EMHSCA

Eastern Mental Health Service Coordination Alliance

End of Financial Year report 2021/2022

June 30 2022

REPORT PROVIDED BY EMHSCA COORDINATOR
BRONWYN WILLIAMS

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

Contents

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 these 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 and living experience

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

EMHSCA acknowledges the generous financial and physical support provided by the Eastern Melbourne PHN and the Eastern Health Mental Health Program.

Chairs' report

The Eastern Mental Health Service Coordination Alliance (EMHSCA) has strengthened in recent years with an expanding membership. It is impossible to know if this is in spite of the pandemic and the various reforms, or because of them. In any case, EMHSCA continues as the key platform in the Inner- and Outer- Eastern areas of Melbourne to support Mental Health and Alcohol and Other Drug (AOD) service coordination and integration. The increasing membership and strong participation has enabled a broad range of providers in our region to become knowledgeable about each other, and about the Mental Health and Wellbeing reform agenda. EMHSCA members' interests now span the continuum of Mental ill-health prevention and early intervention, as well as Mental Health and wellbeing and AOD support and treatment.

This financial year, EMHSCA has experienced further disruptions to its workforce development events due to public health concerns related to the pandemic. EMHSCA events and meetings were held exclusively online throughout 2021. Attendance was strong in all online meetings and forums. The EMHSCA Implementation committee delivered its first Carer focussed forum online to 92 staff representing 33 health and community services across Eastern and North Eastern Melbourne. Complex needs workshops were delivered to 59 staff from similar groups in November 2021. Recordings are now available on the EMHSCA webpage for those who were unable to attend. A Code Brown in early 2022 meant that all EMHSCA meetings and events were cancelled, as direct client work was prioritised. EMHSCA made a resurgence in May 2022 as it collaborated with the Eastern Regional Coordinators to deliver the much delayed 'Professionals Navigating the East' forum to 443 staff and guests representing 83 organisations at the Box Hill Town Hall.

The EMHSCA Shared care file audit was reintroduced after being on hold since 2017. The results reveal a significant improvement across almost every domain when compared with the 2017 data. For the first time information was collected about G.P's engagement with the shared care team, and revealed that in around 70% of cases the G.P is not significantly involved.

If we return to the original intent of EMHSCA to bridge the gap between the tertiary Mental Health service provider and the Non-Government Organisations' (NGO) supports, we provide perspective on what should be important to the EMHSCA strategy. Strategic alignment to the Area Mental Health and Wellbeing service's transformation plan and the broader Victorian Mental Health and Wellbeing agenda must be prioritised if EMHSCA is to maintain its relevance into the future. What is certain at this time is the importance of service integration and care coordination as the sector transforms to better meet the need of the people who require support along their Recovery journey.

Dr Tamsin Short

Senior Manager: Mental Health & AOD Services

Access Health and Community

Gavin Foster

Manager: Service development

Eastern Health

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 has been supported by the Department of Health and Human Services (now the Department of Families Fairness and Housing).

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 2022 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 focused workforce development activities (41 events provided for 3,914 staff since 2010); EMHSCA Shared Care Audit (7,271 files across 7 organisations over 5 years); Consumer Shared Care survey; EMHSCA Shared Care Protocol; Eastern Peer Support Network; standardised Physical Health screening; EMHSCA service mapping; EMHSCA Colocation guide; EMHSCA Shared care plan template; and a range of EMHSCA tip sheets. Recordings from 10 EMHSCA events are available on the EMHSCA webpage.

As part of the Eastern Regional Coordinators group, EMHSCA has supported the development of the Eastern Navigation Guide and the Complex Support Needs Persona Suite. The EMHSCA webpage can be located here https://www.emphn.org.au/what-we-do/mental-health/eastern-mental-health-service-coordination-alliance-emhsca

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 due for review and re-signing in 2022.

EMHSCA Co-chairs

Dr Tamsin Short (Access Health and Community Services)

Gavin Foster (Eastern Health)

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 during the 2021/2022 financial year. Most members are signatories to the EMHSCA MOU.

- Access Health & Community Services
- Alacrity Health
- Anglicare Victoria
- Campbell Page
- Carrington Health
- Department of Families, Fairness and Housing
- 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**
- ERMHA
- Foundation House
- Health Ability
- Independent Mental Health Advocacy
- Inner East Primary Care Partnership
- Inspiro
- Job Co.
- Knox City Council
- Latrobe Community Health Service
- Lilydale Youth Health hub
- Link Health and Community Services
- Maroondah City Council
- MIND Australia
- Mullum Mullum Indigenous Gathering Place
- National Disability Insurance Agency
- NEAMI National
- NEXTT
- Oonah
- Outer East Health and Community Service Alliance
- Services Australia
- St Vincent's Health
- The Salvation Army
- Villa Maria Catholic Homes
- Wellways
- Whitehorse City Council
- Wise Employment
- Uniting Prahran
- Yarra Ranges Council
- YSAS

New members joining EMHSCA in 2021/22 are as follows: Villa Maria Catholic Homes (VMCH), Alacrity Health, Health Ability, Oonah, and ERMHA.

Both the Inner and Outer Primary Care Partnerships (PCP) ceased in June 2022. The PCPs have been influential partners for EMHSCA, contributing financially to the Alliance work and initiating projects that supported Service Coordination objectives. Their absence will be felt.

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.

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.

EMHSCA has expanded its' 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 are offered more opportunities to be prepared for meetings and lead topical discussions as appropriate. In December 2021, Jackie Knight joined the EMHSCA Steering group as the new Carer Lived Experience Leader (LEL) and Zoe Hannon joins us as the new Consumer LEL.

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 remains vacant at the time of this report.

