



# **End of Financial Year report**

## **June 30 2021**

REPORT PROVIDED BY EMHSCA COORDINATOR  
BRONWYN WILLIAMS

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

# Eastern Mental Health Service Coordination Alliance

## End of financial year report – June 2021

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EMHSCA acknowledges the traditional Aboriginal custodians of country throughout Victoria and respects them, their culture and their Elders past, present and future. EMHSCA recognises the ongoing impacts of colonisation on Indigenous Australians and the significant gaps in health care and equity for Indigenous peoples. EMHSCA is committed to gaining expert advice via engagement with local Community.

### **EMHSCA embraces diversity**

We welcome and celebrate diversity at EMHSCA, as we reflect the variety of cultures and communities we serve. Our Alliance strives for true collaborative practice and a spirit of inclusivity for all. EMHSCA recognises that poorer health outcomes are associated with experiences of discrimination and marginalisation. We challenge inequities in the development and delivery of health and community services.

### **EMHSCA recognises the value of lived experience**

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



# Eastern Mental Health Service Coordination Alliance

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### Chairs' report

The Eastern Mental Health Service Coordination Alliance (EMHSCA) continues as the key platform in the Inner- and Outer- Eastern areas of Melbourne to support Mental Health and AOD service coordination and integration. EMHSCA has operated in the east for over a decade, and members have worked together to overcome the challenges of various sector reforms. A strongly committed membership (47 leaders from 31 health and community services across Inner- and Outer- Eastern Melbourne) has continued to meet through virtual means and demonstrated their appetite to further integrate. EMHSCA is now ready to embrace the Victorian Mental Health sector reforms as the Royal Commission recommendations have been handed down.

The current rapidly changing landscape provides new opportunities for our members. We have seen the departure from EMHSCA of Cathy Keenan, a key departmental driver of the Alliance since its inception 12 years ago. Other long term members have also moved on, including Brad Wynne (Eastern Health Mental Health/EMHSCA Co-chair) and Jacky Close (Outer East PCP/ past co-funder). New members are welcomed and a new co-chair is currently sought.

With a locally informed model of care coordination and service integration, and in light of the newly delivered Mental Health reform recommendations, the Alliance has gained clearer direction to inform its strategic efforts. A web based learning series continues to support the implementation of the EMHSCA Shared care protocol, and brings together a range of staff from health and community services. Topics including: working with complex issues; and collaborative care planning have been provided and recordings can be viewed on the EMHSCA webpage. This has increasing accessibility to the capacity building activities for staff of member organisations.

The EMHSCA partnership survey has confirmed the effectiveness of the Alliance activities in supporting members. The EMHSCA work continues to focus on safe and quality care, and facilitated topical discussions occur routinely at bi-monthly Alliance meetings with a range of outcomes at both the consumer and service level. EMHSCA plans to assess the effectiveness of the initiative in 2021/22 by re-introducing the Shared Care implementation strategy and associated service file audit.

Through these collective initiatives, the Alliance strives to ensure care coordination practices remain embedded and our organisations move from collaboration towards integration to ensure people who experience mental ill-health and co-occurring issues experience responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey.



#### **Dr Tamsin Short**

Senior Manager: Mental Health & AOD Services

Access Health and Community

# Eastern Mental Health Service Coordination Alliance

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### EMHSCA

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 strategic partnership has been called the Eastern Mental Health Service Coordination Alliance (EMHSCA) since 2012 and serves all parts of the Inner- and Outer-Eastern Melbourne. 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 June 2021 EMHSCA is co-funded by DFFH, the Eastern Melbourne PHN and Eastern Health. Member organisations 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 (38 events provided for 3,280 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.

### EMHSCA Function

EMHSCA is the key local Mental Health and Wellbeing and AOD platform for health and community service consultation and coordination of service provision, and forms a key foundation to promote and support member organisations to implement relevant sector reform recommendations.

### Partnership

A Memorandum of Understanding (MOU) exists between 26 member organisations of the EMHSCA. This is current and not due for review and re-signing until 2022.

### EMHSCA Co-chairs

Dr. Tamsin Short (Access Health and Community Services)

Brad Wynne (Eastern Health Mental Health Program) June 2012 to June 2021

# Eastern Mental Health Service Coordination Alliance

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### Our members

The Alliance brings together health and community service organisations across inner- and outer- Eastern Melbourne with opportunities to: provide joined up consultations on key region-wide projects; forge service relationships; consider solutions to shared safety and quality concerns; assimilate system reforms; and support capacity building of staff.

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

- Access Health & Community Services
- Anglicare Victoria
- Australian Government Department of Human Services
- Campbell Page
- Carrington Health
- Department of Fairness, Families and Housing – Inner and Outer Eastern Melbourne
- Dual Diagnosis Consumer and Carer Advisory Council & Working Group
- EACH
- Eastern Community Legal Centre
- Eastern Health Mental Health and Wellbeing 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](#)
- Foundation House
- Independent Mental Health Advocacy
- Inner East Primary Care Partnership
- Inspiro
- Job Co.
- Knox City Council
- Latrobe Community Health Service
- Link Health and Community Services
- Maroondah City Council
- MIND Australia
- Mullum Mullum Indigenous Gathering Place
- NDIA – Eastern branches
- NEAMI National
- NEXTT
- Outer East Health and Community Service Alliance

# Eastern Mental Health Service Coordination Alliance

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- St Vincent's Hospital Melbourne
- The Salvation Army
- Wellways
- Whitehorse City Council
- Wise Employment
- Uniting Prahran
- YSAS

New members that joined EMHSCA in 2020/21 are Foundation House and Wise Employment services. Women's Health East are considering membership also. Early in 2021, the Department of Health and Human Services divided to become the Department of Health (DH) and the Department of Families, Fairness and Housing (DFFH). EMHSCA continues to receive support from the DFFH in 2021/2022.

Farewells:

In February 2021 we said good bye to Cathy Keenan. Cathy has supported the Alliance for almost 2 decades in her various and changing roles at the Victorian Department of Health. Cathy was instrumental in ensuring EMHSCA continued to be funded for project coordination over the years. This key factor saw EMHSCA thrive when other similar alliances across Victoria were unable to continue. We appreciate her enormous contribution to EMHSCA and wish her well in her next endeavours.

In June we farewelled Brad Wynne as he left his role at Eastern Health and subsequently his co-chair role with the Alliance. Brad Wynne joined EMHSCA when he came to Eastern Health MH program in 2012. He soon became the EMHSCA Co-chair and has provided leadership and guidance to the EMHSCA Coordinator for the past 9 years. His work for the Alliance has been significant and very much appreciated.

Also in June, Jacky Close announced her imminent departure as CEO of the Outer Eastern Primary Care Partnership. Jacky has provided funding to EMHSCA in years past, and initiated the Physical Health for Mental Health project that was conducted with EMHSCA between 2021 and 2016. Jacky also led the Mental Health pathways and assessment project that included the development of the 4 personas in 2019. Jacky's influence and advocacy at the Alliance will be missed.

## Lived Experience Representation

EMHSCA established a working relationship with the Dual Diagnosis Consumer and Carer Advisory Council (DDCCAC) in 2013 and continues to consult with this key regional advisory group in relation to mental health, AOD and service coordination. Members of the DDCCAC sit with the Alliance and provide timely and targeted input to topical discussions. Current members who attend Alliance meetings are Fred Murray (Consumer advisor) and Denise Damouni (Carer advisor) who actively provide advice and support discussion regarding Dual Diagnosis consumer and carer matters. Kathy Collet is a carer consultant for the Adult Mental Health Program at Eastern Health and is also an EMHSCA member.

Belle Groves (Carer consultant) and Elf Moncrieff (Consumer consultant) sit with the EMHSCA Implementation Committee, and guide the development and delivery of the various EMHSCA events, along with monitoring the Shared Care protocol implementation.

# Eastern Mental Health Service Coordination Alliance

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EMHSCA aims to expand and better support the Lived Experience Leadership, and invited new members to apply to join the EMHSCA Steering Group at the end of June 2021. Additionally, Lived Experience members will be offered more opportunities to be prepared for meetings and lead topical discussions as appropriate.

The Eastern Peer Support Network (EPSN) was initiated in 2015 as an EMHSCA project. This network exists to support connection between 'Lived experience' workers from inner and outer Eastern area services. The EPSN coordinator, Sam Ryan, is an EMHSCA member.

### Co-design

EMHSCA endorses the Charter of Peer Support provided by the 'Centre of Excellence in Peer Support'. EMHSCA aims to engage in co-design with the DDCCAC and other consumer and carer groups as required. By definition, co-design requires that EMHSCA work with service users for all service coordination quality improvement activities and events. This is facilitated by the representation of the DDCCAC on EMHSCA committees and also occurs via EMHSCA representation at DDCCAC meetings. Co-production is ideal and occurs when the DDCCAC (or other consumer and carer advisory groups) decide on an improvement project and ask EMHSCA to become involved. Broader consumer and carer consultation takes place with local service users additional to the leadership provided by the DDCCAC.

## EMHSCA Strategic Priorities

This partnership aims to strengthen Mental Health and Wellbeing and AOD service collaboration, coordination, and system integration across Inner- and Outer- Eastern Melbourne for improved consumer outcomes.

The Regional Integrated Mental Health AOD and Suicide Prevention Plan will influence the work of EMHSCA. This work is in development, and the role of EMHSCA in this work will be clarified over time.

The EMHSCA Strategic priorities are depicted in Figure 1 below. These include 1. Mental Health & AOD System Reform: with a focus on the Statewide Mental Health system reform agenda, EMHSCA aims to improve consumer and carer access to person centred, timely, appropriate and integrated supports; 2. Safe and quality care: EMHSCA provides a learning space to develop a shared understanding of the local quality and safety issues, with a focus on seeking solutions and pathways to supports; 3. Collaborative Care Planning: The Alliance continues to implement the EMHSCA Shared care protocol and support the active involvement of all parties to the care team, including G.Ps; 4. Workforce development: Utilisation of the EMHSCA platform to drive high quality multi-disciplinary care for Mental Health and AOD consumers in the region, including the delivery of events and workshops that provide opportunities to connect staff, develop care coordination skills and with a solutions focus; 5. Valuing Lived Experience: Ensuring Lived Experience Leadership development throughout EMHSCA structures by embracing the principles of coproduction and co-design.



