



# EMHSCA 2016

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*Annual Report*

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



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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



## From the Chairs

This has been a very full year for EMHSCA, with the redevelopment of the Strategic Plan for 2017-2019, the re-signing of the MOU by twenty partner agencies, the Eastern Peer Support Network pilot concluding and the network continuing for a further 12 months, and the promotion of the revised Shared Care Protocol across various workforce development events. We held the largest EMHSCA event in our 9 year history with 200 people attending the Eastern Metropolitan Region Orientation at the Box Hill Town Hall in May.

The third Shared Care audit was conducted across 6 organisations between February and May 2016. Data was collected from an audit of 1763 files. Key findings included an increase in identification of a G.P and physical health screening. The use of safety and wellness plans has increased. It was identified that there were less formalised shared care plans developed and carers were only involved in care planning in 48% of cases. It is pleasing to note that overall the quality of care plans completed has improved.

New members to EMHSCA this year include the Eastern Community Legal Centre (ECLC), Independent Mental Health Advocacy (IMHA), YSAS and Delmont Private Hospital.

Links with the Eastern Mental Health and AOD Planning Council have been strengthened and the role of EMHSCA has been clarified in relation to our shared priorities. The Planning Council has developed working groups to further define and address key issues around Family Violence, Youth, dependent children and Aboriginal and Torres Strait Islander people with the central theme of mental health and substance use. EMHSCA continues to support collaborative arrangements and strengthen the local workforce to enable the work.

As we reflect on a great year of strengthening partnerships across our service sectors and clarifying our direction, we look forward to 2017 and continuing the work of EMHSCA to achieve our vision “to ensure that people who have mental health and co occurring concerns have access to responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey”.

**Brad Wynne**

Associate Program Director  
Adult Mental Health Community & Rehabilitation  
Eastern Health

**Martin Wilkinson**

Executive Director Primary Care Services  
Eastern Melbourne PHN



## Our Vision

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

## Our Values

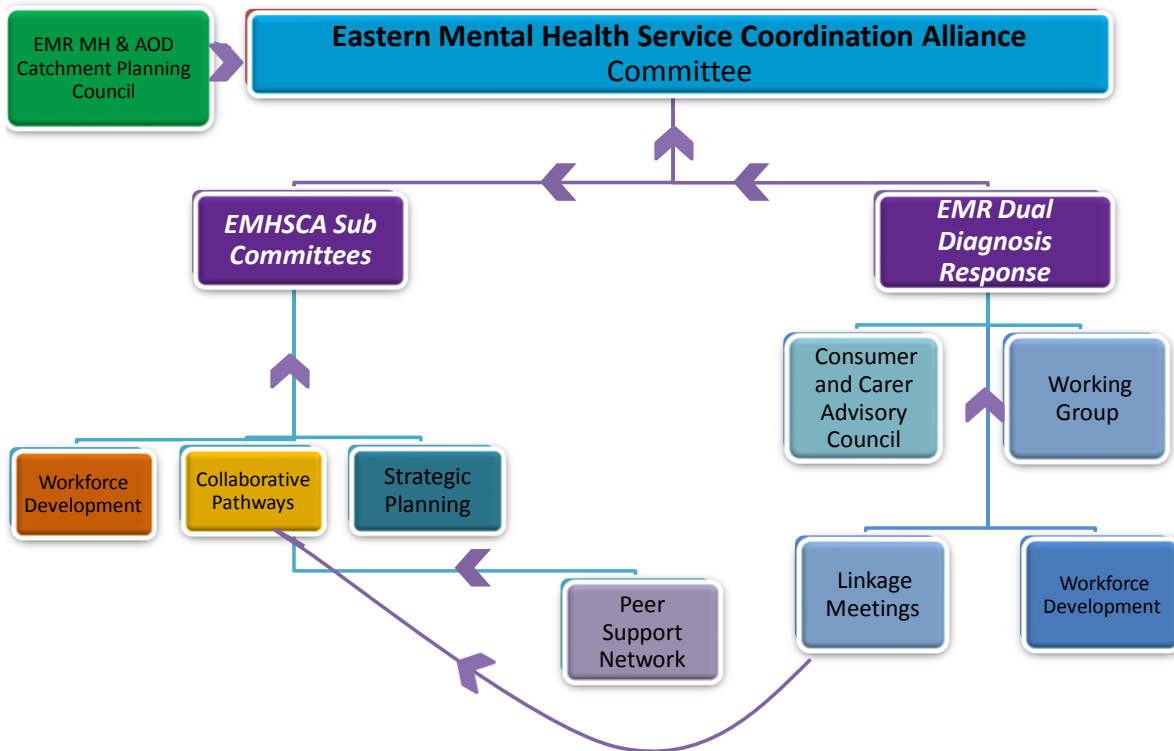
At EMHSCA we value:

