

June 2018

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



# EMHSCA Mid- year Report

REPORT PROVIDED BY EMHSCA PROJECT OFFICER  
BRONWYN WILLIAMS



Mid-year Report –June 2018

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### EMHSCA background

Mental Health Alliance activity in the Eastern Metropolitan Region dates back to 2007. Even prior to this some efforts were being made to connect community and clinical Mental Health leaders. 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.

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>.



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### EMHSCA Aim

This partnership aims 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's Vision:** To ensure that people who experience 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.

### EMHSCA Function

EMHSCA provides a key local platform for health and community service consultation and collaborative decision making in the Eastern Metropolitan Region and is centrally focussed on Mental ill-health and Alcohol and other Drug related service coordination.

**Partnership:** A Memorandum of Understanding exists between 25 member services of the EMHSCA .

**EMHSCA Co-chairs:** Dr. Tamsin Short (Connect 4 Health) and Brad Wynne (Eastern Health Mental Health Program).

### Membership

JobCo. Applied to join EMHSCA in late 2017 and their acceptance was delayed due to the EMHSCA restructure. JobCo. have been accepted as members at the June 2018 Alliance meeting. JobCo. provide a range of NDIS and non-NDIS employment support and PHAMS services. Mentis Assist have also joined EMHSCA in June as they have been successful in the tendering for the Stepped Care model for the outer-eastern region. Latrobe Community Health are new EMHSCA members since February with the aim of supporting collaborative work in relation to the NDIS.

EMHSCA committee membership changes are listed below.

Allan Paull is replacing Fran O'Meara and is the Service Centre Manager for Box Hill Centrelink; Aaron McKee (Acting Manager Community Programs) is replacing Geoff Bayldon to represent YSAS; Peter McGrath (Manager Homelessness and Support Services) has joined EMHSCA to represent Salvocare Eastern; Georgia Hiscock (Manager Occupational



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Assessment) has joined EMHSCA to represent Campbell Page; Taf Marasha (NDIS/PHAMS practice manager) represents JobCo.; Tom Wintzloff (Acting General Manager South east and Gippsland) is replacing Glen Prewett to represent MIND during recruitment; Sharon Schneider-Loos (Team Leader Stepped Care Ringwood) is representing our new partner, Mentis Assist; Carmen Harris (Partnership Manager) is replacing Teddy Sikhali to represent Turning Point; Melody Sutton (Coordinator Secondary Consultation and Community Education) is representing Eastern Health Child and Youth MH Services; Peter Gartlan (Director Partnerships and Community development) is replacing Sonia Vignjevic as the Eastern Community Legal Centre representative; Cheryl Moran (Acting Coordinator Crisis and Homelessness Services) is replacing Maidie Graham to represent the Eastern Homelessness Network.

Patricia Huddleston is the new Carer representative and a member of the Dual Diagnosis Consumer and Carer Advisory Council. Trish is replacing Belle Groves and Kathy Collet who were previously representing carers at EMHSCA.

Christiaan Bramblebee is the Latrobe Community Health Service Community development and capacity building coordinator for inner east and Rose Juan has this role for outer east. They represent the Local Area Coordinator (LAC) for NDIS. At this time the local NDIA is considering their availability to join EMHSCA. Melissa Young (Director Stakeholder Engagement Eastern Victoria) is the key contact in relation to this development.



