agencies.</p> <p>Organisation Improved knowledge of local partners and shared issues, targeted capacity building, and improved intra-service communication mechanisms and pathways to support.</p> <p>Practice Improved workforce capacity to deliver appropriate services in partnership with consumers and carers, and other service providers.</p>	<p>1.1 For EMHSCA members to identify and manage local issues and themes occurring in the sector:</p> <ul style="list-style-type: none"> i. Provide a forum in Alliance meetings to identify local themes and raise issues for discussion and action as required. ii. Project Officer to collate issues/themes in meeting minutes. EMHSCA Steering Group to consider distribution of issues/themes to key bodies to inform planning and reform within the region. <p>1.2 To provide a mechanism to communicate about events, funding opportunities, initiatives and workforce capacity opportunities occurring in the region</p> <ul style="list-style-type: none"> i. Promotion of opportunities via EMHSCA’s membership email list and at Alliance meetings <p>1.3 Utilise EMHSCA’s platform to facilitate Integrated Care in the region. Such as:</p> <ul style="list-style-type: none"> i. EMHSCA members to consult on the development of the Regional Integrated Mental Health, AOD & Suicide Prevention Plan, facilitated by EMPHN’s consultant ii. Promotion of EMPHN’s Mental Health Stepped Care Model iii. Promotion of DHHS AOD Service Strengthening Project iv. Contributing to the co-design of EMPHN’s AOD model of care



- v. Consideration of better integration with the broader service system including family services, education, employment and social functioning.
- vi. Support development of a project examining strategies to address physical health and wellbeing needs of Mental Health and AOD consumers, ensuring linkages to their treating GP in the context of multi-sector collaborative care planning.
- vii. Work collaboratively with the EMR Dual Diagnosis response to aide integration, extend resources and ensure reduced duplication of effort.

Event: Showcase of Mental Health, AOD and partner sectors, including changes in the landscape.

2 NDIS

Service system

Improved understanding of key NDIS workforce and marketplace issues, and agreed application of service coordination and support pathways between partner agencies.

Organisation

Improved understanding of importance of collaboration and role in supporting access to NDIS, targeted capacity building, and improved intra-service communication mechanisms and pathways

- i. Utilise EMHSCA’s platform to keep up-to-date with NDIS transition progression
- ii. Develop and implement clear and effective communication mechanisms, and improve collaborative partnerships, amongst EMHSCA partners, NDIA, LAC and NDIS service providers.
- iii. Develop a psychosocial supports focussed briefing paper: Understanding gaps in the transition of MHCSS and PIR into NDIS in region - to inform sector/system development.
- iv. Establish and maintain local-issues register and communicate key concerns to DHHS.
- v. Provide up-to-date mapping of local NDIS and non-NDIS service provision.



	<p>to support.</p> <p>Practice Improved knowledge of staff role in NDIS. Improved knowledge of other key stakeholders. Improved capacity to support access to NDIS in partnership with consumers and carers, and other service providers.</p>	<p>vi. Develop collaborative processes to identify and support hard to reach consumers.</p> <p>Event: Health and Community service provider psychosocial disability focussed NDIS forum (May 2018; May 2019)</p>
3 Safe and Quality Care	<p>Service system Shared understanding of key quality and safety issues, and agreed application of service coordination and care pathways between partner agencies.</p> <p>Organisation Improved knowledge of local issues, targeted capacity building, and improved intra-service communication mechanisms and pathways to support.</p> <p>Practice Improved workforce capacity to deliver appropriate services in partnership with consumers and carers, and other service providers.</p>	<p>i. Development of agreed care pathways and referral mechanisms for MH, AOD & suicide prevention in the region.</p> <p>ii. Establishment of a shared learning space at Alliance meetings for sharing learnings/themes from adverse events (included as a standing item on EMHSCA Alliance agenda).</p> <p>iii. Articulate and communicate any agreed actions– to be minuted.</p> <p>Event: Navigating the system – how to ensure consumers receive safe and quality mental health, AOD and suicide prevention services.</p>
4 Collaborative Care Planning	<p>Service system Shared understanding of key issues, and agreed application of service coordination and care pathways between partner agencies.</p>	<p>1.1 Promotion of collaborative care across all EMHSCA members and the broader MH and AOD sector</p> <p>i. Update shared care protocol implementation strategy and monitor partners’ progress. Seek to simplify the mechanisms</p>



	<p>Organisation Improved knowledge of local issues, targeted capacity building, and improved intra-service communication mechanisms and pathways to support.</p> <p>Practice Improved workforce capacity to deliver appropriate services in partnership with consumers and carers, and other service providers.</p>	<p>for auditing progress.</p> <ul style="list-style-type: none"> ii. Strategise to support consumers’ GPs’ active involvement in the care team. iii. Develop and agree on ‘Safe and smooth transitions of care’ for MH & AOD consumers in Eastern Melbourne region’. <p>Event: Collaborative Care Planning Workshop</p>
<p>5 Workforce</p>	<p>Service system Maintain and further develop a skilled workforce in the region.</p> <p>Organisation Enhanced opportunities to recruit and develop a skilled workforce who know how to work across sectors effectively.</p> <p>Practice Improved workforce capacity to deliver appropriate services in partnership with consumers and carers, and other service providers.</p>	<ul style="list-style-type: none"> 1.1 Utilise EMHSCA’s platform to drive high quality multi-disciplinary care for MH and AOD consumers in the region. Such as: <ul style="list-style-type: none"> I. EMHSCA to provide a mechanism to communicate about events and initiatives that support workforce development. II. Ensure available training resources are shared on the website, including information about orientation in the region, collaborative care and dual diagnosis issues. III. Share recruitment opportunities across sectors to build the workforce in the east.