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





## Communications and Reporting



The EMHSCA committee consists of senior managers across our regional services that collaboratively strategise and implement significant improvements to service delivery. There are three EMHSCA subcommittees who are actively addressing the elements of the EMHSCA Strategic Plan. Information about their work can be found at <http://www.easternhealth.org.au/services/mentalhealth/emhsca.aspx>.

To ensure sustainability of the various Dual Diagnosis initiatives in the EMR, a communication relationship has been created with the EMHSCA committee encouraging this common co-occurring issue to be viewed as central to mental health service coordination.

EMHSCA works alongside the Mental Health and AOD Regional Planning Council to support the implementation of priority activities for the region.

The Eastern Peer Support Network is a monthly linkage for peer workers across the EMR. A standing agenda item exists for this group to report back to the EMHSCA committee and Strategic planning sub-committee.



## Accomplishments

- The Strategic Plan was reviewed and updated to clarify the direction for EMHSCA for 2017-2019.
- The EMHSCA MOU was signed/re-signed by 20 partners and endorsed by the Department of Health and Human Services.
- The third round of data was collected regarding shared care practices in the EMR. This included results from 6 participating organisations who are engaged in shared care with people who experience mental ill health.
- The revised Shared Care Protocol was endorsed and accompanied by a one page handout for staff and for consumers and carers. It was launched at two key workshops in 2016.
  - The Collaborative Care planning Workshop held in March and involving 70 participants from 15 organisations/ services.
  - The Leaders' Collaborative Care Planning Workshop held in November involved 40 participants from 15 organisations/services.
- The Peer Effect Forum was held at the Box Hill Town Hall in February and saw over 150 people attend to connect and to learn about how people can make their lived experience count.
- The EMR Dual Diagnosis Consumer and Carer Advisory Council were involved in a number of activities promoting their work including the Victorian Dual Diagnosis Initiative conference in October.
- The Eastern Peer Support Network (EPSN) pilot has successfully continued and saw up to 45 peers attending monthly meetings across the region. Twenty peers received Motivational Interviewing training from Helen Mentha in March/April.
- Bronwyn provided a presentation regarding EMHSCA at the AOD forum – “Putting the Pieces together” in August at the Melbourne Convention and Exhibition Centre.
- EMR Planning Council relationship strengthened with shared membership and clarification of the role of the council in relation to EMHSCA.
- Membership expanded to include Delmont Hospital, Eastern Community Legal Centre (ECLC), Independent Mental Health Advocacy (IMHA) and YSAS.



## Analysis

### EMHSCA Membership

- 34 Committee Members.
- Representing 22 organisations and 15 service sectors across the EMR of Melbourne.

### EMR Dual Diagnosis Response

- Dual Diagnosis Group Program delivered weekly at 5 sites across EMR. by 7 peer facilitators.
- 11 Linkage meetings provided to EMHSCA Service Coordination champions/ Dual Diagnosis portfolio holders . 259 staff attended from a wide range of services.
- Linkage topics included Acquired Brain Injury, Homelessness, Pharmacotherapy, Foetal Alcohol Syndrome, Peer Support, Aboriginal Health, Borderline Personality Disorder, Family inclusive practice and Family Violence.

### Strategic Planning

- MOU 2016 completed with 20 signatories and final letter provided.
- Strategic Plan 2017-2019 finalised
- Delmont Hospital, YSAS, ECLC and IMHA joined EMHSCA.