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### Highlights

- The review of the EMHSCA Shared Care Protocol was completed in February.
- VAADA's Jane Morton included EMHSCA as the key case study in its guide to establishing a working alliance.
- The EMHSCA NDIS forum was provided to 140 staff on 17<sup>th</sup> May at the Lower Box Hill Town Hall.
- A leadership focussed Collaborative Care Planning Workshop was held at the EMPHN on March 29<sup>th</sup>.
- Planning commenced for the Eastern Metro Region Orientation and Service Showcase event, now to be held on the 11<sup>th</sup> October at the Box Hill Town Hall as 2 separate events on the same day.
- Final consideration was given to the Catchment planning work and how EMHSCA can continue to support the AOD and MH projects in the region.
- Presentation provided by Bronwyn at Mental Health and AOD focussed Men's family Violence forum in May.
- The Collaborative Pathways subcommittee held their final meeting in March and the final report on the work of this committee was delivered to EMHSCA in May.
- The Strategic Planning subcommittee held their final meeting in March and the final report was provided to EMHSCA in June.
- Mapping of Non-NDIS EMHSCA services has commenced to support appropriate referrals.
- The EMHSCA Steering group commenced meeting in May 2018. This governance level group has developed a new Work plan for EMHSCA.
- The EMHSCA Implementation committee commenced meeting in June and included all remaining members from the previous Workforce Development subcommittee, which is no longer operational.
- The Local Area Coordinators, Latrobe Community Health Service, joined EMHSCA to support collaboration regarding NDIS.



*Rose Juan (Latrobe CHS – OE Community Development); Bronwyn Williams (Eastern Health MH NDIS Program Lead; Jessica Clarkson (Latrobe CHS – OE Area Manager) at the EMHSCA committee meeting February 2018.*



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### Analysis

#### EMHSCA "The Alliance" Membership

- 40 EMHSCA Committee Members.
- Representing 28 organisations and 17 service sectors across the EMR of Melbourne.
- New members: JobCo.; Mentis Assist; Latrobe Community Health Service.

#### EMR Dual Diagnosis Response

- Dual Diagnosis Group Program delivered weekly at 5 sites across EMR. New group commenced at Upton House.
- 5 Linkage meetings provided to front line staff. XX staff attended from a wide range of services.
- Linkage topics included XXXXXX

#### Strategic Planning

- EMHSCA Members survey conducted and results discussed at EMHSCA.
- Consultation regarding EMHSCA restructure in response to NDIS and other sector changes.
- Strategic Planning subcommittee and Collaborative Pathways subcommittee ceased operations in March and final reports delivered to EMHSCA.
- Steering group convened in May .
- New structure and work plan delivered to EMHSCA partners in June.

#### Shared care planning

- Fifth Annual EMHSCA Shared Care audit is on hold during restructure.
- EMHSCA Pathways document drafted to articulate how EMHSCA supports integration and referral.
- EMHSCA Shared Care Protocol reviewed and revised, and endorsed in February.
- Consumer Care Planning Survey endorsed by EMHSCA - dates to be considered.
- EMHSCA Shared Care protocol implemented across the region via service leaders, workshops and Linkage meetings.

#### Workforce Development

- The EMHSCA 'NDIS Unpacked' forum was provided to 140 staff from 24 health and community services on 17th May at the Lower Box Hill Town Hall.
- A leadership focussed Collaborative Care Planning Workshop was provided for 21 health and community services leaders on March 29th at EMPHN Box Hill.
- Consultation with EMHSCA commenced in June to design the new version of the EMR Orientation event and service showcase.

#### Peer Workforce

- Final meeting was held on 31st January for 15 members. VMIAC presented on the topic of NDIS.
- Eastern Health have agreed to continue funding the network.
- A new coordinator, Sam Ryan, has been employed to continue this important work.
- The annual Peer Effect Forum is being planned in collaboration with the DDCCAC for the 10th October. This will provide an opportunity to re-launch the Eastern Peer Support Network.



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### Commenced work to be considered moving forward

#### Collaborative Pathways Sub Committee

The work of this committee is finalised and any relevant tasks may be taken up by the new EMHSCA Implementation Committee. The Committee held its' final meeting in March. The Final report for this 5 year committee was delivered to EMHSCA partners and past committee members in May.

1. Initiate revised and endorsed Consumer Shared Care Survey in line with Shared Care Audit .
2. Annual Shared Care audit delayed by restructure.
3. Consumer and Carer (Peer) representation on all EMHSCA committees.
4. Further develop EMHSCA Pathways document draft.
5. Review the EMHSCA Shared Care Protocol Implementation strategy.

#### Strategic Planning Sub Committee

The work of this committee is finalised and any strategic and steering functions will be taken up by the new EMHSCA Steering group. The Committee held its' final meeting in March. The Final report for this 4 year committee was delivered to EMHSCA partners and past committee members.