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 Strategy

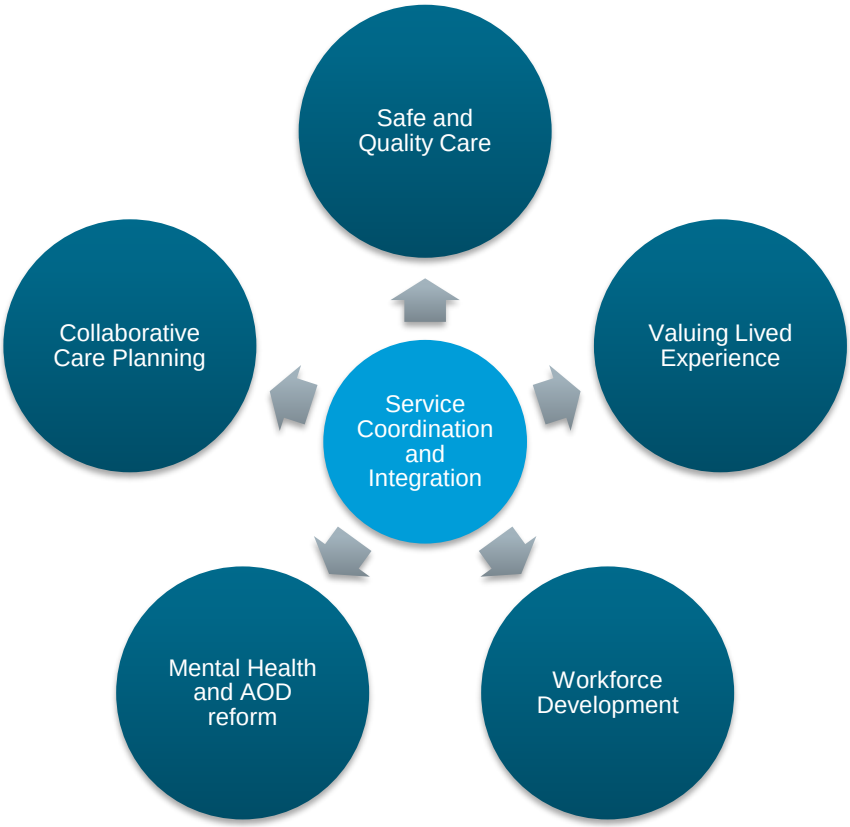
This partnership aims to strengthen Mental Health and Wellbeing and AOD service collaboration, coordination, and system integration across Inner- and Outer- Eastern Melbourne for improved consumer outcomes.

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.

Figure 1. EMHSCA Strategic Priorities



Additional to the EMHSCA framework for Service Integration and Care coordination, we will support the cross sector conversations around other frameworks. Current examples are as follows:

Regional Clinical Governance Framework

AOD and MH service integration framework

Victorian Suicide Prevention framework

MARAM framework

National Recovery Framework

2021/2022 in review

Highlights for 2021/2022

- Safe and quality care discussions and problem solving continued throughout 2021/2022 with a focus on Victoria's Mental Health and Wellbeing reform agenda.
- Lived and Living Experience Leaders (LLEL) have been introduced to the EMHSCA Steering group in December 2021. EMHSCA now has Lived and Living Experience throughout the meeting structure.
- Implementation of the EMHSCA Shared care protocol continues, with dedicated and facilitated member discussions included on the EMHSCA agenda.
- As part of the work of the Eastern Regional Coordinators group, a set of 3 Complex Support Needs personas were developed with grant funding and as an extension of the original work of the Outer East PCP EMHSCA Resources | Eastern Melbourne PHN (emphn.org.au) .
- The EMHSCA Colocation guide has now been updated and located on the EMHSCA webpage https://www.emphn.org.au/what-we-do/mental-health/supporting-coordination
- NEMHSCA were supported to consider development of their own Shared care protocol.
- EMHSCA provided its first entirely Carer focused event. Held on the12th August 2021, this online forum was delivered to 92 staff representing 33 health and community services across Eastern and North Eastern Melbourne (See Appendix B).
- The Annual Complex needs workshop series was provided online to 59 staff in November 2021 (See Appendix C).
- The EMHSCA Shared care audit was conducted between July 2021 and April 2022 and involved 5 partner agencies. A demonstrated improvement in shared care practices was observed (see Appendix A).
- The Eastern Regional Coordinators delivered a service Navigation guide for the Inner- and Outer-eastern health and community services. The guide was launched in March 2022 and can be located here EasternNavResource20220304.pdf (emphn.org.au).
- A major highlight has been the delivery of the Professionals Navigating the East Forum for 443 guests representing 83 organisations at the Box Hill Town Hall in May 2022 (See Appendix D).

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

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. The Royal Commission into Victoria's Mental Health System helped to shift the focus back to EMHSCA's reform agenda.

Mental Health & AOD System Reform

The Royal Commission into Victoria's Mental Health System has led to a range of reform activities since the report was provided in March 2021. EMHSCA has made the reform agenda a key focus since April 2021. An exploration of the key elements have included supporting the physical health needs of people with mental illness, developing Lived Experience Leadership, partnerships, Integrated AOD and Mental Health supports, Mental Health Prevention and Early Intervention, and Local Mental Health & Wellbeing services. 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.

NDIS

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

There are currently 12 EMHSCA member organisations delivering NDIS funded supports. EMHSCA has sought to improve its members understanding of the NDIS, marketplace issues and agreed application of service coordination and support pathways. This has been achieved by providing forums for discussion and information provision. In 2021/2022, the National Disability Insurance Agency's representative has attended the Alliance meetings to provide updates.

The EMHSCA Coordinator provided a submission to the NDIS consultation regarding the 'Home and Living' policy development survey on behalf of the State-wide group of Clinical MH NDIS program leads in September 2021, and followed this up with a broader submission to the Joint Standing Committee on the NDIS- Inquiry into Current Scheme Implementation and Forecasting for the NDIS Submission in late October. This is a first step to ensure the CMH perspective about the NDIS for people who have Psychosocial Disabilities is included as the committee moves forward in the coming months. Further to this, a second submission was provided in February 2022.

Key concerns raised included: the changes to the Home and Living policy which appears to make it more difficult for people with PSD to access Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL); lack of choice and control for many NDIS participants living in Supported Residential Services (SRS); and the importance of ongoing Support Coordination funding for people with PSD.

19th August 2021

Partnerships and integration

Attendees: 26

This meeting included a focus on Partnerships. A range of partnerships were showcased, with presenters outlining the aims, modalities, key challenges and strengths of the various arrangements.