### Shared care planning

- Third Annual EMHSCA Shared Care audit results provided to EMHSCA at August meeting. Some improvements noted.
- EMHSCA Shared Care protocol endorsed and provided across the region via service leaders, workshops and Linkage meetings.
- Colocation mapping and guide development commenced.

### Workforce Development

- The Collaborative Care Planning Workshop provided on March 17th to 70 staff.
- The EMR Orientation provided to over 200 staff from 17 sectors.
- The MH & Co-occurring Issues Explored event provided to 58 staff from 25 services across 10 service sectors.
- The Leaders' Collaborative Care Planning Workshop provided to 39 staff from 15 services and 10 service sectors.

### Peer Workforce

- Pilot finished in June and network ongoing for a further 12 months.
- Motivational Interviewing training provided to 20 peers in March/April.
- New Eastern Peer Support Network (EPSN) Coordinator recruited in Sept.
- 11 EPSN meetings provided in 2016 with more than 530 attendees.
- MH week Yarra Ranges Forum stall was very well attended with 50 showbags delivered to the community.





## Future Directions

- Provide support for collaborative partnerships in preparation for the introduction of NDIS.
- Provide an NDIS forum that focusses on Mental Health and addresses the need to maintain partnerships between services.
- Develop and provide a workshop that addresses the need for greater recognition of diversity in the provision of health and community services.
- Conduct Shared Care Audit in February –May 2017 as a potential measure for the effectiveness of Shared care and Service Coordination initiatives employed in the past year.
- Continue support for Service Coordination leaders in all EMHSCA member services.
- Develop relationships and pathways with Aboriginal Services.
- Improve awareness of Family Violence issues and pathways.
- Seek ongoing funding for EMHSCA project officer.
- Strengthen peer participation across the EMR.
- Highlight current and existing partnerships and collaborative initiatives of EMHSCA member organisations.
- Continue to collect data as a step towards a formal evaluation of EMHSCA.
- Seek forums for presentation of the EMHSCA model.



## EMHSCA Workforce Development Budget

In March 2016 EMHSCA member services contributed \$453 each towards the workforce Development activities for 2015/2016. \$8,002 was received by June 2016.

The four events provided cost \$9,133.

The EMR Orientation held in May at the Box Hill Town Hall came in over budget. More than 200 people from across the region attended. This was 50 more than originally anticipated. The actual cost of this event was \$5,153. The event was a resounding success.

Costs for 2016/2017 are outlined in the table below.

In March 2017 EMHSCA partners will be invoiced for \$478 per service. Eastern health and EACH will be invoiced for \$956 each as they have both Mental Health and AOD services.

2016/2017 fin year	CCPW	Orientation	MHACIE	LCCPW	Totals
Approx. numbers	70	200	60	40	370
Venue	600	1650	600.5	307.5	3,158
Catering	1200	3,600	1200	398.5	6,399
	1,800	5,250	1,801	706	Total costs 9,557
			20 orgs	contributions	\$478



Picture from Mental Health & Co-occurring Issues Explored Workshop 24<sup>th</sup> August 2016



## Acknowledgements

As the EMHSCA Project officer I would like to take this opportunity to thank all those who provide their time, energy and expertise in order to ensure the success of EMHSCA.

Our chairs:

EMHSCA committee: Brad Wynne and Martin Wilkinson

Strategic Planning subcommittee: Martin Wilkinson and Anna McKenry

Collaborative Pathways subcommittee: Rotation through membership

Workforce Development: Daisy Gleeson

A huge thank you to all the committee members who attend meetings, support and host events, strategise, decide on and disseminate the work of EMHSCA. Your enthusiasm and involvement is very much appreciated. The ongoing partnership and improvements to care coordination across this region are a result of the contribution of many committed people.

I would like to thank the Department of Health & Human Services for providing ongoing leadership and support for this project role. Special thanks go to Anna McKenry and Leigh Garde for their ongoing over-sight and support for the project.

I acknowledge Eastern Health for auspicing the EMHSCA project role and to Brad Wynne for his supervision and guidance. I am grateful to Tina Kelson and Amanda Quayle at Eastern Health for their assistance with the administration of EMHSCA work force development funds.

Thankyou to all who have contributed financially and physically to the EMHSCA workforce development events in 2016. The overwhelmingly positive feedback received from participants is testament to all you have achieved.