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Figure 1. EMHSCA Strategic Priorities



## Highlights for 2020/2021

- Safe and quality care discussions and problem solving continued throughout 2020/2021. The initial COVID discussions of 2020 gave way to a focus on the key recommendations of the Royal Commission into Victoria’s Mental Health System in 2021.
- Implementation of the EMHSCA Shared care protocol continues, with dedicated and facilitated member discussions included on the EMHSCA agenda.
- A Consumer and Carer poster promoting Shared Care has been finalised and provided to EMHSCA members to be displayed in waiting rooms across the region.
- NEMHSCA is seeking EMHSCA support to consider development of a NEMHSCA Shared care protocol.
- The EMHSCA events continue online due to ongoing COVID restrictions.
- The “Bridging the divide” 2 part workshop series was provided to 40 staff in November. This included 8 Dhelk Dja members.
- The 11<sup>th</sup> Annual Collaborative Care Planning 2 part workshop occurred in March 2021, with 42 attendees from 23 Health and Community Services.
- The EMHSCA Partnership survey was conducted in early 2021, and revealed a high level of satisfaction from EMHSCA members with the Alliance activities.

## End of financial year report – June 2021 EMHSCA Work plan elements

### Steering group work

The EMHSCA Steering group oversees the EMHSCA Strategic direction and associated work plan. The Steering group is responsible to take account of the issues raised by the broader membership in the setting of the direction for EMHSCA. Their completed tasks for 2020/21 are as follows:

- Oversee EMHSCA meeting agendas
- Monitor financials and maintain funding
- Membership approvals
- Expansion of Lived Experience representation across EMHSCA
- Review Terms of reference of each EMHSCA committee
- Review and revise EMHSCA Strategic priorities and work plan

### Mental Health & AOD System Reform

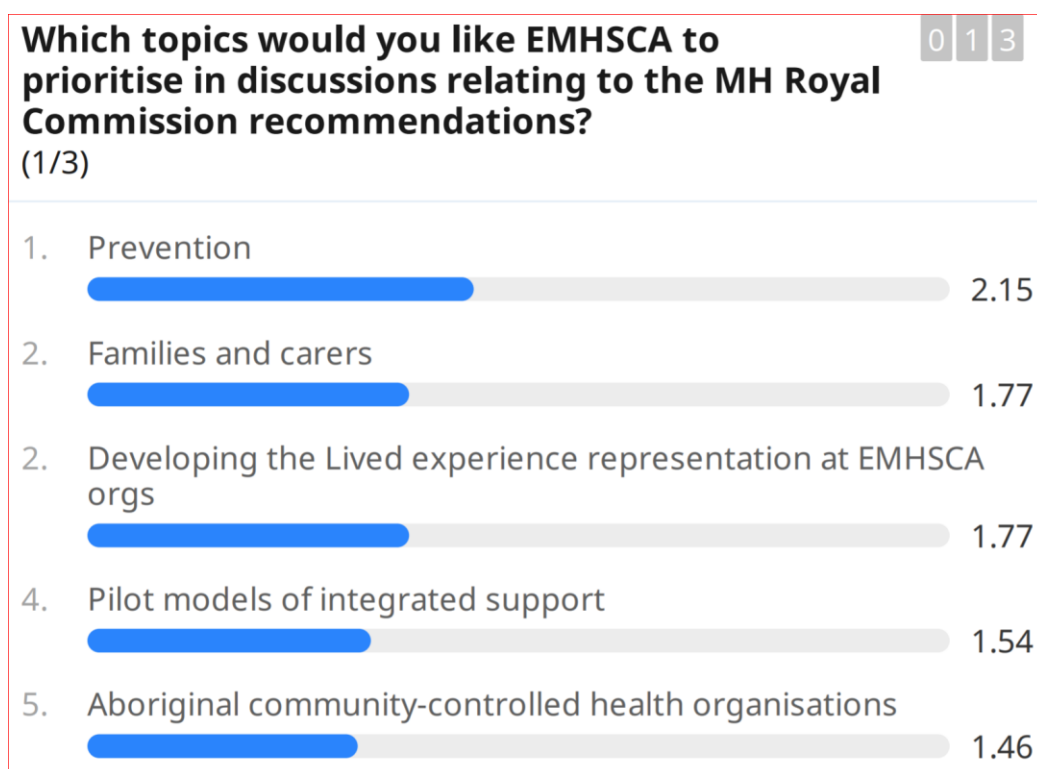
EMHSCA was introduced to the Regional Clinical Governance project at their August meeting by Phoebe Williamson. The EMHSCA partnership work was acknowledged and there was a stated intention to work with EMHSCA as the project progressed. A regional outcomes panel is being developed as part of the Clinical Governance framework. A consultation took place with EMHSCA members in February 2021, with Brooke Trevorah. Small group discussions with our members aimed to inform the development of the regional plan.

Eastern Melbourne PHN updates included the introduction of Head to Help hubs and centralised service navigation support, which was promoted via the EMHSCA communications and navigation tools.

The final report from the Royal Commission into Victoria's Mental Health System was released in early March, and EMHSCA took this up as it's meeting focus from April 2021. An overview was provided in April, followed by exploration of key elements including supporting the physical health needs of people with mental illness, and developing Lived Experience Leadership. Future EMHSCA work will provide a continued focus on supporting partners to assimilate the reform agenda, and to locate opportunities for the Alliance as the sector changes evolve.

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Figure 2. Results of April 2021 meeting Slido poll



### NDIS

There are currently 10 EMHSCA member organisations delivering NDIS funded supports. EMHSCA aims to improve its members understanding of the NDIS, marketplace issues and agreed application of service coordination and support pathways. This is done by providing forums for discussion and information provision. In 2020, the National Disability Insurance Agency's (NDIA) Director of Community Engagement, Michelle Garnier, attended the August, October and December Alliance meetings to provide updates.

The introduction of Recovery Coaches as a new line item developed to better meet the needs of NDIS participants with Psychosocial Disabilities brought new challenges to the market. EMHSCA worked to support member's knowledge of the Recovery Coach line item and how it may benefit participants.

The Tune review has led to the development of the Participant service charter and associated participant guarantee and improvement plan which was being implemented towards the end of 2020. The NDIA reached out to EMHSCA and hosted a consultation with 16 members and Oonah representatives regarding the potential introduction of Independent Assessments on the 16<sup>th</sup> November 2020. Many submissions were made to the NDIA and the Joint Standing Committee in relation to the proposed changes, and the outcome was that Independent Assessments were taken off the table by the Commonwealth Government in July 2021.

EMHSCA membership included the NDIA, and the Outer- and Inner- eastern Local Area Coordinators from Latrobe Community Health service who routinely provided up-to-date information and advice to members of the Alliance and the EMHSCA Implementation Committee.

# Eastern Mental Health Service Coordination Alliance

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The revised EMHSCA strategic priorities 2021-2023 will see a merge of the NDIS into Mental Health & Wellbeing and AOD system reform, as the introduction of the scheme is now completed.

### Safe and Quality Care

A dedicated section of the Alliance meeting agenda has been allocated for case-based discussions regarding safe and quality care and collaborative practice issues. Throughout 2020, the focus was on how organisations were managing the COVID-19 crisis. As we entered 2021, the Royal Commission into Victoria's Mental Health System helped to shift the focus back to EMHSCA's reform agenda. Here is a summary of the meeting themes during 2020/2021.

#### 20<sup>th</sup> August 2020

##### COVID 19 Surge

As a follow up to the June 2020 meeting, members engaged in polls and discussions regarding the likely surge in demand for health and community services, primarily resulting from COVID-19 restrictions and concerns. Members noted an increase of about 10-15% in referrals at that time, and the majority noted an increase in the complexity of presentations. Efforts were also going into supporting the wellbeing of staff.

The HEART initiative engaged EMHSCA members in June 2020 and by August there were pathways developing to enable increased and joined up health and community support for people experiencing homelessness who were housed temporarily by the State government in hotels.

#### 15<sup>th</sup> October 2020

##### Improving communication between partners

Issues with Communication and Information sharing have been a key theme identified in the MH Access and Pathways report, the EMPHN critical incidents report, the EMHSCA Care Coordination research project, and the EMHSCA Collaborative Care Planning workshops results. This is an essential aspect addressed in the EMHSCA Shared Care protocol to which all EMHSCA members are signed up to. A Slido poll was conducted during the meeting which found that a lack of knowledge of the existence of other providers led to around 75% of communication issues, followed closely by a lack of time to engage. In contrast, 56% of members believed there to be a little more cross-sector communication since the pandemic, and 63% said they had been actively working on improving communications this year.

Further work on the HEART collaboration with EMHSCA included the development of a Pathways guide for HEART staff. This guide was developed to assist staff to locate the appropriate Mental Health and AOD services and supports for people.

#### 17<sup>th</sup> December 2020

##### Coordinating our response to people with Personality Disorders

Hita and Luisa are the new Clinical Specialist for Personality Disorders at Eastern Health Mental Health. They provided a facilitated discussion regarding the service coordination challenges in relation to this topic, and with reference to the persona known as 'Chrissy'.

##### Challenges identified

- Complexity and risk is common

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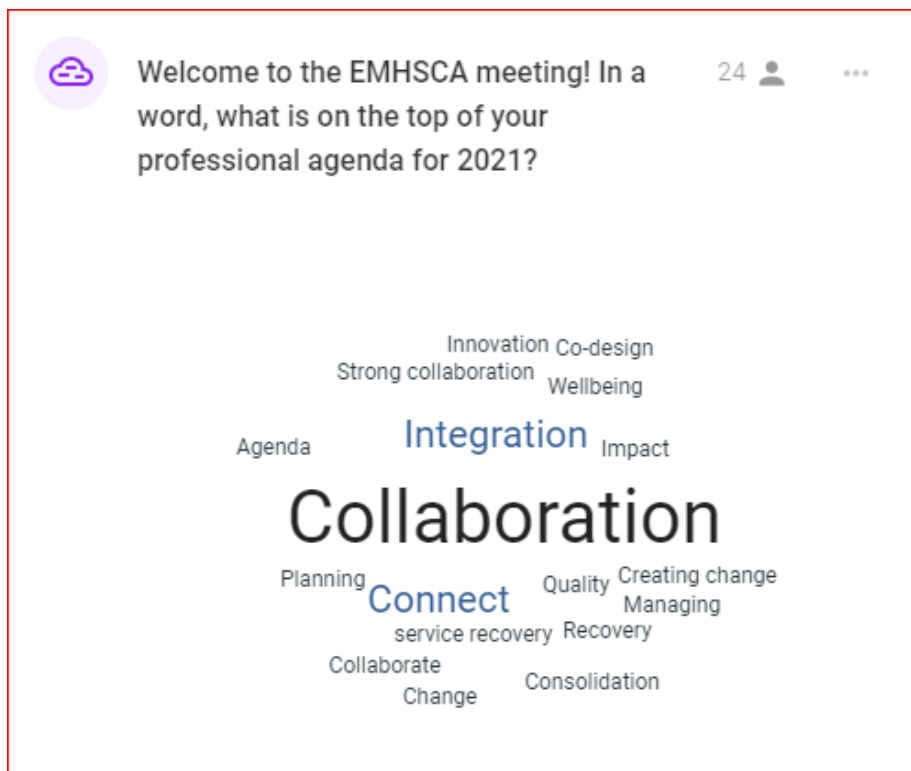
- Anxiety of staff
- Feelings of not being fully competent to manage
- Stigma - beliefs that people are untreatable and too challenging
- Struggles experienced by partners and carers/families
- Private treatment is most available but costly and may have extensive waitlists
- People interacting with services can be found to be negative
- Rejection of services exacerbates feelings of worthlessness , hopelessness and belief that they are too difficult to be helped
- Lack of integration for this cohort due to not being connected to case management in many cases
- Lack of case conferencing to connect providers

Outcomes: When care coordination is put in place it makes people with PD feel held. Better connections are required with private providers to enable coordination of supports and response. EMHSCA needs to seek stronger connections with private providers.