- Neami's Shilpa Ullagaddi presented on Partnership activities between Psychosocial Support, Suicide Prevention, and Migrant Information Centre and local Burmese communities.
- Eastern Health MH Program's Euan Donley presented about the Access team's partnerships as part of Stepped care; dual diagnosis, ambulance Vic and others.
- Towards Wellbeing (EIPSR) leaders, Brooke Trevorah and Sam Beard spoke about this NGO and health service partnership.
  Please refer to the meeting summary at Appendix F.

21st October 2021

EMHSCA and the Mental Health & Wellbeing Service System Transformation

Attendees: 35.

At the commencement of the meeting, Virginia Wiggins provided an update on the National Disability Insurance Scheme (NDIS) including the new Psychosocial Disability Recovery Oriented framework.

The main focus of this meeting was to engage with Pam Anders - Senior Executive Director, Mental Health & Wellbeing Transformation, Department of Health. The session recording is available at https://www.emphn.org.au/what-we-do/mental-health/emhsca-events

For the results of the members' discussion and Q & A with Pam see Appendix G.

Members' poll 21/10/2021: What are key strengths for EMHSCA in contributing to mental health reform?

16th December 2021

AOD and Mental Health service integration

Attendees: 18

- Cathy Keenan (AOD Catchment planner - EACH) outlined the AOD catchment plan for the region. The plan provides the basis for improved cross-sector service coordination in order to achieve a more planned, joined-up approach to the needs of consumers.
- Chris Hynan (Chairperson VDDI Leadership Group) spoke on the topic of 'The winds of Change – RCVMH implications and opportunities for people with MH & Substance use and addiction'

A recording of this session is located here https://www.emphn.org.au/what-we-do/mental-health/emhsca-events
From the discussions following Chris' presentation it was decided that EMHSCA should develop a useful definition of integration.
See Appendix H for the results of pre and post meeting polls.

February 2022

Meeting cancelled

Due to a Code Brown being in place across the health sector, it was decided that resources should be directed towards addressing the needs of clients. The February EMHSCA meeting was consequently cancelled.

21st April 2022

Mental Health Prevention and Early Intervention

Attendees: 31

Key presentations provided at the meeting included the following:

- Amanda Hand CEO Oonah provided an overview of this Aboriginal Community Controlled Health Organisation.
- Toni Spotswood provided an update on the National Disability Insurance Scheme (NDIS).
- Brooke Trevorah delivered an overview of Eastern Health Mental Health Program's Mental Health & Wellbeing transformation plan development.
- Cathy Keenan outlined the AOD catchment plan which includes the CCISC model first developed by Minkoff and Kline.
- Bronwyn Williams provided an introduction to the concept of Mental Health and Wellbeing Prevention and Early Intervention.

The Outer East PCP has funded a small project to establish the Outer East MH & WB Prevention and Early Intervention Collaborative. Michael Smith, Eastern Community Legal Centre CEO and Emily Sykes, Yarra Ranges Council Health Promotion Officer outlined the key elements and invited EMHSCA members in the Outer east to support this activity. Discussion led to a further invitation to replicate the work across the Inner-eastern region.

A Slido poll on the Prevention theme was conducted and results can be found at Appendix I.

16th June 2022

Redefining EMHSCA in the context of the MH reform

Attendees: 29

Key presentations provided at the meeting included the following:

- A brief overview of the potential direction for EMHSCA was provided by Bronwyn Williams.
- Amy Herbert (DH) and Denise Damouni (DDCCAC) outlined the aims, the process of consultation, and the elements of the framework for integration of MH and AOD service provision for people with co-occurring mental illness & psychological distress, and substance use concerns.
- Cathy Keenan provided an update on the AOD catchment plan. On review of the plan it was identified that Dual Diagnosis was the biggest concern.

- Hayden Hetherington introduced members to Alacrity Health.
- Lisa Paulin of Eastern Melbourne PHN provided an update on the Stepped care model redesign; and introduction of the Initial Referral Access tool.
- Bree Morison outlined the changes as the Primary Care Partnerships (PCPs) are transitioned to the North East Public Health unit (NEPHU).
- Donna Askew of the Eastern Community Legal Service provided a brief update about the Mental Health Prevention and Early Intervention collaborative in the Outer-east.

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 has been updated and 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 July 2021, the EMHSCA Implementation committee reintroduced 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

There were just 5 participating organisations in 2022, compared to 6 in 2017 and 7 in 2015. The number of files audited fell by 80% from 1,589 in 2017 to 331 in 2022. The results of the 2021/2022 audit reveal a significant improvement across almost every domain when compared with the 2017 data. It should however be noted that the 2017 audit had demonstrated a large decline in Shared Care practices, at a time of multi-sector reform.

From this audit it would appear staff capacity building should focus on the Shared Care plan elements such as identification of key stakeholders, and their roles and responsibilities. Future EMHSCA capacity building events should address the need to be clear about communication mechanisms, and emphasise the importance of a consumer led Shared care plan.

This is the first audit which has included data regarding G.P involvement with the Shared care team. Results indicate that in 70% of cases G. P's are not significantly involved. This gap should be further explored in future work.

A report on the audit was provided by the EMHSCA coordinator in June 2022 (See Appendix A).

Workforce Development

EMHSCA events are developed and delivered by the EMHSCA Implementation Committee. This group of 10 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
Jenny Parbery	MIND Australia
Lisa Paulin	Eastern Melbourne PHN
Reuben Sago/ Kathryn Scott	Campbell Page
Suzi Tsopanos	Wellways
Tom Larkey/ Merrin Deacey	Neami National

EMHSCA events calendar 2021/22

EMHSCA provided 2 online and one face to face event this year. EMHSCA provided its first entirely Carer focused event entitled 'Professionals Navigating the East with Carers'. Held on the12th August 2021, this online forum was delivered to 92 staff representing 33 health and community services across Eastern and North Eastern Melbourne (See Appendix B).

Another annual EMHSCA event known as Mental Health and Co-occurring Issues Explored (MHACIE) was provided as a 2-part online series of workshops in November 2021. This workshop delivered 6 topical case-based sessions across 2 half-days to 59 participants via Zoom. Topics covered included Dual Diagnosis, Gambling, Homelessness, and Family Violence. Kerrie-Anne provided a lived experience perspective on how to approach complexity in the work, and MACNI provided a session on complex care (See Appendix C).