1. Maintain the EMHSCA MOU to support linkages and collaboration during the roll-out of NDIS in this region and adjust as required.
2. Develop Program theory to align with the EMHSCA work plan 2018.
3. Consider useful links and improvements to the EMHSCA structure to promote collaborative work with Aboriginal Services.
4. Collaborate with RFVP to develop strategy to strengthen screening and pathways to support for people experiencing Family Violence.
5. Monitor EMHSCA membership and support strategic expansion.
6. Support operations of the Eastern Peer Support Network.

#### Workforce Development Sub Committee

The work of this committee is to be continued by the new EMHSCA Implementation Committee.

1. Consider potential changes to workforce development needs of EMHSCA going forward and in line with new work plan, and develop revised calendar.
2. Redevelop EMHSCA Orientation event and service showcase to better meet the needs of the changing landscape.





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### Budget

EMHSCA partners were consulted in relation to the EMHSCA workforce Development contribution in December 2017. The EMHSCA committee decided to collect the usual annual contributions to support EMHSCA events for the 2018 annual year. Eastern Health have been administrating the EMHSCA Workforce development funds for 5 years and have agreed to continue this as long as it is required by the partnership. Invoices were distributed to EMHSCA partners in March 2018 and it is anticipated that \$8,126 has been received to cover the costs for EMHSCA events for the 2018/2019 financial year.

The NDIS Unpacked event piloted a new way of supporting EMHSCA events by charging each participant \$20 via Eventbrite. \$2,124 was raised from this process and contributed to the catering costs as listed below. Additionally sponsorship of \$500 from Mental Health Victoria and \$500 from the Eastern Melbourne PHN was received. Therefore, of the \$4,075.99 required to fund the event, only \$951.99 was drawn from EMHSCA Workforce development funds.

### Costs for 2018

| Jan-June 2018     | LCCPW | NDIS  | Total costs |
|-------------------|-------|-------|-------------|
| Venue costs       |       | nil   | 1,381.00    |
| Catering costs    |       | EMPHN | 2,694.99    |
| Total event costs |       | Nil   | 4,075.99    |
| No. participants  |       | 21    | 140         |

Plus in-kind support from EMHSCA organisations for printing and staffing.  
 I would also like to acknowledge the City of Whitehorse who provided grant funding to support this event, and also to Waverley Industries for their reliable and delicious catering.  
 We are grateful to event participants for their contributions via registration.

### Conclusion

EMHSCA has experienced multiple sector reforms in the past 5 years and has not only managed to maintain the partnerships originally established, but EMHSCA has grown. This Mental Health Alliance provides an aspirational example to other similar regional groups who are concerned with partnering to support coordinated provision of services to people who experience mental ill-health and substance use issues. This is partially due to the long-term and enduring nature of the partnership, and partly to the good will of the health and community services community in this region. For these reasons EMHSCA partners can be confident that their Alliance will continue to thrive regardless of the challenges posed by further system reform as they identify solutions to ensure ongoing collaborative relationships for the benefit of the people they serve.