And finally, I want to express my gratitude to all the consumers and carers who have provided their advice and support to EMHSCA activities. Your contributions keep the work of EMHSCA real!

It is a privilege to work with you all and I look forward to further collaboration in 2017.

Bronwyn Williams

EMHSCA Project officer



## Appendices

Appendix A – Collaborative Pathways Sub Committee Annual report 2016

Appendix B – Strategic Planning Sub Committee Annual report 2016

Appendix C - Workforce Development Sub Committee Annual report 2016

Appendix E – Eastern Peer Support Network final project report June 2016



Service Coordination Champion 2016 – Ed Marrinan with Bronwyn Williams – EMHSCA project Officer  
On 6<sup>th</sup> December 2016 at the final EMR Linkage meeting for the year.



## Appendix A: Collaborative Pathways Subcommittee

### Annual Report 2016

The Eastern Mental Health Service Coordination Alliance (EMHSCA) Collaborative Pathways committee consists of the following representatives:

Agency	Member
Access health & community/Connect4Health	Beth Locke
Anglicare AOD	Rob Watson
Australian Govt. DHS Centrelink	
EACH MHCSS	
Eastern Community Legal Centre	Jacqui D'Sylva
Eastern Health MH Program	Lisa Gill, Bronwyn Williams (Project officer)
ERFVP/EDVOS	Jelena Djurdjevic
Eastern Melbourne PHN	Rachel Pritchard
EMR Planning Council /EACH	Kim Johnson
Wellways PIR	Stephen Webster
Mind East MHCSS	Martine Moor
Neami National MHCSS	Ed Marrinan
RDNS	Tracey Easte
Uniting Care Prahran Mission MHCSS	Yoshi Karunatha; Emma Gallardo

The EMHSCA Collaborative Pathways Subcommittee (CPSC) was formed in November 2012. The overarching aims of the subcommittee include:

- Supporting organisational change that enables improvements in Service Coordination in the Eastern Region.
- Creating a sustainable Service Coordination Model.
- Put in place mechanisms to enable improved collaboration between services in the Eastern Metropolitan region in relation to care for people who present to services with mental health concerns and co-occurring issues.

The EMHSCA Shared Care Protocol was developed and reviewed by this subcommittee of EMHSCA and endorsed for use across the Eastern Metropolitan Region of Melbourne in February 2016. An implementation strategy was developed and endorsed by EMHSCA in 2014 to support the embedding of the Shared Care Protocol principles in practice at all EMHSCA member services.

### Activities for 2016

1. Monitoring regional shared care practices
  - The Annual EMHSCA Shared Care Audit was provided in a more flexible format over 3 months this year. The files of 1763 consumers across 6 organisations were audited by EMHSCA member service staff to examine shared care practices across the region.



- Revisions to the audit tool were made in response to the results of the audit participants' survey conducted at the end of 2015.
- The revised audit included a question about Advanced Statements and a question supporting carer involvement in the planning process.
- A report of the audit findings to be presented to EMHSCA members in August 2016.
- The CPSC have been discussing how to support services to embed the audit tool to enable annual data collection locally, but with the intention of sharing results to measure progress across this region.
- Development and provision of the Consumer Shared Care Survey to support the Annual Shared Care audit. This required consultation with EMR consumer and carer advisors from a variety of services.
- A survey was provided to EMHSCA members to ask for suggestions regarding future Consumer Shared Care surveys.

## 2. Shared Care Protocol Implementation Plan

- The Shared Care Protocol Implementation strategy was developed by the CP SC in 2014 and endorsed for application at EMHSCA member services in August 2014.
- A questionnaire, based on the Shared Care Protocol Implementation strategy, has been developed by the CPSC to assist with monitoring the progress of the implementation strategy across EMHSCA member services. This Questionnaire was finalised and results provided to EMHSCA December 2015.
- A review of the implementation strategy is underway.

## 3. Service Coordination Champion role and Linkages

- 106 people were identified in February 2015 as being Service Coordination/ Dual Diagnosis Champions.
- Linkage meetings involving Service Coordination/ Dual Diagnosis Champions commenced in February 2015.
- In a survey conducted in mid-2015 it was found that a large proportion of these champions identified more strongly with the Dual Diagnosis portfolio and not as readily with the Service coordination champion role.
- CP SC members agreed to rework the model and decided that the CP SC and Workforce Development SC members would become the Service Coordination Champions.