A major highlight of this financial year has been the delivery of the Professionals Navigating the East Forum for 443 guests representing 83 organisations at the Box Hill Town Hall in May 2022 (See Appendix D). This forum was the first to return to in-person delivery and staff enthusiastically turned up to network and learn. Delivered in collaboration with the Eastern Regional Coordinators, this event provided 10 plenary presentations and 40 breakout sessions across 8 sector focused

rooms. On this national Sorry day, we were treated to a performance by the Yen Gali Mullum singers, Julie Coombs and Merilyn Duff, both Aboriginal women, spoke from the heart and gave a call to unify which was embraced by the attendees.

Reports are attached as appendices. EMHSCA event recordings and information can be located here EMHSCA Events | Eastern Melbourne PHN (emphn.org.au).

EMHSCA Budget

The Alliance is funded for the employment of a project coordinator via the Eastern Melbourne PHN and Eastern Health. Workforce development activities and remuneration of Lived Experience representatives are also funded via the EMHSCA budget. The Department of Families, Fairness and Housing is no longer a financial supporter of EMHSCA.

Conclusion

The Royal Commission into the Victorian Mental Health system has highlighted the importance of partnerships in the future of Mental Health and Wellbeing support. This must include health and non-health sectors and across government and non-government agencies. It is fundamental to collaborative practice that service providers are joined up in some way. This occurs via formal partnerships; informal networks; and collaborative activities such as cross-sector training and initiatives. The Eastern Mental Health Service Coordination Alliance provides a mechanism of support for all such collaborative efforts across the Eastern Metropolitan region of Melbourne.

The EMHSCA membership continues to expand. Inclusion of all local councils and a wider range of providers has led to an interest in the topic of Mental Illness Prevention and early intervention. There has been some work in the Outer-east to establish connections to meet this need. EMHSCA is supportive of a similar arrangement emerging in the Inner-east area in 2022/23.

Just as the EMHSCA implementation committee mastered online events in 2020/21, a shift back to face to face workshops and forums is occurring in 2022. This move has been very well received by staff across the EMHSCA region with expanded numbers attending the Professionals Navigating the East forum in May. With several recorded online events now available on the EMHSCA webpage, the EMHSCA implementation committee will aim to continue with face to face events unless required to move online in the future.

The EMHSCA Lived Experience Leaders were introduced to the Steering Committee in 2021 and have provided the necessary mechanism to oversee the EMHSCA strategy from a consumer and carer perspective. This emerging area of mental health and wellbeing service development would benefit from clear guidelines. It is proposed that a focus group convene in 2023 to explore the key elements of Lived and Living Experience Leadership, and develop a guide for EMHSCA member organisations.

The Mental Health reform agenda has provided a challenging environment for EMHSCA. With a centralised approach to the Mental Health and Wellbeing reforms, and an appetite for a newly developed system, EMHSCA has needed to work hard on engaging the Department of Health and the Department of Families Fairness and Housing for recognition and support. In 2022 we experienced the withdrawal of Departmental representation and financial support for the first time since the inception of the Mental Health Alliance. It is hoped and anticipated that the introduction of the Mental Health and Wellbeing Locals in our region will legitimise and necessitate the work of EMHSCA in aligning the tertiary Mental Health and Wellbeing service provider with the broader local supports sector. The introduction of the ‘Locals’ will signal a return to an area based approach to Mental Health and Wellbeing service coordination and integration.

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, Gavin Foster and Tamsin Short, for their leadership and guidance. I also want to acknowledge the commitment and guidance of all other members of the EMHSCA Steering committee: Zoe Hannon and Jackie Knight (Lived Experience Leaders); Annette Worthing and Tony Triado (Department of Families, Fairness & Housing); Liz Hodgkinson (Eastern Melbourne PHN); Emma Beer and Oded Weingarten (Eastern Health Mental Health program).

The members of the EMHSCA Implementation committee provide significant time and resources to support service integration focused capacity building events, and also to ensure the Shared Care protocol stays in focus for all staff across our region. This dedicated group of leaders have demonstrated ongoing commitment as they meet the challenges of returning to face to face learning after a two-year period of online forums and events.

It is a great pleasure to work with the regional leaders who are our Alliance members. You have demonstrated an ongoing and tenacious appetite to partner and collaborate, and overcome challenges to service coordination. Your work is noticed by many outside of the Eastern Metropolitan Region.

And finally, I want to express my gratitude to all the people with lived and living experience of Mental illness and co-occurring conditions who have provided their advice and support to EMHSCA activities this year. It is your contributions that provide the essential advice to guide the EMHSCA strategy and inspire the work to continue.

Warm regards,

Bronwyn Williams - EMHSCA Coordinator

Appendices

A EMHSCA Shared Care Audit report 2022

B 2021 Professionals Navigating the East with Carers forum report

C 2021 Mental ill-health and co-occurring issues explored workshop series report

D 2022 Professionals Navigating the East forum report

E EMR Dual Diagnosis Linkages report 2021

F EMHSCA meeting notes 19th August 2021

G EMHSCA meeting notes 21st October 2021

H EMHSCA meeting notes 16th December 2021

I EMHSCA meeting notes 21st April 2022

J EMHSCA meeting notes 16th June 2022

K EMHSCA alignment to Mental Health and Wellbeing reform

Appendix A EMHSCA Shared Care Audit report 2022

Introduction/ Background

System audits are a method of inspection or examination that enables an assessment of procedures or processes. EMHSCA commenced the Shared Care Audit in 2014, seeking to collect baseline data regarding shared care practices for people living with mental illness and co-occurring concerns in the Inner- and Outer-Eastern areas of Melbourne. Following this initial audit, the Shared Care Audit was conducted annually until 2017. Due to significant disruptions in collaborative practice resulting from system reforms, the audit was not conducted between 2018 and 2020.

Overarching Vision

"All EMHSCA member agencies offer opportunities for people to participate in a person centred, integrated, shared care planning process with a recovery focus"

Purpose

The 2021/2022 audit aimed to re-engage member organisations with the annual practice of providing Shared Care data, gain some clarity regarding the current quality and extent of Shared Care practices, and examine trends emerging from system reforms and the pandemic response. The audit process aims to contribute to EMHSCA member knowledge of service provider shared care practices and behaviours occurring in the region for people living with mental illness and co-occurring concerns. EMHSCA audits are viewed as a systematic mechanism for assessing and identifying areas for learning and continuous improvement.