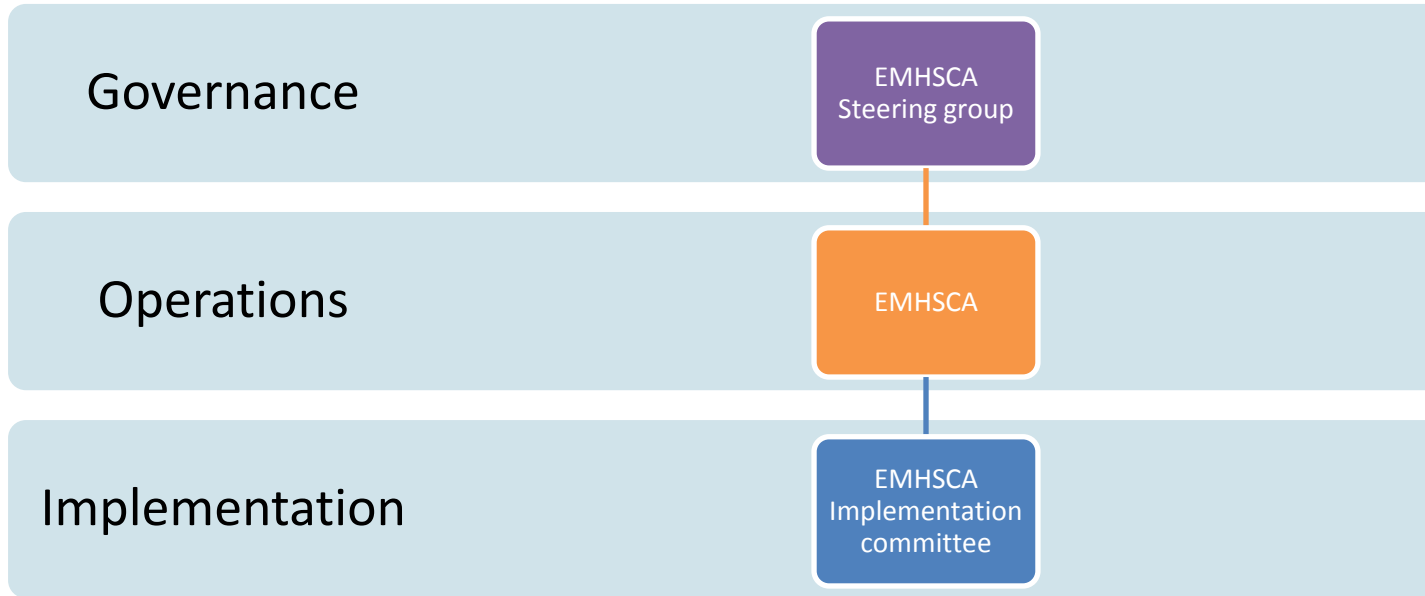


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### Appendix A New EMHSCA Structure

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





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



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### 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.

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



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Appendix B                      New EMHSCA Work plan

EMHSCA Work Plan 2018

| Key Priority Area  | Key Outcome   | Deliverables   |
|--|---|--|
| <p><b>1. Mental Health &amp; AOD System Reform</b></p> <p>To improve consumer and carer access to person centred, timely, appropriate and integrated supports.</p> | <p><b>Service system</b><br/>Shared understanding of key issues, and agreed application of service coordination and care pathways between partner agencies.</p> <p><b>Organisation</b><br/>Improved knowledge of local partners and shared issues, targeted capacity building, and improved intra-service communication mechanisms and pathways to support.</p> <p><b>Practice</b><br/>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"> <li>i. Provide a forum in Alliance meetings to identify local themes and raise issues for discussion and action as required.</li> <li>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.</li> </ul> <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"> <li>i. Promotion of opportunities via EMHSCA’s membership email list and at Alliance meetings</li> </ul> <p>1.3 Utilise EMHSCA’s platform to facilitate Integrated Care in the region. Such as:</p> <ul style="list-style-type: none"> <li>i. EMHSCA members to consult on the development of the Regional Integrated Mental Health, AOD &amp; Suicide Prevention</li> </ul> |



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|                      |   |   |
|----------------------|---|---|
|                      |   | <p>Plan, facilitated by EMPHN’s consultant</p> <ul style="list-style-type: none"> <li>ii. Promotion of EMPHN’s Mental Health Stepped Care Model</li> <li>iii. Promotion of DHHS AOD Service Strengthening Project</li> <li>iv. Contributing to the co-design of EMPHN’s AOD model of care</li> <li>v. Consideration of better integration with the broader service system including family services, education, employment and social functioning.</li> <li>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.</li> <li>vii. Work collaboratively with the EMR Dual Diagnosis response to aide integration, extend resources and ensure reduced duplication of effort.</li> </ul> <p><b>Event:</b> Showcase of Mental Health, AOD and partner sectors, including changes in the landscape.</p> |
| <p><b>2 NDIS</b></p> | <p><b>Service system</b></p> <p>Improved understanding of key NDIS workforce and marketplace issues, and agreed application of service coordination and support pathways between partner agencies.</p> <p><b>Organisation</b></p> | <ul style="list-style-type: none"> <li>i. Utilise EMHSCA’s platform to keep up-to-date with NDIS transition progression</li> <li>ii. Develop and implement clear and effective communication mechanisms, and improve collaborative partnerships, amongst EMHSCA partners, NDIA, LAC and NDIS service providers.</li> <li>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.</li> </ul>  |