### 18<sup>th</sup> February 2021

#### Setting the agenda for 2021

This first meeting for the New Year was full of hope for a less COVID affected time. The fatigue of 2020 was quickly replaced by the expectation of the Mental Health reform that was about to be delivered. EMHSCA were asked about their priorities as depicted in this info graphic.



Brooke Trevorah engaged EMHSCA in the Regional Clinical Governance Project Consultation. Small groups discussed the key elements of the strategic framework and the regional Outcome review Panel. Results were collected to inform the project.

### 15<sup>th</sup> April 2021

# Eastern Mental Health Service Coordination Alliance

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### Physical Health for Mental Health

The April EMHSCA will reinvigorate discussion and subsequent action to improve PH outcomes for people experiencing mental ill-health. This aligns with the regional MH, AOD and SP strategy.

3 speakers include:

- Jacky Close – to outline EMHSCA's past work
- Rhianna Perkin – Manager Service Design – EACH (2.5 mins)
- Ayesha Maharaj – Health Promotion Practitioner – Preventative Health Initiative - Neami National
- Laura Riccardi - Health Promotion Officer (Sexual and Reproductive Health) – Women's Health East

### 17<sup>th</sup> June 2021

#### Lived Experience Leadership

The Royal Commission into Victoria's MH system will be a standing agenda item for EMHSCA this year. This will commence with a focus on Lived Experience Leadership in June. Sam Ryan and Belle Groves shared their journey to LE Leadership roles. Gavin Foster and Bronwyn Williams spoke about Coproduction, Co-design and how to effectively support Lived Experience advisors to be heard and to lead. There was a focus on 'making space' for LE Leadership at EMHSCA. The representative nature of the peer voice was explored also, as per the work of Indigo Daya and colleagues.

#### Collaborative Care Planning

Over more than a decade, EMHSCA has built a structure that aims to support good quality collaborative and coordinated care planning. The EMHSCA Shared Care Protocol is designed to ensure a consistent approach to coordinated care as partners align their local practices according to the document. The EMHSCA Shared Care protocol implementation strategy supports EMHSCA member organisations as they embed the Shared Care practices locally. Relevant documents can be located here <https://www.emphn.org.au/what-we-do/mental-health/supporting-coordination>

The EMHSCA Shared care audit is the main mechanism to assess the success of the EMHSCA initiatives. The EMHSCA Shared Care Audit has seen more than 6000 files audited across EMHSCA member services between 2014 and 2017. The audit ceased in 2017 due to extensive workforce changes brought on by multiple sector reforms and the introduction of the NDIS. In 2020, the EMHSCA Implementation committee considered reinvigorating the audit with the following aims:

- To assess and identify areas for learning and continuous improvement
- To monitor the progress of the Shared care protocol implementation over time
- To keep Care Coordination on everyone's radar
- To identify areas of need

EMHSCA has agreed that the audit is to be conducted for a 4 week period between July 2021 and April 2022. EMHSCA members are asked to nominate the month in which they will conduct this audit. A report on the audit will be provided by the EMHSCA coordinator by the end of the 2021/2022 financial year.

# Eastern Mental Health Service Coordination Alliance

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### Workforce Development

EMHSCA events are developed and delivered by the EMHSCA Implementation Committee. This group of 8 members are listed below and, as Service Coordination champions, they exemplify our EMHSCA values and shared care practices.

Anna Makris	Services Australia
Belle Groves	Lived Experience Carer consultant
Bronwyn Williams	Eastern Health Adult MH Program
Elf Walpole	Lived Experience Consumer consultant
Fay Edebohls	EACH AOD
Lisa Paulin	Eastern Melbourne PHN
Reuben Sago	Campbell Page
Tom Larkey	Neami National

### EMHSCA events calendar 2020/21

EMHSCA provided 3 x 2 part online workshop series for local health and community support service providers in the 2020/21 financial year. The Collaborative Care Planning workshop that has been held annually since 2011 was re configured as a 2 part online workshop delivered via Zoom. The aim is to introduce participants from EMHSCA member organisations and other interested support providers to the regional Shared Care protocol elements such as working collaboratively, information sharing and care plan development. A Lived Experience presenter engages with small groups to support development of cross – sector care plans based on their personal story. This event was held in August 2020 and repeated in March 2021. Overall satisfaction with this event is high. Reports are attached as appendices.

Another annual EMHSCA event known as Mental Health and Co-occurring Issues Explored (MHACIE) was also flexibly delivered as a 2 part online series of workshops in November 2020. This workshop delivered 6 topical case-based sessions across 2 half-days via Zoom. Topics covered included Intellectual Disability; Autism Spectrum Disorders; Dual Diagnosis; and Acquired Brain Injury. Elf provided a lived experience perspective on how to approach complexity in the work and MACNI provided a session on complex care. The event report is attached in the appendix.

### EMHSCA Budget

The Alliance is funded for the employment of a project coordinator via the Department of Families, Fairness and Housing, the Eastern Melbourne PHN and Eastern Health. Work force development activities and remuneration of Lived Experience representatives are also funded via the EMHSCA budget. At the conclusion of the 2020/2021 financial year, the EMHSCA budget demonstrates a surplus that is sufficient to fund the EMHSCA activities throughout 2021/2022FY.

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### Conclusion

EMHSCA seems to have gained strength of membership during the instability of the pandemic period. Our members have been keen to meet and discuss the issues that they face during these uncertain times, and seek collaborative solutions to meet these challenges.

The online event format has been embraced by staff across the region. Although webinar attendance numbers are lower than for face to face events, many staff have viewed the event recordings, making the content more accessible over time.

The Mental Health reform agenda provides new opportunities for EMHSCA to hone its purpose, and profile its utility as the key collaborative local leadership platform for the inner- and outer- Eastern areas of Melbourne. Members have shown an interest in understanding the various elements of the reform, and locating their position in relation to the reform agenda. Examining partnership opportunities, developing Lived Experience Leaders and knowing how Mental Health prevention can be supported are some of the key areas for consideration by this Alliance.

### Acknowledgements

As the EMHSCA coordinator, I am grateful to all those who provide their time, energy and expertise in order to improve service coordination for people who experience mental ill-health and co-occurring issues.

Special thanks go to our EMHSCA co-chairs, Brad Wynne and Tamsin Short, for their leadership and guidance, along with other members of the EMHSCA Steering committee, Cathy Keenan (DHHS); Annette Worthing and Tony Triado (DFFH); Emma Newton and Harry Patsamanis (Eastern Melbourne PHN).

The members of the EMHSCA Implementation committee provide significant time and resources to support care coordination focused capacity building events, and also to ensure the Shared Care protocol stays in focus for all staff across our region. This year our committee has demonstrated perseverance and flexibility as they continue to navigate the online environment for meetings and events.

And to our Alliance members I want to extend my thanks for your ongoing support and encouragement for each other. This is a unique Mental Health Alliance that is a reflection of the good will and excellent engagement of the membership.

I acknowledge Eastern Health for auspicing the EMHSCA project role and to Brad Wynne and Gavin Foster for their supervision and guidance. I am grateful to Belinda Tenace at Eastern Health for her assistance with the administration of the EMHSCA funds.

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 focused on individuals and their recovery journeys.

It is a privilege to work with you all and I look forward to further collaboration throughout 2021/2022.





# Eastern Mental Health Service Coordination Alliance

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Bronwyn Williams - EMHSCA Coordinator

### Appendices

- A EMHSCA Partnership Survey 2021
- B 2020 Collaborative Care Planning Workshop series report
- C 2020 “Bridging the divide” workshop report
- D 2021 Collaborative Care Planning Workshop series report
- E EMHSCA Program Logic
- F Dual Diagnosis Linkages report 2020

## Appendix A EMHSCA Partnership Survey

### Background

The EMHSCA partnership has been operational since 2009 and supported by a Memorandum of Understanding (MOU). The current MOU includes signatories from 31 health and community service organisations. EMHSCA is an active regional partnership.

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

EMHSCA aims to strengthen Mental Health and AOD service collaboration, coordination and system integration across Inner and Outer Eastern Melbourne for improved consumer outcomes. With this aim, EMHSCA strongly promotes partnership activities across the Eastern Metropolitan Region including Alliance meetings, EMHSCA events, workshops and the EMHSCA Shared care protocol. EMHSCA provides a key platform for leadership level consultation regarding Mental Health and AOD sector developments.

**Survey Goal** This Survey is one method being used to evaluate the partnerships formed within the Alliance and to identify changes in the EMHSCA relationship. Results are compared with those of similar surveys conducted in 2015 and 2019.

**Participating members** N=16, with 100% completion rate. The average completion time was 4 minutes.

### Method and Aims

A quantitative survey was developed by the Strategic Planning Subcommittee in 2015. The limited uptake of this survey (completion rate was 23% of membership) led to a review and substantial revision in 2018. The survey which originally contained 40 questions was reduced to 6 questions. This 2021 version of the survey is similar to the

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one conducted in 2019. One alteration was made to improve our understanding of how EMHSCA has supported organisations in relation to COVID-19, given the substantial focus on this during the previous 18 months.

Members of the EMHSCA operational leadership group were invited to participate via email in late May 2021. The Survey was provided online via Survey Monkey, and as an email attachment.

**Objectives** The survey questions were designed to assess the impact EMHSCA has had on system and structural change in relation to improving collaborative and coordinated care.