Audit Execution

Sample

- Consumer target group: N=331

  The consumer group for the audit review was purposively selected; i.e. consumer participants were self-selected so those sampled were relevant to the audit purpose.

- Participating member organisations[1]***: N= 5***
- Service types: N=7
  Alcohol & Other Drug (AOD) counselling and support services; Early Intervention Psychosocial Support Response (EIPSR); Psychosocial Support Services (PSS); Public Mental Health Adult Community rehabilitation services; Public Mental Health Adult Community treatment services; Specialist Homelessness services; Youth Community Mental Health Support services.

Audit data collection method and procedure

- The audit method used a common audit guide and Microsoft Excel tool to collect 'client file audit' information. An online survey link was provided as the preferred method of entering 'client file audit' information, however some providers elected to utilise the alternative excel format. Data was gathered by organisations over any four-week period between the 1st July to the 30th of April 2022.

[1] EACH, Eastern Health, MIND Australia, NEAMI National, Wellways.

Analysis and Reporting

- Data criteria were grouped; frequency scores were converted to percentages and interpreted to show general comparisons between previous year's data.
- This report seeks to provide new baseline data, and also to highlight changes in key audit criteria for 2022 when compared with 2017. Icons below will be used throughout the report to highlight if there has been an increase or improvement or decrease.

Increase or Improvement in performance	*Decrease or decrease in performance*	*New 2022 criterion*
+	–	☯

- Audit results will be disseminated via the EMHSCA committee meetings and locally via participating organisations.
  - The report will be available via the EMHSCA webpage .
  - Individual data summaries are available to participating member organisations.

Document Descriptors

Safety assessment plan: A safety assessment is an ongoing process of observation and critical thinking to ensure the safety of consumers and those who support them. A risk assessment tool may be used to further identify clear management strategies (e.g. CRAM- Clinical Risk Assessment and Management tool).

Shared Care Plan: A shared care plan is a plan of care in which a group or team of health/ service professionals work together with the client, carers to deliver a holistic, coordinated and individualised service response.

Key Findings

Of the files audited (n=331):

Audit elements	2022	2017
General practitioner		
91% of people who accessed a service had an identified general practitioner N=300	**+31 %**	-29%
60% of people had written or verbal information communicated by the support service to the G.P. N=194	**New**	☯
The level of involvement of the G.P as part of a shared care arrangement was rated as: **41% A little** (N=136); 28% None at all (N=94); 20% A moderate amount (N=65); 8% A lot (N=28); 2% A great deal (N=8)	**New**	☯
Mental Illness		
84% percent of consumers with a mental illness received assistance from two or more services due to having multiple needs	**+51%**	-30%
Of those consumers with an identified mental illness and receiving services from two or more services (n=242):	**+50%**	-24%

Audit elements	2022	2017
87% had a documented safety assessment and management plan	+48%	-47%
Shared Cared		
73% of consumer service activity was translated into receiving shared care from a group or team of service professionals working together to deliver coordinated care (n=242). Of those consumers:	+32%	-32%
Evidence of a documented care plan	Not asked	-22%
57% carers and significant others were involved in the care planning process	+21%	+26%

Table 1: Care plan elements and comparable proportions for 2017 & 2022	n=	%	2022	2017
(a) Overview of Person's current situation	326	99	+29%	-12%
(b) Person's goals	291	88	+15%	-23%
c) Strategies or actions	305	93	+20%	-25%
(d) List of supports involved	296	89	+20%	-23%
(e) Roles and responsibilities of all parties involved	241	73	No Change	-23%
(f) Planning Coordinator or Support facilitator identified	243	73	+7%	-24%
(g) Planned Review dates and agreed form of communication	245	75	+15%	-30%
(h) Consumer consent documented	279	85	+14%	-23%

Analysis

The Annual EMHSCA Shared Care Audit has been on hold since 2017, and was reinstated in 2021. It is noted that participation in the audit has reduced in 2022. There were just 5 participating organisations in 2022, compared to 6 in 2017 and 7 in 2015. The number of files audited fell by 80% from 1,589 in 2017 to 331 in 2022.

The introduction of an online platform to capture the data was well received by most participating service providers, although one service provider chose to utilise the excel document to provide data. For the purposes of collating and reporting and given EMHSCA's limited resources, the online platform proved more adequate.

The results of the 2021/2022 audit reveal a significant improvement across almost every domain when compared with the 2017 data. It should however be noted that the 2017 audit had demonstrated a large decline in Shared Care practices, at a time of multi-sector reform. The 2022

audit results have been discussed at the EMHSCA implementation committee meeting in September. It was thought that the improvements in Shared Care may be attributable to better policy and funding models that more adequately support a collaborative approach to care. Increasing complexity in presentations of people needing support in recent years may be necessitating cross-sector connections. It was also thought that maintaining a tighter scope of practice in the face of workforce shortages may have led to staff needing to reach out for support from other services providers in the form of Shared Care.

Significant capacity building has been provided across our region to support an improved understanding of the importance of Shared Care and better navigation of local supports. Long standing networking opportunities that occur via EMHSCA meetings and events, and the Dual Diagnosis Linkages may have led to improved confidence of staff in connecting and collaborating for the benefit of people requiring support.

A limitation of the 2021/2022 version of the EMHSCA Shared Care audit has been the removal of the question regarding a formal Shared Care plan. The Shared Care plan has been an important tool to enable and ensure a Shared Care approach since it was introduced as an attachment to the EMHSCA Shared Care protocol in 2010. Although the data captured regarding Shared Care appears to have improved this year when compared to 2017, it is impossible to conclude an overall improvement in Shared Care without knowing if the work is translating into a simplified care plan that is agreed to by the person needing support and their supporters. For this reason, it is recommended that efforts be made to reinvigorate knowledge of the Shared care plan template amongst EMHSCA member services, and that future audits include identification of such a plan.