## 4. Collaborative Care Planning Workshop Feedback

- Identification of issues regarding sharing of information across organisations and collaborative practices were carried out at the Collaborative Care Planning Workshop in March 2016 and passed on to CPSC by the Workforce Development Committee.
- New target areas for strategic work were fed into subcommittee work plans as appropriate.



## FUTURE PLANS

### 1. Service Coordination Champions

- Ensure membership of the Collaborative Pathways subcommittee and the Workforce Development subcommittee is representative of all EMHSCA member services.
- Encourage all Service Coordination Champions to attend the Annual Collaborative Care Planning Workshops at least once and attend the Annual EMR Orientation at least once.
- Collect and collate bi-annual feedback from Service Coordination Champions and Linkages.

### 2. Audit of Shared Care Practices

- Survey of EMHSCA member's experience of the 2016 audit to be completed by November 2016.
- A fourth audit of Shared Care Practices is planned for February 2017.
- EMHSCA services are encouraged to embed the elements of the Shared Care Audit in local practices.

### 3. Consumer and Carer Involvement

- The CP SC has considered its level of consumer and carer participation in subcommittee activities and consulted with the Eastern Dual Diagnosis Consumer & Carer Advisory Council (DD CCAC) regarding suitable ways to ensure consumers and carers are represented in EMHSCA developments.
- The CPSC will engage with consumers and carers for consultation regarding its activities.
- Consumers and carers are invited to attend CP SC meetings to discuss projects as required by the committee.
- Consumer and carer representatives are members of the EMHSCA committee which regularly oversees the work of the CP SC.

### 4. Supporting shared care practices

- The CP SC will commence development of a guide to co-location to support new partnerships across the region.
- New activities are due to be introduced following EMHSCA Strategic Plan developments.



## Appendix B: Strategic Planning Subcommittee

### Annual Report 2016

In late 2013 the Visionary sub-committee of EMHSCA was formed from current EMHSCA committee membership and was representative of the various sectors of EMHSCA. This sub-committee was set up with the initial aim of developing the first EMHSCA Strategic Plan. The committee was soon renamed to reflect their purpose and became the Strategic Planning sub-committee.

Member	Title
<b>Anna McKenry</b>	A/Manager Outer East Area, Alcohol & Drugs and Mental Health , Eastern Metro Region Department of Health & Human Services
<b>Bronwyn Williams</b>	EMH SC Alliance Project Officer Eastern Health Senior Clinician Eastern Dual Diagnosis Service, Turning Point Eastern Treatment Services, Eastern Health
<b>Hang Vo</b>	General Manager Planning, Strategy & Development/EACH
<b>Jacky Close</b>	<b>Executive officer   Outer East Health and Community Support Alliance</b>
<b>Larissa Seymour</b>	Acting manager, Uniting Care Prahran Mission Mt Waverly
<b>Leigh Garde</b>	A/Team Leader Outer Eastern Melbourne Area, Prog
<b>Mandy Taylor</b>	Senior Manager Mental Health & AOD, EM PHN
<b>Martin Wilkinson</b>	Director - Primary Care and Clinical Services - EMPHN
<b>Melissa Muir</b>	<b>MIND: Service manager Maroondah PARC</b>
<b>Sally Missing</b>	<b>Inner East PCP Executive Officer</b>
<b>Tamsin Short</b>	<b>Access HC/Connect 4 Health</b>
<b>Tim Brewster</b>	Service Manager, Outer East Continuing Care Teams, Adult Mental Health Program Eastern Health
<b>Tom Stylli</b>	<b>Team Leader SURE AOD services</b>





## **Our aims:**

The key objectives of this sub-committee are to

- Support redevelopment and implementation of the EMHSCA Strategic Plan.
- Measure EMHSCA member satisfaction with EMHSCA activities.
- Strengthen Consumer and Carer networking in the EMR.
- Ensure measurement of EMHSCA activities is consistent with the EMHSCA Strategic Plan.
- Review the EMHSCA MOU in line with the EMHSA Strategic Plan.