This survey does not attempt to define partnerships that solely emanate from EMHSCA, but rather partnerships that exist within it.

Findings from the survey will provide EMHSCA members the opportunity to further reflect on the relationships they have established and how to improve and strengthen these partnerships for future collaborative work.

**Target group** EMHSCA members

### Survey elements

- 6 questions aimed at seeking opinions and views about the role, function and impact of the EMHSCA partnership. The main questions included rating scales.
- Participants were asked for their advice regarding suitability of membership.

## Results

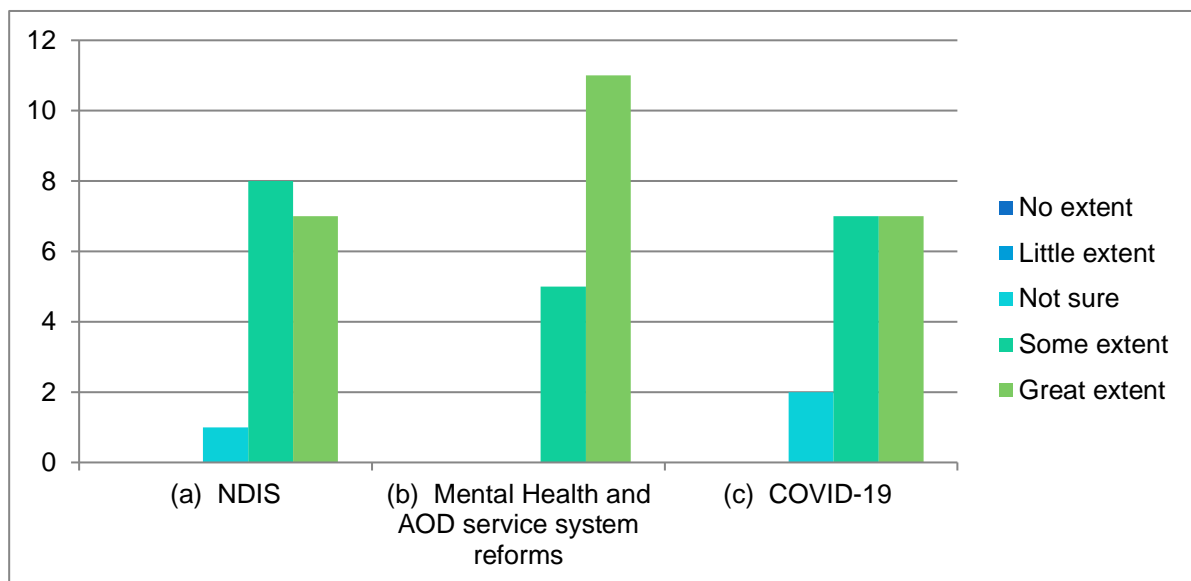
The first question asked participants to identify which sector of supports they represented for the survey. In 2021, the following sectors were represented:

- Clinical Mental Health (3)
- Community Health Sector (1)
- Community Legal Services (1)
- Disability Employment Sector (1)
- Family Violence Sector (1)
- Homelessness/Housing (2)
- Lived experience workforce (1)
- Local Council (3)
- NDIS provider (2)
- Primary Care Partnerships (1)

## End of financial year report – June 2021

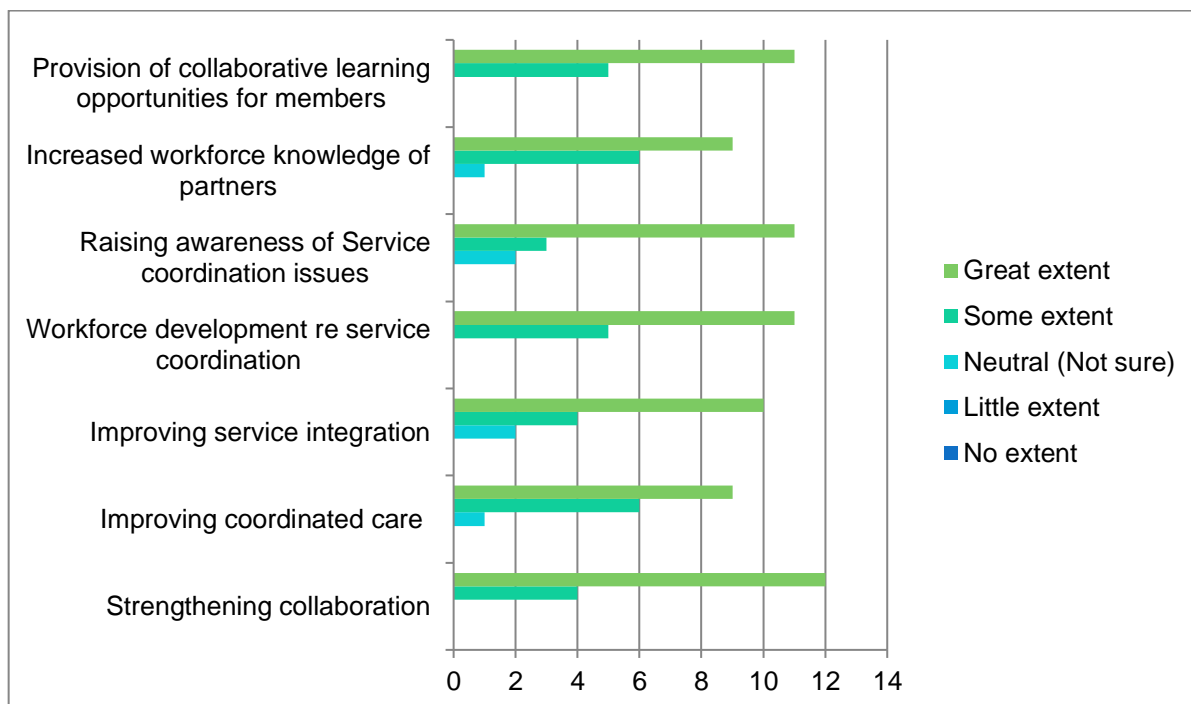
### Supporting system change

Fig a) Q 2. In your opinion, to what extent is EMHSCA assisting member organisations to understand and consider the service system implications of the following (n=16):



### EMHSCA Impacts

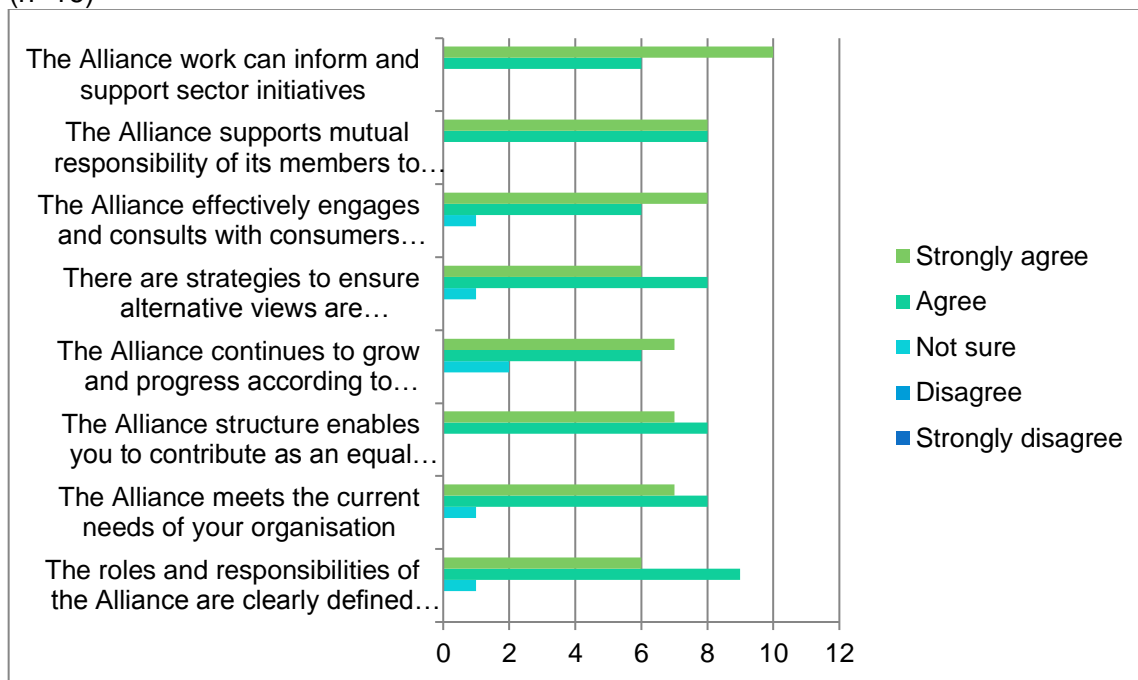
Fig b) Q 3. In your opinion, to what extent has EMHSCA work contributed to the following (n=16):



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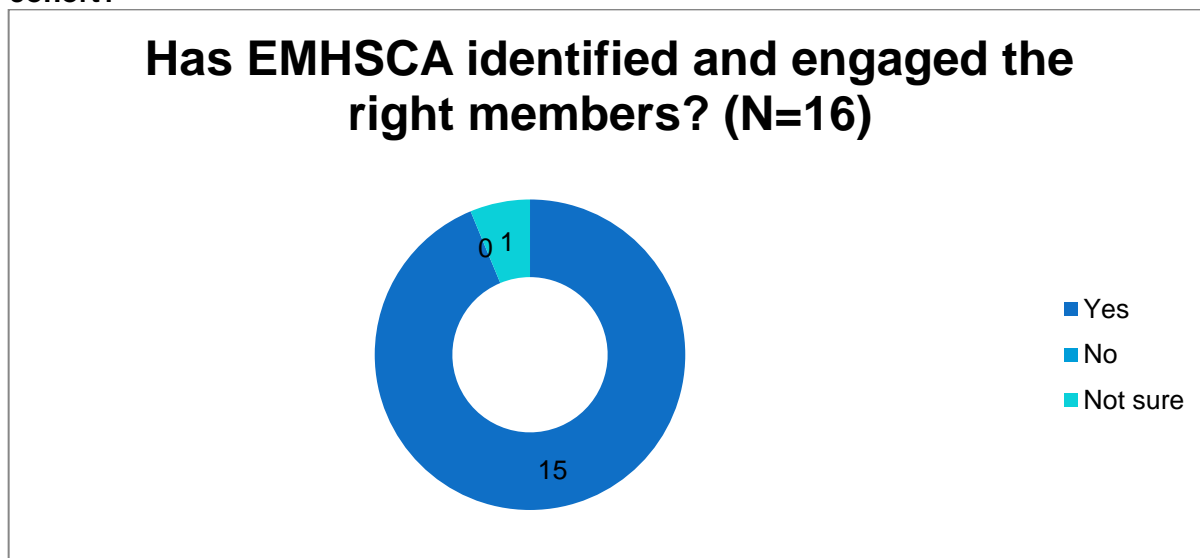
EMHSCA function

Fig c) Q 4. Please rate the level of agreement with each of the statements below (n=16)



EMHSCA membership

Fig d) Q 5. Has EMHSCA identified and engaged the right members to strengthen provision of collaborative and coordinated service delivery for the target cohort?