From this audit it would appear staff capacity building should focus on the Shared Care plan elements such as identification of key stakeholders, and their roles and responsibilities. Future EMHSCA capacity building events should address the need to be clear about communication mechanisms, and emphasise the importance of a consumer led Shared care plan.

This is the first audit which has included data regarding G.P involvement with the Shared care team. Results indicate that in 70% of cases G. P's are not significantly involved. This gap should be further explored in future work.

Conclusion

Results from the 2022 EMHSCA Shared Care audit are encouraging, and demonstrate an increasing appetite in this region for Collaborative and Coordinated care. As a key objective of the current Victorian Government led Mental Health and Wellbeing reform, we can conclude that Service Integration is supported by collaborative arrangements such as those provided by EMHSCA. Although many factors are responsible for improved Service Integration, we know from the EMHSCA study conducted in 2019 that local partnerships and networks are important facilitators. The EMHSCA Shared Care audit can be utilised as a means of assessing the effectiveness of efforts to integrate service provision during the Mental Health reform, and ideally would be conducted annually for the foreseeable future.

The EMHSCA Shared care audit remains the most efficient and appropriate means of measuring the progress of EMHSCA in supporting improvements to collaborative and coordinated care. With historical data dating back to 2014, the changes to coordinated care are able to be monitored over time. This enables analysis of system change impacts on integration, and provides useful information about where Shared Care capacity building is required.

It was reported by EMHSCA leaders that a number of organisations have embedded the audit questions into regular auditing practices to some extent. In this way, the EMHSCA Shared Care audit was more readily embraced by these members. Further efforts across newer EMHSCA

member organisations may lead to increased participation in future audits. This will require a reinvigoration of the EMHSCA Shared Care protocol implementation strategy in 2023.

Appendix B Professionals Navigating the East with Carers Forum 2021 Report

This forum was the first entirely Carer focused event EMHSCA has provided. Held on the 12th August, this online forum was delivered to 92 staff representing 33 health and community services across Eastern and North Eastern Melbourne. This Forum was developed and delivered by the EMHSCA implementation committee members, with the support of 'Live Streaming Services'. The event aimed to provide health and community services staff with an improved understanding of the challenges faced by Carers in navigating to supports, and what is available for Carers in the Inner- and Outer- Eastern areas of Melbourne. EMHSCA Implementation committee members supported the event with forum presentations, active participation, and Slido moderation.

EMHSCA Implementation Committee members

Anna Makris – Services Australia

Belle Groves - Dual Diagnosis Consumer and Carer Advisory Council

Bronwyn Williams (Project coordinator) - Eastern Health

Elf Moncrieff – Consumer advisor

Fay Edebohls - EACH AOD

Lisa Paulin - Eastern Melbourne PHN

Reuben Sago - Campbell Page

Tom Larkey- Neami National

Workshop Presenters

Belle Groves –DDCCAC – Forum host

Bronwyn Williams – Eastern Health – Forum host

Denise Damouni – DDCCAC – Carer advisor

Dave Neef – Eastern Health – Carer Consultant

Jen Thompson – Jen Thompson consulting – Carer trauma "The window of tolerance"

Amanda Nichols; Danielle Thyer ; Ev Meagher – VMCH – Carer self-care

Anna Makris – Services Australia – Carer entitlements

Michelle Hegarty – Fapmi – Carer supports

Fiona Anderson – SHARC – Carer supports

Wendy Ayzit – Tandem Carers – Carer supports

Kathy Collet – Eastern Health Mental Health – Carer supports

Tom Larkey – Neami National – Carer Lived Experience participation

Costs

As this was an online event, the main cost incurred related to the employment of 'Live Streaming Services' at $3,773. Presenter costs totaled at $425. The total overall event cost came to $4, 198.

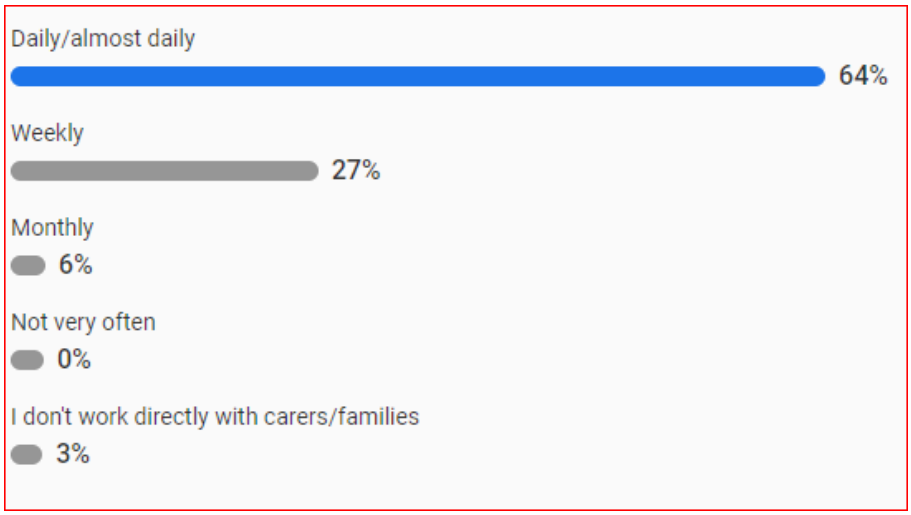
Polls

During the forum, the Slido platform was used to engage participants in polls, surveys, and Q & A. There were 87 active participants on the day. Please see the results of the polls below:

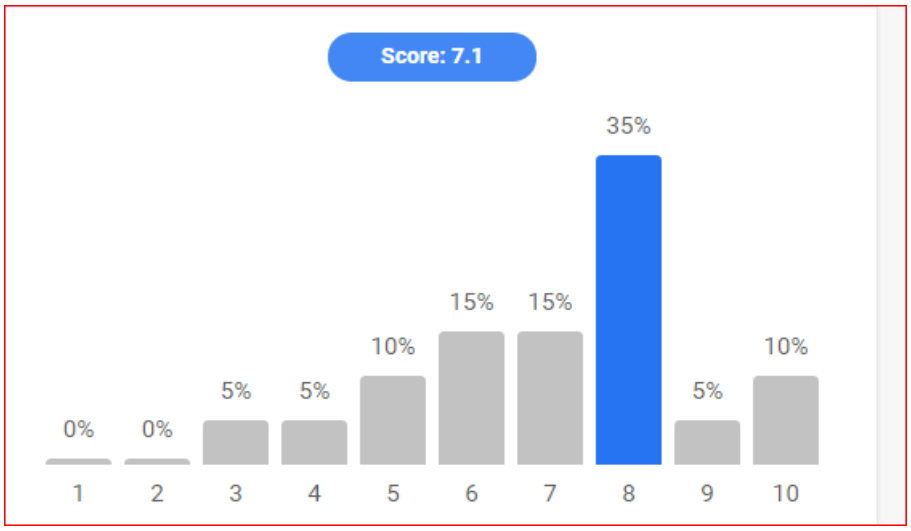
IN A WORD, which health or community support sector do you represent today?