## **2016 Highlights:**

- EMHSCA Shared Agenda survey conducted (March 2016).
- Funding successfully obtained from EMMML to commence Eastern Peer Support Network pilot project (June 2015).
- EMR MH & AOD planning council representatives sitting with EMHSCA Strategic Planning Sub-committee and standing agenda item included at meetings.
- An ongoing review of EMHSCA members was undertaken and actions implemented ensuring all sectors are represented on the EMHSCA.
- Membership guide reviewed to support new and existing members to understand their role as EMHSCA committee members. (October 2016).
- The EMHSCA MOU was signed/resigned by 20 partner organisations.

## **Future Plans:**

1. Develop clear objectives regarding Physical Health and Mental Health and facilitate new work within the EMHSCA structure.
2. Improve collaboration and enhance relationships with Aboriginal services.
3. Strengthen screening and pathways to support for people experiencing Family Violence.
4. Continue to collaborate with the Eastern MH & AOD Planning Council
5. Continue to ensure EMHSCA membership is appropriate and strategic.
6. Continue to provide support to the Eastern Peer Support Network.



The following sectors are not yet represented in Strategic Planning for EMHSCA.

- Aboriginal health & well-being partners
- Specialist Family violence services
- Homelessness/ Housing
- Family services
- Consumer and carer representatives



## Appendix C: Workforce development Subcommittee

### Annual Report 2016

#### Membership

Name	Organisation
Aaron Jones	Neami National
Anna Makris (co-chair)	Federal Dept. Human Services
Bronwyn Williams (Project Officer)	Service Coordination/ Eastern Dual Diagnosis
Cat Heal	Older persons services representative
Daisy Gleeson	Wellways
Erin Crockett	PHAMS Monash Team Leader, Prahran Mission
Jacynta Pittaway	MIND PARC programs
Jose Abalo (co-chair)	Federal Dept. Human Services
Kim Moreland	EHHM PDT
Maria Yap	EM PHN
Stephanie Bortignon	Anglicare



The EMHSCA Workforce Development Committee develops, organises, provides, and evaluates Mental Health Service Coordination Capability Training for all services involved with EMHSCA. Consumer and carer representatives (peers) are invited to participate and present at EMHSCA events.

## Background

In 2008 the Eastern Health Mental Health Alliance Education & Training (EMHA E&T) Committee was convened as a sub-committee of the Eastern Mental Health Alliance Group in order to develop and provide training that would enhance the collaboration between Mental Health services in the Eastern Metropolitan Region (EMR) who were engaged in working with people recovering from severe and enduring mental health concerns.

Over the past 8 years the focus of the committee has been refined to provide workforce development to EMR services involved in service provision to people with mental health problems and aims to enhance service coordination in the region.

## Activities

In 2016 we have provided four events as follows:

1. A Region-wide orientation - for new staff to learn about the various services provided referral pathways, intake processes and an opportunity to network.
2. Collaborative Care Planning Workshop – for staff to explore the principles of collaborative care planning and familiarise themselves with the elements of the Shared Care Protocol.
3. “Bridging the Divide” Mental Health & Co-occurring Issues Explored (MHACIE) Workshop – An opportunity for participants to consider how to approach complexity in the system as they work with people with multiple concerns.
4. Leaders’ Collaborative Care Planning Workshop– for Managers and team leaders to explore and identify ways in which to support collaborative care planning practices in their services and familiarise themselves with the Shared Care Implementation Strategy.

The Dual Diagnosis Consumer & Carer Advisory Council and Working group in collaboration with the Eastern Peer Support Network provided a unique event:

The Peer Effect Forum -

With more than 150 attendees, 30% peer workers; 25% service providers; 20% interested in peer work. 35% were from out of EMR region. Representation from 10 services and 3 peak bodies. DHHS presentations. Consultants from Hong Kong and Cambodia in attendance. VMIAC provided funding. NDIS presentation included.