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### Analysis

Based on participant responses to the survey, it would appear that EMHSCA is providing assistance to member organisations to understand the Mental Health and AOD system reforms (100% agreement, compared with 82% in 2019) including NDIS (93.75% agreement, compared with 82% in 2019). Members commented that NDIS has been a core agenda item at EMHSCA meetings, and has improved member's understanding of the scheme and its processes. Appreciation was expressed for the cross-sector learning achieved through the work of the Alliance.

EMHSCA is viewed as an important source of information on the various reforms and service changes. EMHSCA is seen as a platform for information sharing regarding COVID-19 management strategies, and an opportunity to seek support from other member organisations, particularly in addressing the impacts COVID-19 on service users and their families.

Overall EMHSCA members agreed that the membership was appropriate (93.75%). One member expressed some uncertainty about the membership, and attributed this to the short time of engagement they have had with the Alliance. No suggestions were made for expanding the membership.

### Areas of strength

All areas of EMHSCA's contribution to our region were seen as significant, with no less than 87.5% agreement, and as much as 100% agreement. No area of EMHSCA's work that was surveyed was seen as ineffective.

In 2021, EMHSCA's greatest area of strength according to members is its ability to strengthen Mental Health and AOD collaboration. This Dual Diagnosis agenda has been at EMHSCA's core since its inception.

This is in contrast to the greatest area of strength for the Alliance in 2019 being bringing members together to look at issues facing services and the broader community. In 2015, the survey found that service coordination focussed workforce development; and the identification of EMHSCA's common agenda were the key strengths of the Alliance.

In the 2021 survey results, members commented that EMHSCA brings service providers together via workshops and forums to increase knowledge of other services, and form working relationships across the region. EMHSCA provides a foundation for partnership work across sectors, and works to fill the gaps in service provision for people with multiple support needs. The Shared care protocol was cited as a facilitator of coordinated service provision.

The use of the Mental Health Access and Pathways project and links to the EMHSCA work was appreciated.

Elements of the Alliance's function were also rated well with the majority of respondents agreeing that statements about the Alliance were true for every category. EMHSCA's strengths were evident in its ability to support the mutual responsibility of members to improve service provision across the Eastern region (100% agreement), supporting mutual responsibilities of members (100%), and informing and supporting sector initiatives (100% agreement). All members agreed that they have an equal opportunity to contribute to the Alliance.

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Almost all members agreed that the roles and responsibilities of the Alliance are clearly understood and the Alliance structure meets the needs of their organisation (93.75%). Those respondents who were unsure had stated that they were new to the Alliance. An improvement in the Alliance members' perception of the adequacy of consumer and carer engagement was noted in 2021, with 93.75% of respondents agreeing compared with just 60% in 2019. Also, the perception of members that they have the opportunity to express alternative views has improved from 73% agreement in 2019, to 93.33% agreement in 2021.

### Areas for further improvement

The Alliance's capacity to meet the mutual needs and expectations of its members could be explored further with 2 respondents reporting that they were unsure as to whether this was the case for them. With 19 health and community support sectors and 31 organisations, it is a continual challenge for EMHSCA to meet the needs of all of its members. It may be useful to conduct another EMHSCA Shared Agenda survey to ascertain the key priorities of the stakeholder group, as was last done in 2016.

## Conclusion

As a final question in the EMHSCA Partnership Survey 2021, members were asked how EMHSCA could better meet their organisational needs. Moreover members encouraged EMHSCA to continue in a similar format and advised that their organisational needs in relation to the Alliance are currently being met. In summary, respondents advised EMHSCA to continue the work to 1. review and consider the Royal Commission into Victoria's Mental Health System report recommendations; and 2. to promote cross sector partnership opportunities. This advice is supportive of the current EMHSCA work plan elements.

## Appendix B Collaborative Care Planning Workshop Series report August 2020

EMHSCA's first online workshop occurred over 2 mornings: Thursday 30<sup>th</sup> July and 6<sup>th</sup> August, from 10:00 am–11:40am via the Zoom meeting platform. Developed and delivered by the EMHSCA Implementation Committee, this 9 year old event aimed to support the implementation of the EMHSCA Shared Care protocol elements. This 2 part workshop series version of the event explored the logistics of care coordination in a cross-sectoral online environment. Participants had the opportunity to meet and work with a range of health and community service providers. They learnt about shared care practices, worked with a person who has a lived experience of mental health recovery, heard from a carer about the challenges carers face, considered the key aspects of information sharing and managing safety issues, and discussed the challenges with a focus on solutions.

There were 61 providers registered to attend. Promotion was via networks, Facebook, and also the Eastern Melbourne PHN website. A Zoom link and Slido details were provided on registration via Eventbrite. In total, 31 people accessed the live event on each day, supported by a team of 8 facilitators and moderators. As an ongoing resource, a recording of

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this event is now available on the EMHSCA webpage <https://www.emphn.org.au/what-we-do/mental-health/emhsca-events>.

### Presentations

#### Day 1

Carer's perspective on shared care  
Introduction to Shared Care protocol and practices  
Information Sharing and consent

#### Day 2

Care Coordination model  
Fiona's personal story  
Shared care planning in groups

### Presenters

Lynda Watts (Carer advisor, EMPHN)  
Fiona Browning (Lived experience presenter, Wellways)  
Bronwyn Williams (EMHSCA coordinator)  
Gavin Foster (Manager, Eastern Health Mental Health)

### Event facilitation

Shilpa Ullagaddi (Neami) and Kate Clough (Eastern Melbourne PHN) were our moderators. Reuben Sago (Campbell Page) provided technical support on day 1 to get people connected. Members of the EMHSCA Implementation committee (Simon Jones EMPHN, Fay Edebohls EACH, Jacinta Maloney ECLC, Rose Juan Latrobe CHS), along with Peter Fairbanks and Sophia Pallis of the Eastern Dual Diagnosis Service provided break out room facilitation. Feedback was collected from 2/3rds of all participants via Slido following the webinar.

### Attendance by service

Ambulance Victoria  
Anchor  
Better Health NE Melb  
Camcare  
Campbell Page  
DDCCAC  
EACH  
ECLC  
Eastern Health  
EDVOS  
Family Violence Support  
G.Ps  
MIND  
NDIA  
Neami National  
NEXTT  
St Vincent's  
Uniting  
VACCA

### Live polling via Slido



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### EVENT DATA

The Slido application was used to interact with participants and conduct feedback surveys.

### Feedback survey results

There were 24 participants engaged in completing the event survey for day 1, and 21 for day 2. For day 1, 75% of respondents found the new knowledge gained to be between 20 and 40%. For day 2, 70% of respondents found 40-60% new knowledge was gained. When asked if they would recommend the event to other staff, 80% said they would, and 20% said they may.

Participants found the workshop groups particularly useful, and many commented on the value of having presenters with a lived experience. Lynda’s carer presentation was ‘very powerful’ on day 1, and Fiona’s detailed and open sharing of her story on day 2 provided a great environment for some practical care planning in small groups. There was a clear sense in the feedback that people learnt a lot from the conversations they had with other providers in the break-out sessions. Some wanted more information about the Shared care protocol and how to implement this locally. Others wanted more time to explore Information sharing scenarios with Gavin Foster on Day 1. The interactive Slido polls were popular with participants.

Some recommendations for future online workshops of this nature included the need to limit groups to about 4 or 5 people; ensure jargon and acronyms are explained; lengthen the time frame of the event; a short mid-way break; a greater focus on how primary health providers can work in a shared care framework and initiate a care plan with other providers.

Confidence with sharing information with external providers was rated on average as 7.3 at the commencement of the workshop and as 8.1 on average at the end of Day 1.

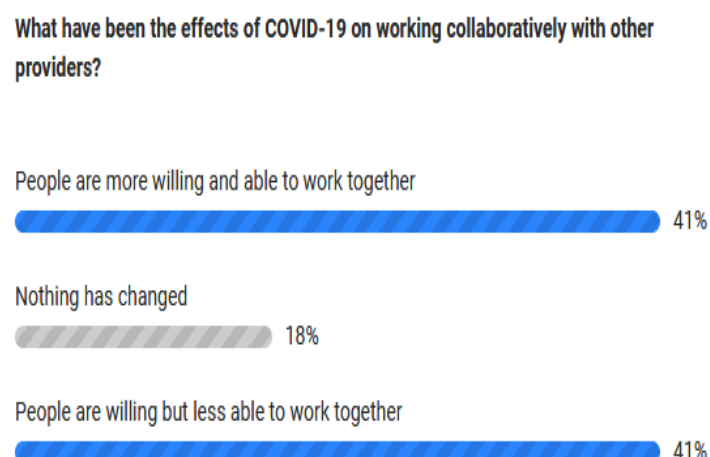
### Poll results

The following pictorials show the responses to the various workshop polls.





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### Conclusion

The online delivery of this interactive workshop, necessitated by the COVID-19 restrictions, succeeded in bringing together a good range of health and community service providers. Mixed views of participants about whether they would prefer venue based training (40%) or an online platform (35%) led to the conclusion that hybrid events may be required when Covid restrictions are lifted. Twenty five per cent of participants said they could not have attended if the event had not been delivered online. Participants expressed high levels of satisfaction with the event content, and particularly with the interactive components and with the lived experience presenters. This event attracted some primary health providers and emergency services workers, for the first time. This was likely due to the online format making the event more accessible. Future workshops will need to more explicitly address the needs of these cohorts in relation to shared care practices.

The use of Slido for polls and surveys was well received, and the Zoom platform for delivery of content and interactive sessions worked well. Due to the negligible cost of this type of event, acquisition of the webinar version of Zoom could be considered for future workshop delivery.

### Appendix C 2021 “Bridging the divide” Mental ill- Health and Co-occurring Issues Explored Event Report 2021

EMHSCA’s most popular workshop occurred online this year over 2 mornings: Thursday 19<sup>th</sup> and 26<sup>th</sup> November, from 09:30 am–12MD via the Zoom meeting platform. Developed and delivered by the EMHSCA Implementation Committee, this event aimed to provide participants with information and skills to assist them to more effectively support people with a range of co-occurring diagnoses and issues. It is hoped that participants gained an improved understanding of how to approach and work with these complexities, thus enhancing their confidence in service delivery.