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|                                       |  |   |
|---------------------------------------|--|---|
|                                       | <p>Improved understanding of importance of collaboration and role in supporting access to NDIS, targeted capacity building, and improved intra-service communication mechanisms and pathways to support.</p> <p><b>Practice</b><br/>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> | <ul style="list-style-type: none"> <li>iv. Establish and maintain local-issues register and communicate key concerns to DHHS.</li> <li>v. Provide up-to-date mapping of local NDIS and non-NDIS service provision.</li> <li>vi. Develop collaborative processes to identify and support hard to reach consumers.</li> </ul> <p><b>Event:</b> Health and Community service provider psychosocial disability focussed NDIS forum (May 2018; May 2019)</p>   |
| <p><b>3 Safe and Quality Care</b></p> | <p><b>Service system</b><br/>Shared understanding of key quality and safety issues, and agreed application of service coordination and care pathways between partner agencies.</p> <p><b>Organisation</b><br/>Improved knowledge of local issues, targeted capacity building, and improved intra-service communication mechanisms and pathways to support.</p> <p><b>Practice</b><br/>Improved workforce capacity to deliver</p>                   | <ul style="list-style-type: none"> <li>i. Development of agreed care pathways and referral mechanisms for MH, AOD &amp; suicide prevention in the region.</li> <li>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).</li> <li>iii. Articulate and communicate any agreed actions– to be minuted.</li> </ul> <p><b>Event:</b> Navigating the system – how to ensure consumers receive safe and quality mental health, AOD and suicide prevention services.</p> |



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|                                      |   |  |
|--------------------------------------|---|--|
|                                      | appropriate services in partnership with consumers and carers, and other service providers.   |  |
| <b>4 Collaborative Care Planning</b> | <p><b>Service system</b><br/>Shared understanding of key issues, and agreed application of service coordination and care pathways between partner agencies.</p> <p><b>Organisation</b><br/>Improved knowledge of local issues, targeted capacity building, and improved intra-service communication mechanisms and pathways to support.</p> <p><b>Practice</b><br/>Improved workforce capacity to deliver appropriate services in partnership with consumers and carers, and other service providers.</p> | <p>1.1 Promotion of collaborative care across all EMHSCA members and the broader MH and AOD sector</p> <ul style="list-style-type: none"> <li>i. Update shared care protocol implementation strategy and monitor partners’ progress. Seek to simplify the mechanisms for auditing progress.</li> <li>ii. Strategise to support consumers’ GPs’ active involvement in the care team.</li> <li>iii. Develop and agree on ‘Safe and smooth transitions of care’ for MH &amp; AOD consumers in Eastern Melbourne region’.</li> </ul> <p><b>Event:</b><br/>Collaborative Care Planning Workshop</p> |
| <b>5 Workforce</b>                   | <p><b>Service system</b><br/>Maintain and further develop a skilled workforce in the region.</p> <p><b>Organisation</b><br/>Enhanced opportunities to recruit and develop a skilled workforce who know how to work across sectors effectively.</p>  | <p>1.1 Utilise EMHSCA’s platform to drive high quality multi-disciplinary care for MH and AOD consumers in the region. Such as:</p> <ul style="list-style-type: none"> <li>I. EMHSCA to provide a mechanism to communicate about events and initiatives that support workforce development.</li> <li>II. Ensure available training resources are shared on the website, including information about orientation in the region, collaborative care and dual diagnosis issues.</li> <li>III. Share recruitment opportunities across sectors to build the</li> </ul>                              |





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**Practice**

Improved workforce capacity to deliver appropriate services in partnership with consumers and carers, and other service providers.

workforce in the east.