## Event summaries

### Collaborative Care planning Workshop – 17<sup>th</sup> March 2016

#### Whitehorse Room Box Hill Town Hall

- Shared Care Protocol and principles focus
- 70 attendees
- Very positive feedback
- Presentations by Carer, Consumer, G.P, Peer workers
- Cost:\$1,660 covered by Eastern Melbourne PHN PIR

### EMR Orientation – 19<sup>th</sup> May 2016

#### Ballroom Whitehorse Town Hall

- 202 attendees (25% increase) from 17 health & community support sectors
- 8 sectoral overviews – includes consumer and carer presentations
- 25 afternoon workshops
- Service Marketplace – 30 stalls
- Open to all staff in EMR – 200 places offered
- Partnered with Boroondara Alliance
- Cost: \$5,153

### MHACIE – 25<sup>th</sup> August 2016

#### Matsudo Room Box Hill Town Hall

- 58 attendees
- Extensive waitlist
- 6 workshops presented by specialists
- Focus on the system as complex and not the person
- New workshops included Aboriginal Health & Wellbeing, and Family Violence.



## Leaders' Collaborative Care Planning Workshop - 24<sup>th</sup> November 2016

### Matsudo Room Box Hill Town Hall

- 39 attendees
- Focus on leaders supporting shared care practices
- Collation of workshop generated Solutions & Challenges

### Evaluating the Workshops

Participants were encouraged to offer their feedback at the conclusion of each event. These were collected and data entered into Survey Monkey. Feedback results were circulated to presenters and to committee members and discussed at monthly meetings. Currently the collated feedback is being evaluated for consideration in the development of workshops for 2017.

### What has worked?

#### CCPW (March)

- Additional presentation on Peer Work.
- Dr. Louise Alexander providing a presentation on collaboration with G.Ps.
- Attendance by 11 Eastern health Mental Health Service Triage staff.
- Standard program for this event is tested over years.

#### EMR Orientation (May)

- Move to Box Hill Town Hall meant reduced work load for committee members as well as additional space for accommodating more regional participants.
- Ability to offer 25 workshops in the afternoon due to improved facilities.
- Collaboration with the Boroondara Alliance.
- Involving Aboriginal service representatives.
- Holding dedicated Youth and Aged presentations throughout the afternoon.

#### MHACIE (August)

- The range of presentations was well received.
- Aboriginal health & well-being presentation was a welcome addition for participants.
- All presenters provided a high quality workshop.
- Breaking down complexity into systemic issues improved participants sense of competence in managing issues that involve multiple and complex needs.
- The event attracted almost 100 applications for attendance.



### Leaders' Collaborative Care Planning Workshop (November)

- All presentations were well received overall.
- Format has worked well for past 4 years.
- Providing a session addressing the importance of partnership with the introduction of NDIS.

### Areas for improvement

#### CCPW (March)

- Additional support for consumer presentation.
- Dr. Louise Alexander to be filmed to reduce future costs and create a sustainable resource.
- Reduce length of presentations.
- Include NDIS conversation.
- Include co-location conversation.

#### EMR Orientation 2016 (May)

- Do not hire Arundel-Wright room as it is too small.
- Factor in an additional break time in morning.

#### MHACIE (August)

- Encourage presenters to design their presentation with plenty of time for table activities and case discussion.
- Engage Arbias to present on Acquired Brain Injury in 2017.

### Leaders' Collaborative Care Planning Workshop (November)

- Ensure consumer viewpoint is focussed on the importance of collaboration.
- Allow plenty of time for table discussions and networking.



## Future Work

- MH and Diversity half-day workshop – 30<sup>th</sup> August 2017.
- NDIS & Mental –health half-day forum focussing on the need for partnership between services 30<sup>th</sup> August 2017.
- Incorporating new cohort agenda – Family Violence, Dual Diagnosis, Peers, Aboriginal health, Physical Health.
- Managing Transitions between age groups and sectors.

## Conclusion

The Workforce Development Sub-committee continues to provide high quality and targeted service coordination activities each year. The support of EMHSCA organisations, both financially and by provision of resources, enables this region to be well connected and well-informed regarding the coordination of various health and community support services and associated issues. With continued support in 2017 the WD SC will develop and provide two new events along with their traditional calendar. We look forward to continuing to serve our community in this way, and ultimately improve the response to people accessing services who experience mental ill health and co-occurring concerns.