There were 60 providers registered to attend. Promotion was via local networks, Facebook, and also the Eastern Melbourne PHN website. A Zoom link and Slido details were provided

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on registration via Eventbrite. In total, 40 people accessed the live event on each day, supported by a team of 8 facilitators and moderators. As an ongoing resource, a recording of this event is now available on the EMHSCA webpage <https://www.emphn.org.au/what-we-do/mental-health/emhsca-events>.

### Presentations

#### Day 1

Living with complexity  
Intellectual Disability and Mental ill-health  
Acquired Brain Injury and Mental ill-health

#### Day 2

Managing risks in complex care  
Substance use and mental ill health  
Autism and Mental ill-health

### Presenters

Elf Walpole –Lived experience consultant (Neami National)  
Susannah Munroe – Complex Needs Coordinator DHHS  
Bronwyn Williams - EMHSCA coordinator (Eastern Health)  
Gavin Foster (Manager, Eastern Health Mental Health)  
Dr Tareq Abuelroos- Consultant Psychiatrist (VDDS)  
Dr. James Shelley – Consultant Psychiatrist(CYMHS)  
Cathy Prado - Clinical Neuropsychologist (arbias)  
Tania Curlis – Clinical Director (Clarable)

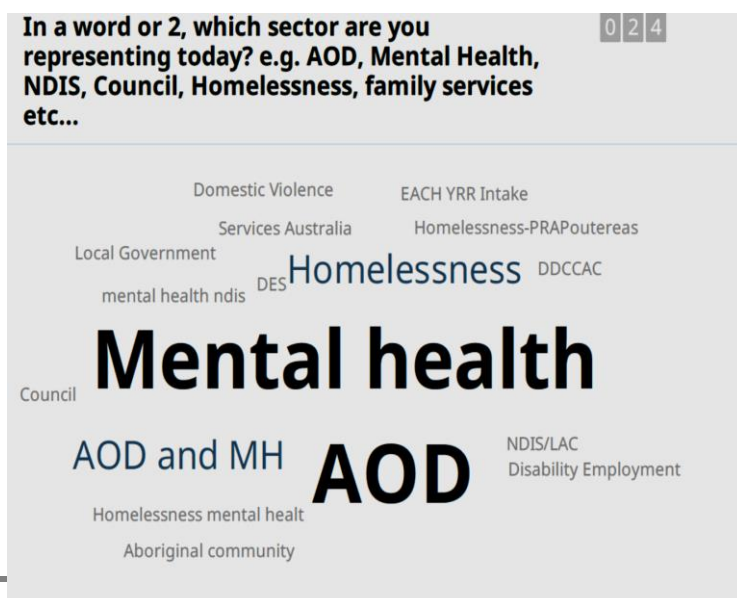
### Facilitation

Tom Larkey (Neami National) and Reuben Sago (Campbell Page) were our moderators. Brad Every (Live Streaming Services) provided technical support and managed the online platform on Day 1. Members of the EMHSCA Implementation committee (Kate Clough & Fiona Moreton EMPHN, Fay Edebohls EACH, Anna Makris Services Australia, Rose Juan Latrobe CHS), along with Peter Fairbanks of the Eastern Dual Diagnosis Service provided break out room facilitation. Feedback was collected from less than half of all participants via Slido following the webinar.

### Attendance by service

Access Health & Community Services  
Campbell Page  
Carrington Health  
DDCCAC  
Dhelk Dja  
EACH  
ECLC  
Eastern Health  
EDVOS  
Imagine Support and Therapeutic Services  
Inspiro  
Latrobe Community Health Service  
MIND  
Mindworks  
Neami National  
The Salvation Army  
Turning Point  
Uniting

### Live polling via Slido



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VACCA  
Whitehorse City Council

### Event data

The Slido application was used to interact with participants and conduct feedback surveys.

### Feedback survey results

There were 18 participants engaged in completing the event survey for day 1, and 13 for day 2. For day 1, a high percentage of new knowledge was gained, with 28% of respondents reporting 80-100%. On day 2, half of respondents found 60% new knowledge was gained. When asked if they would recommend the event to other staff, 94% said they would, and 6% said they may.

In the feedback, people commented that the presenters were knowledgeable and were great communicators. Participants found the case scenarios particularly challenging at this workshop. They also reported that the group discussions around scenarios were useful to enhance the learning of key messages.

Some recommendations for future online workshops of this nature included the need to ensure groups of about 4 or 5 people; extend time for case discussions, presentations, and feedback after break out groups; include a session on trans generational trauma.

### Poll results

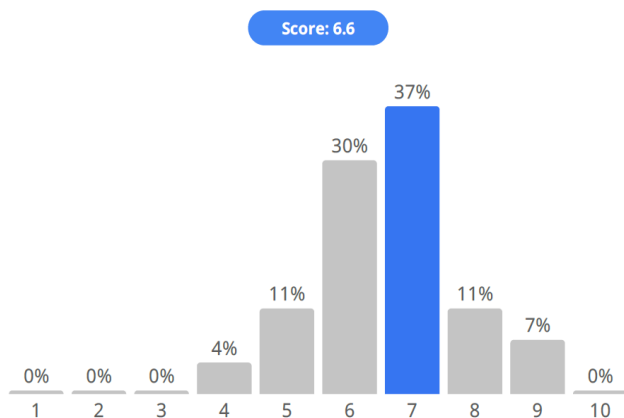
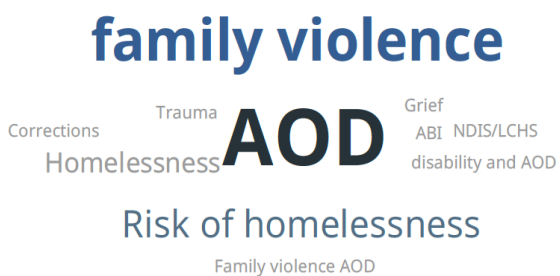
The following pictorials show the responses to the various workshop polls.

**What is the most common co-occurring issue (not mental health) that you come across in your work?**

0 2 3

**How confident are you in managing risk as part of a cross-sector support team?**

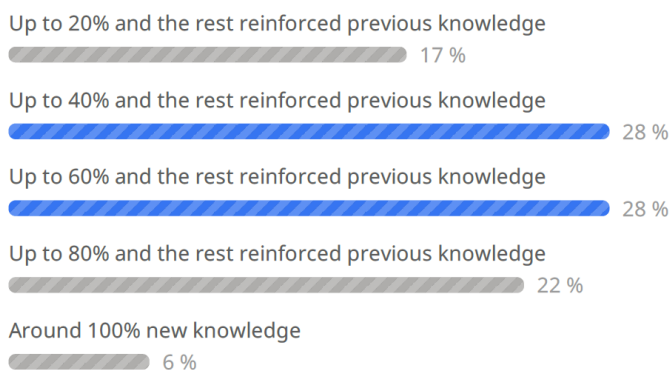
0 2 7



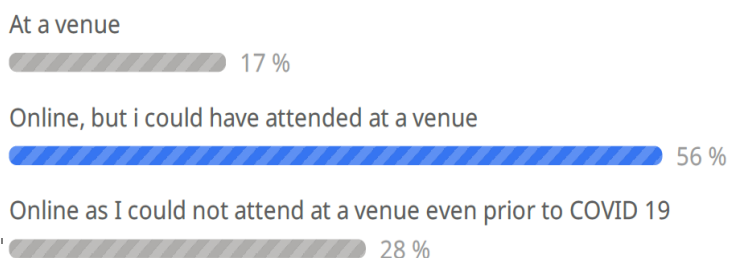
Post session 1 survey (1/5)

**How much of today's session was new knowledge versus reinforced learning?**

0 1 8



**Would you prefer to attend this workshop at a venue or online (prior to COVID 19)**



# Eastern Mental Health Service Coordination Alliance

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### Conclusion

The online delivery of this interactive workshop, necessitated by the COVID-19 restrictions, succeeded in bringing together a good range of health and community service providers. It was noted that 28% of participants said they could not have attended if the event had not been delivered online. Participants expressed high levels of satisfaction with the event content, and particularly with the interactive components and with the specialist presenters. Dhelk Dja members in attendance provided valuable input regarding the ways in which Aboriginal Community supports people who are identified as having complex social and emotional wellbeing needs. A dedicated session delivered by Dhelk Dja members is desirable for 2021 for this event.

At a cost of \$1600 for 2 days, the use of Live Streaming Services added some value in the form of supporting Day 1 workshops and editing recordings. However issues were experienced on Day 2 when the assigned technical support person demonstrated a lack of ability to manage the event logistics. Careful consideration should be given to future use of this service. Without this service, additional roles are required to manage the online platform logistics, but this is not beyond the scope of the EMHSCA Implementation committee at this time.

### Appendix D Collaborative Care Planning Workshop 2021

Held over two half-days on the 18<sup>th</sup> and 23<sup>rd</sup> March this year, this online workshop series delivered practical advice and networking opportunities to 42 staff representing 23 health and community services across Eastern and Northern Melbourne.

This workshop was developed and delivered by the EMHSCA implementation committee members, with the support of '[Live Streaming Services](#)'. The event aimed to deliver the key elements of the [EMHSCA Shared Care protocol](#). EMHSCA Implementation committee members facilitated break out room discussions throughout this online event.

In the first session participants explored the 5 key Shared Care practices, effective and safe information sharing elements, and carer involvement. The second session was facilitated by a lived experience presenter and focused on the development of collaborative care plans and working as a shared care team. The event concluded with the generation of solutions in relation to challenges identified prior to and during the workshop sessions.

### EMHSCA Implementation Committee members

Anna Makris – Services Australia

Belle Groves - Dual Diagnosis Consumer and Carer Advisory Council

Bronwyn Williams (Project coordinator)- Eastern Health

Fay Edebohls - EACH AOD

Kate Clough & Erin Crockett - Eastern Melbourne PHN

Reuben Sago - Campbell Page

Rose Juan - Latrobe Community Health Service

Tom Larkey- Neami National

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### Workshop Presenters

- Bronwyn Williams – Eastern Health - Workshop host
- Lynda Watts – Eastern Melbourne PHN – Carer perspectives
- Gavin Foster – Eastern Health – Privacy and Information Sharing
- Elinor Jack – Wellways – Shared Care planning workshop facilitation
- Tom Larkey – Slido moderator
- Brad Every – Event platform management

### Costs

As this was an online event, the only costs incurred related to the employment of ‘Live Streaming Services’ to ensure a smooth online experience for participants and facilitators. The total overall cost was discounted and came to \$1,600.