In a word or two, how do you define the term 'carer'?

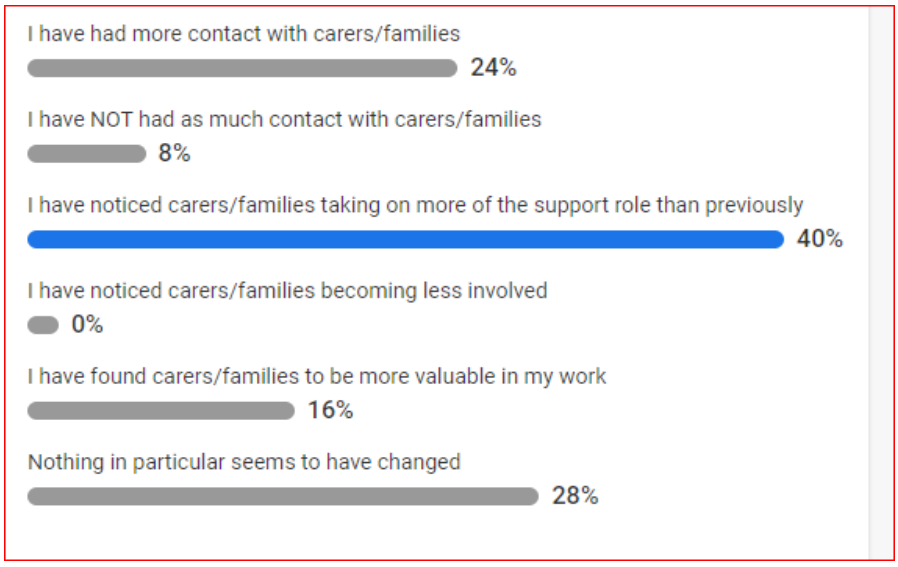
How often would you work with carers/families?



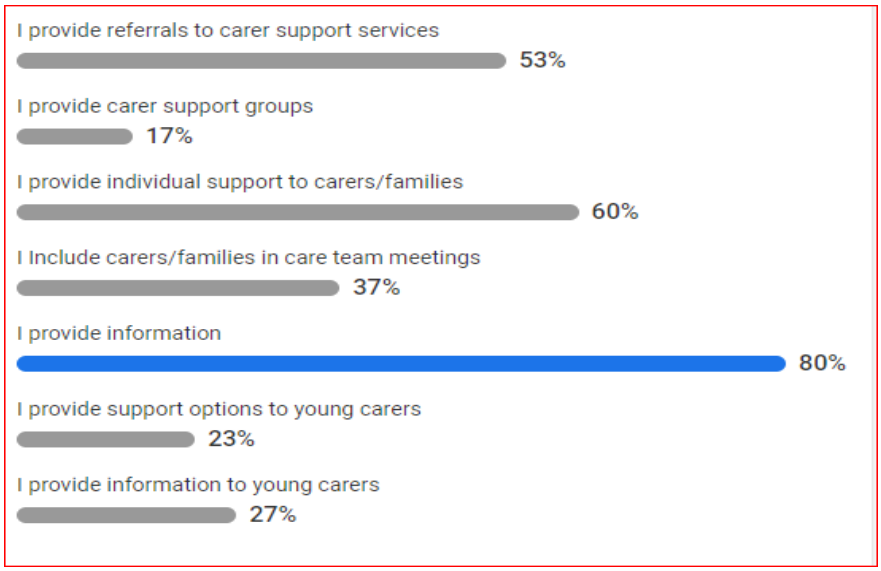
How constructive have your interactions with carers/families been in the past few months?



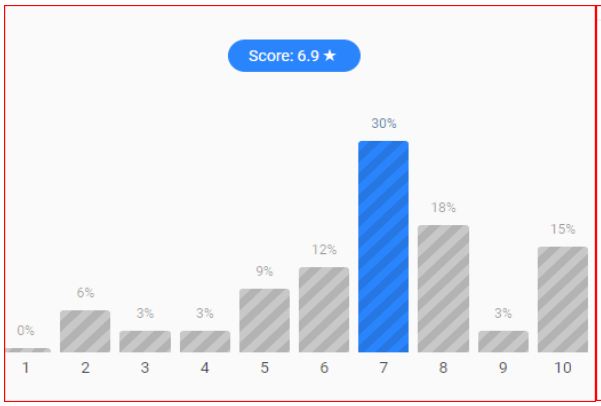
How has your relationship with carers/families changed in the past 18 months?

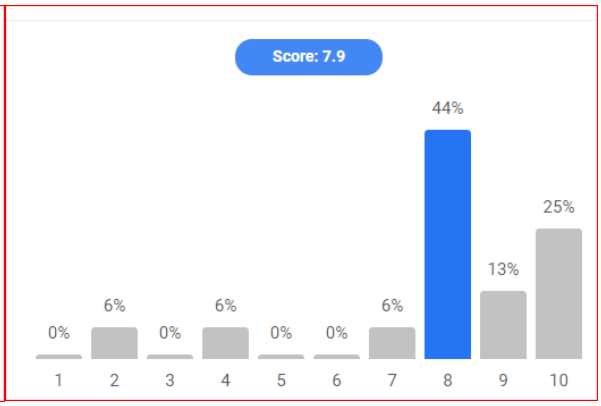


How do you support carers?



How confident are you in working with carers/families?