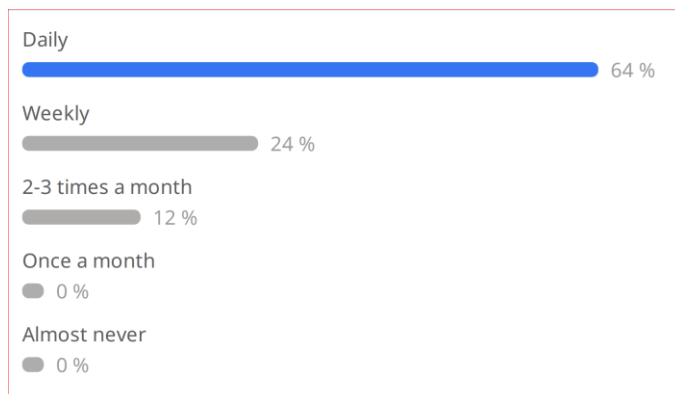
### Polls

During both workshop sessions, the Slido platform was used to engage participants in polls, surveys, and Q & A. Please see the results of the polls below:

*IN A WORD, which health or community support sector do you represent today?*



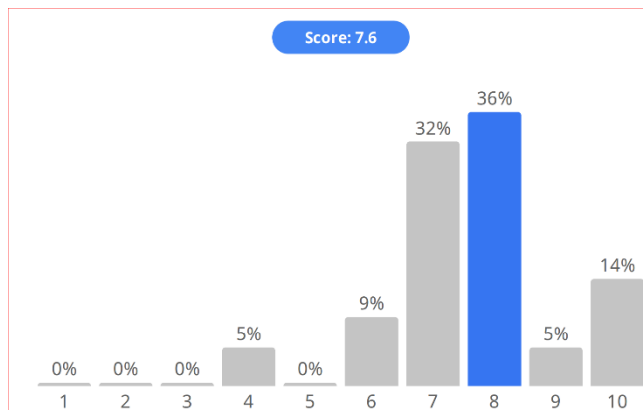
*How often would you work with staff across sectors?*



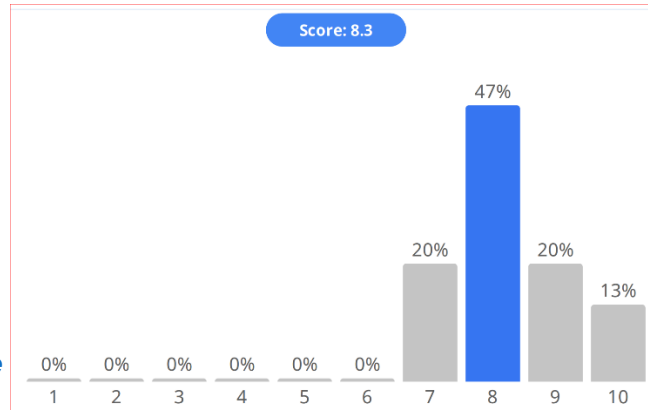
## End of financial year report – June 2021

*How confident are you in sharing information with external providers working with the same consumer?*

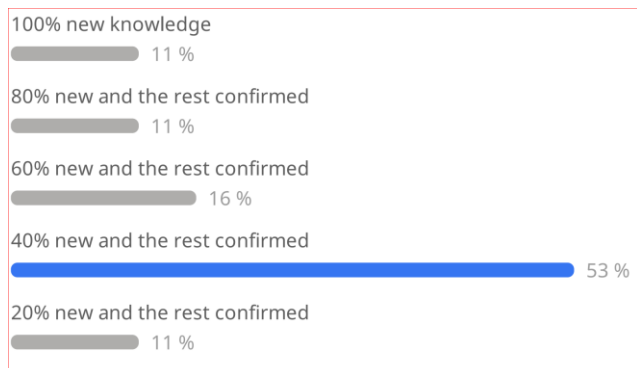
Pre scores



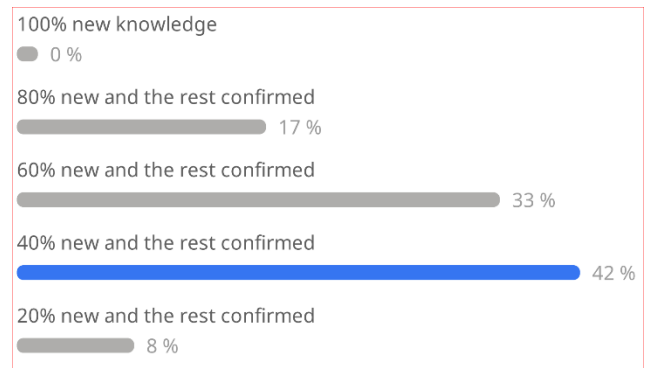
Post scores



Day 1



Day 2



*IN A WORD, what do you believe is the most important element of collaborative care?*



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*IN A WORD, what is your greatest challenge working with external providers to support the same consumer?*



*IN A WORD OR TWO, what can improve shared care?*



*What adaptations have you made to your work with external providers, considering restricted movement in 2020?*

All respondents spoke of online methods of communication, including Zoom, Teams, and conference calling. Care team meetings occurring online saw improved participation across sectors and were viewed as an easy method to gather the care team. Regular and more frequent follow up with external providers is an important strategy to ensure clients are receiving the supports they are seeking.

## Feedback

### Session 1

When asked what they liked about Session 1, participants mentioned the group activities and said it was useful to share ideas and different approaches with staff across sectors, around case-based discussions. The carer perspective was valuable and insightful. Some appreciated knowing about the framework that EMHSC developed for our region to guide

## End of financial year report – June 2021

collaborative practices. Most mentioned the value of knowing when you can and cannot share client information with external providers. There was appreciation expressed for the event being well organised and designed.

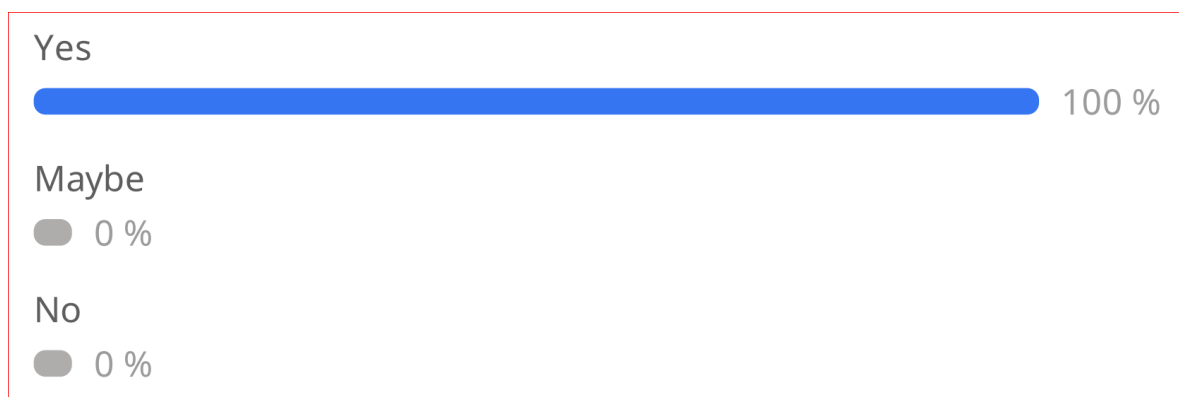
Suggestions for improvements to the workshop included a more explicit description of what constitutes 'good' collaborative care juxtaposed against what poor care coordination would look like.

### Session 2

The live collaborative care planning exercise was described as valuable by several survey respondents. Elinor brought insights from her lived experience to the workshop discussions and reminded everyone of the importance of keeping the consumer at the centre of the care. Group work was valued, particularly in relation to generating solutions to the challenges of collaboration. Participants also enjoyed the diverse groups which enabled learning about other services and approaches to the topic of shared care planning.

Suggestions for next time included provision of dedicated networking time in break out rooms, ensuring diverse groups to enhance the richness of the experience, slightly shorter discussions, and more time for Elinor to talk about what was helpful for her regarding shared care.

Participants were asked if they would recommend this workshop to others. Their responses are reflected below.



## Conclusion

With 10 years of experience in delivery, this event series remains valuable to a broad range of health and community services staff in our region. The online format appears accessible to most people and enables some to attend who may not have otherwise. However, significant drop of in attendance occurred between Day 1 and Day 2. It is thought that this may have been related to the recent cyber attack on Eastern Health, causing communication failures for organisers, and attendance challenges for staff.

The use of Live Streaming Services for this event greatly enhanced the experience for our facilitators and participants. Employing this dedicated support service allowed more time for organisers to prepare materials, attend to administrative tasks, and provide communications. Live Streaming Services also provided recordings of both sessions which are available to access on the EMHSCA webpage <https://www.emphn.org.au/index.php?p=what-we-do/mental-health/emhsca-events> . Future workshops of this nature will be held in a face-to-



# Eastern Mental Health Service Coordination Alliance

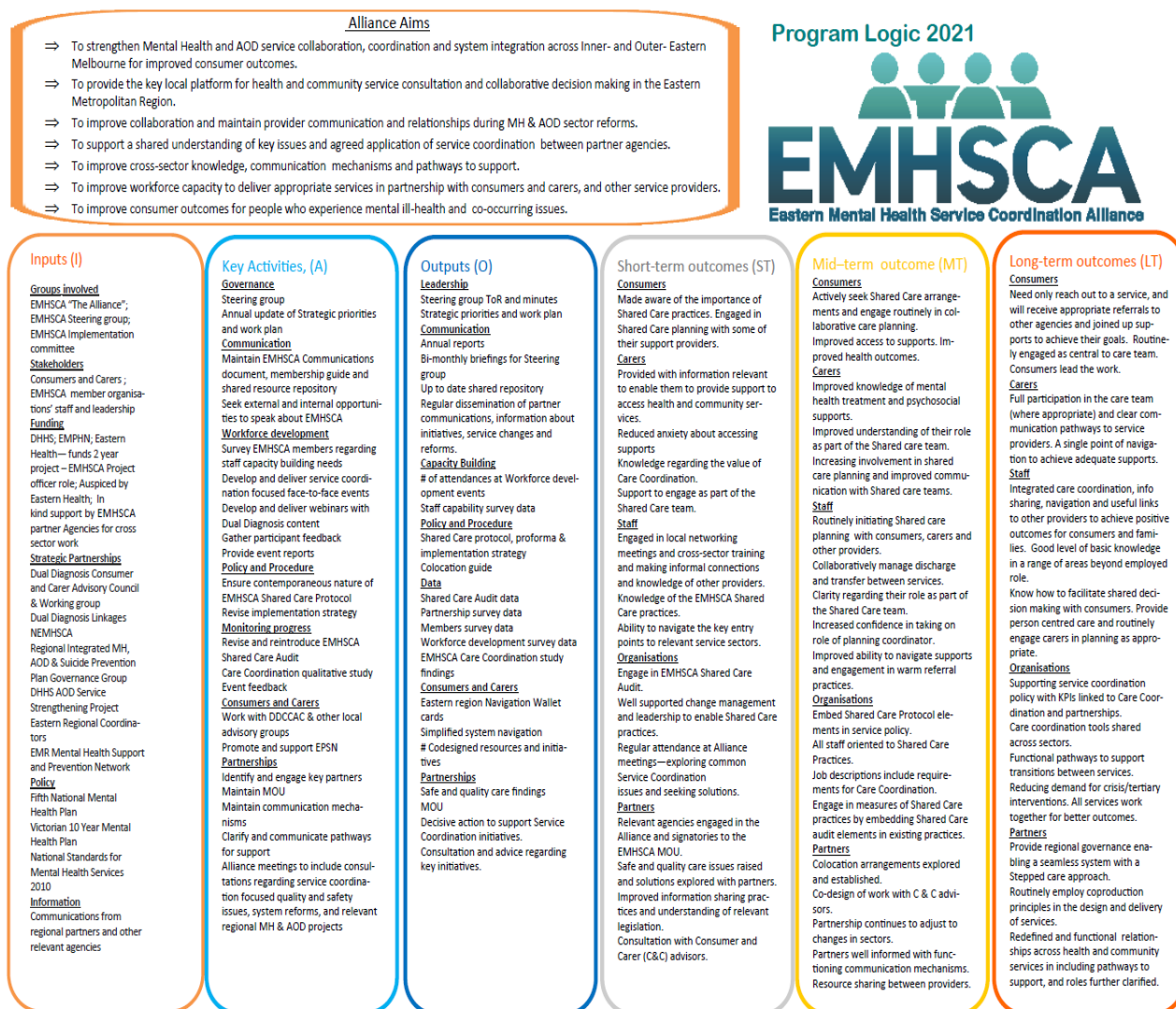
## End of financial year report – June 2021

face format wherever possible, and those unable to attend can view the recordings we have produced this year in the online environment.

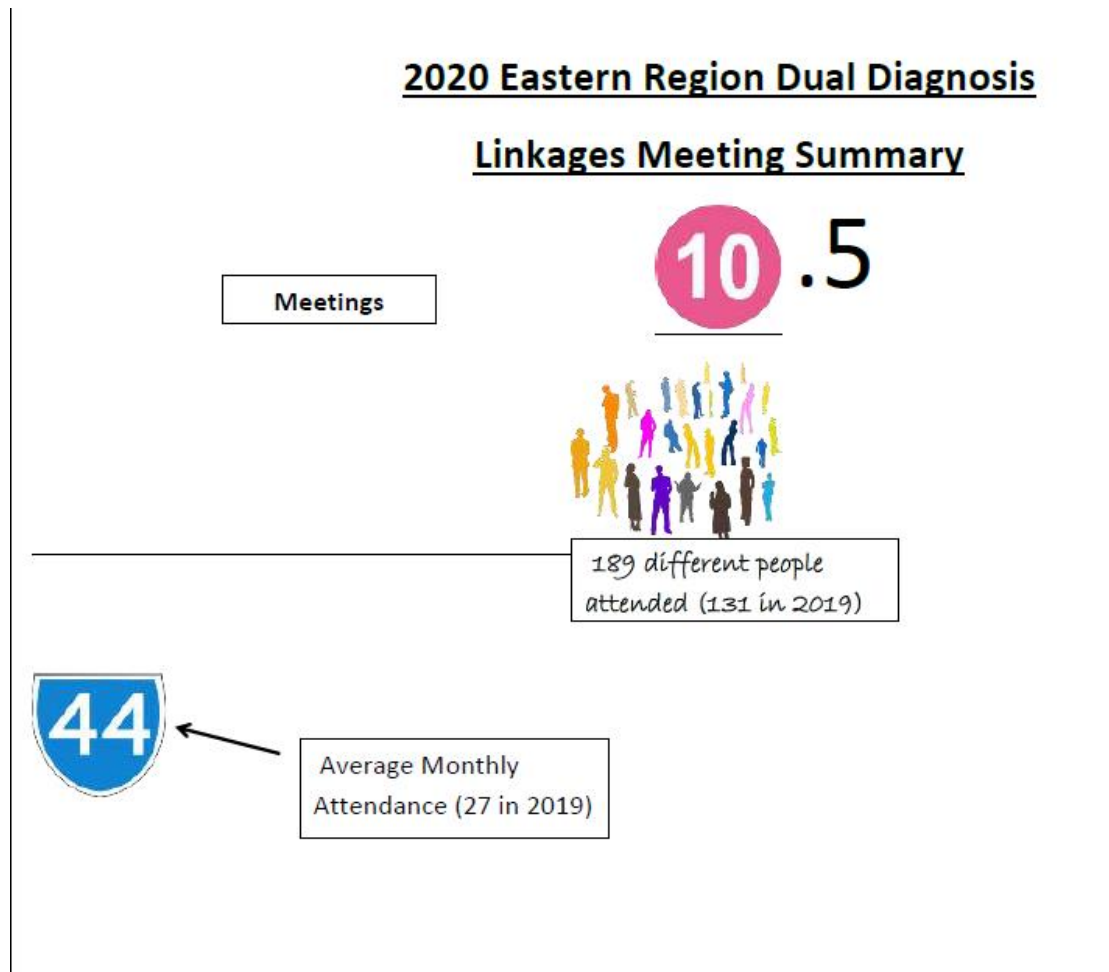
The Collaborative Care Planning Workshop series remains an effective method of orienting EMHSCA’s region to the Shared Care protocol and associated practices. An improved understanding of EMHSCA’s Shared care model, information sharing practices, lived experience perspectives, networking, and real time care planning simulation remain popular components to take forward into future workshop delivery.

## Appendix E EMHSCA Program Logic

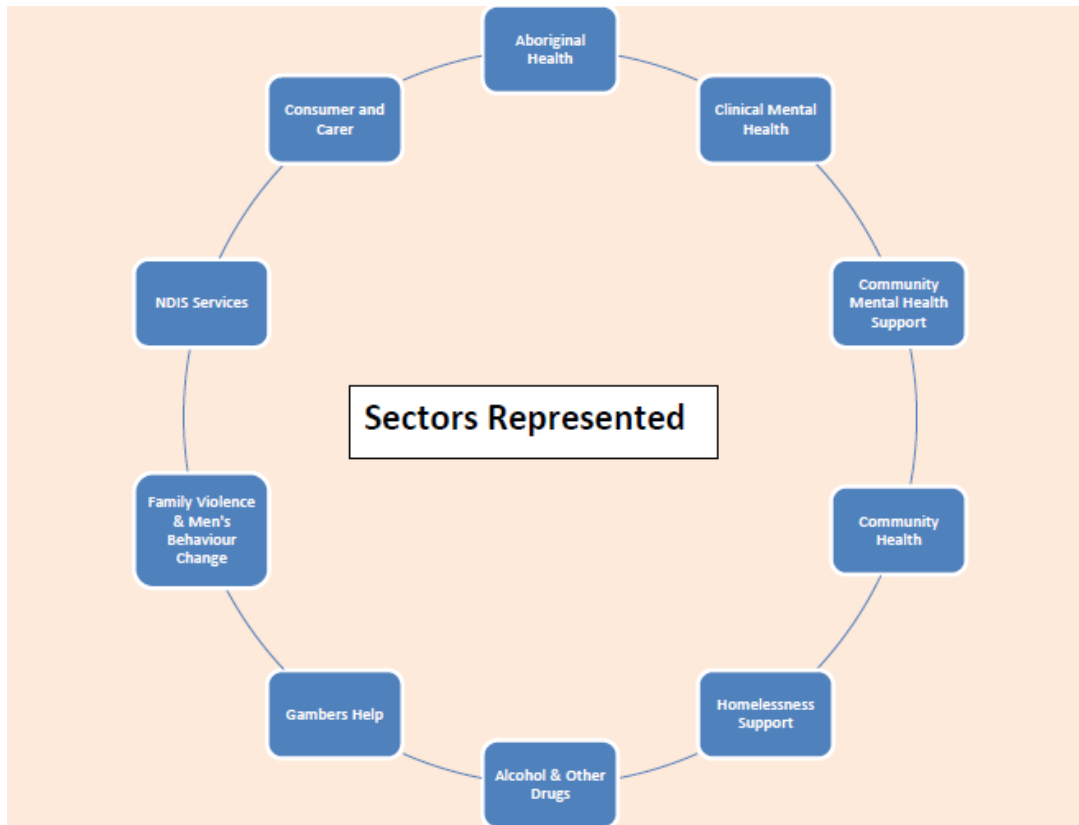
This model is an illustration of the theoretical explanation for how and why EMHSCA is expected to work. A combination of inputs and key activities create outputs and are expected to lead to a range of related short, medium and long-term outcomes. The logic model is important to ensure EMHSCA is clear about what it aims to accomplish and can articulate how it expects to do so.



**End of financial year report – June 2021**  
**Appendix F Dual Diagnosis Linkages report 2020**



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<b>TOPICS</b>	<b>FEBRUARY:</b> MIND Australia Mental Health Accommodation Pathways on Discharge/Yandina and Linwood PARC
	<b>MARCH:</b> Men's Behaviour Change, holding Men accountable. Eastern Men's Family Violence Network & No To Violence.
	<b>APRIL:</b> NEAMI National Eastern Melbourne Psychosocial Support Service (PSS). Power point only due to COVID
	<b>MAY:</b> Eastern Health Forensic Specialist
	<b>JUNE:</b> Families Where a Parent has a Mental illness (FaPMI)
	<b>JULY:</b> Youth Advocacy & Support Service (YSAS).
	<b>AUGUST:</b> Uniting Homelessness Services/Anchor housing
	<b>SEPTEMBER:</b> Turning Point & Odysee House AOD family violence advisers. Substance use and coercion in family violence.
	<b>OCTOBER:</b> EACH Gambling Harm
	<b>NOVEMBER:</b> Turning Point Neuropsychology and Substance Use

### HOSTING SERVICES