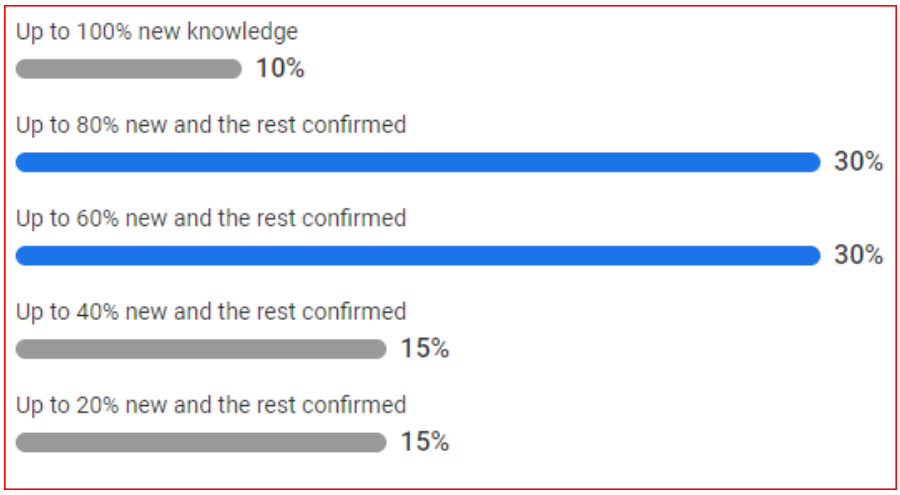




Pre scores

Post scores

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



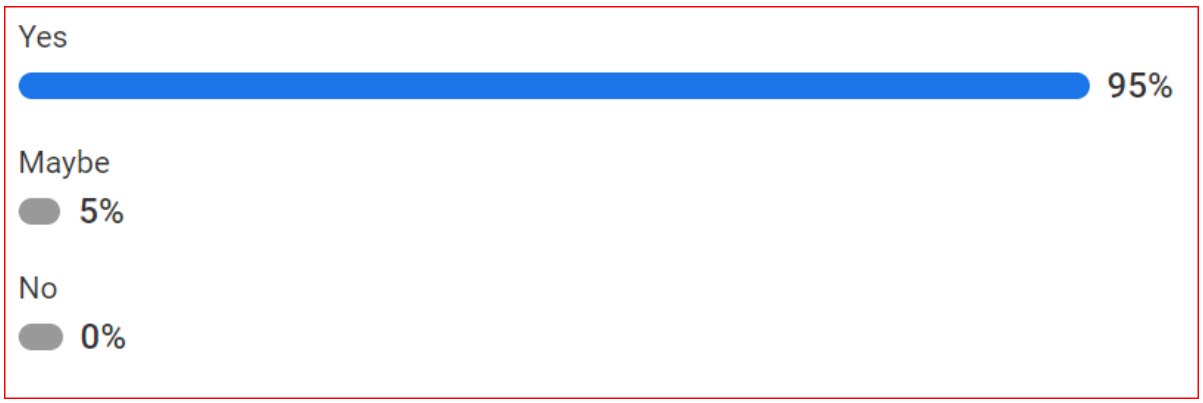
IN A WORD or two, what are your key challenges when working with carers/families?

Feedback

When asked about their key learning from this forum, participants mentioned: elements of the session by Jen Thompson on 'the window of tolerance', psychological wellbeing, and the resilience plan that can be applied to work with carers; the importance of the carer in the life of the consumer; the impacts of caring on carers, including the carer burden; the funding available for carers; and ultimately increased knowledge of carer support services and programs.

Suggestions for improvements to the forum included possible provision of a summary sheet of carer supports and contacts; a shorter session; more community carer groups in the next forum; and more consistent live streaming.

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



Conclusion

This new event has delivered a unique and varied focus on Carer needs and supports in our region. The online format appears accessible to most people and enables some to attend who may not have otherwise. An event booklet was provided and included information about the various Carer support services and links to their websites. Participants also received the Forum slide show, additional Trauma informed care resources and a link to the event recording.

Lived Experience speakers added enormously to the forum. Notably, Belle Groves who is a Carer advisor and chair of the Dual Diagnosis Consumer and Carer Advisory Council, co-hosted the forum. Denise and Dave contributed powerfully to our understanding of the challenges faced by Carers, and Ev outlined her experience of being supported by VMCH in learning to self-care.

The use of Live Streaming Services for this event was less effective than in the past, with a significant 40 minute period of poor access for participants from 9am to 9.40am. This led to a drop off in people accessing the live stream. Benefits of having this service employed to support the event included: the ability to record Elf's mindfulness session, and the addition of video and musical backing; briefing of all online presenters; provision of event via one application (Slido); and recording of the event. The recording of this event is now available to access on the EMHSCA webpage https://www.emphn.org.au/index.php?p=what-we-do/mental-health/emhsca-events . This will provide an ongoing resource. EMHSCA can now build on the success of this forum, in its strategic objective to develop and promote Carer Lived Experience Leadership across the region.

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 11th and 18th November, 9am to 12.30pm 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. The workshop series involved a large component of Lived Experience and commenced with an inspirational story of Recovery by Kerrie Anne.

There were 70 health and community service 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 on registration via Eventbrite. In total, 59 people accessed the live event on day 1 and 53 on Day 2, 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	*Day 2*
Living with complexity	Managing risks in complex care
Homelessness and Mental ill-health	Gambling and mental ill-health
Substance Use and Mental ill-health	Family Violence and Mental ill-health

Presenters

Kerrie Anne –Lived experience advisor

Belinda Henry – Complex Needs Coordinator MACNI (DFFH)

Brian Majonga- EHOPS Team Leader (Eastern Health MH)

Lirelle Bennet and Kevin Chan – Gamblers Help team (EACH)

Gavin Foster, Grahame Mitchell and Rose Parker – Eastern Dual Diagnosis response (Eastern Health MH)

Pauline Kelly, Rosannah Garvie and Kate Stewart– Specialist Family Violence team, (Eastern Health MH)

Facilitation

Moderation and technical support was provided by Tom Larkey (Neami National) and Reuben Sago (Campbell Page). Members of the EMHSCA Implementation committee (Lisa Paulin & Steven Taylor EMPHN, Fay Edebohls EACH, Anna Makris Services Australia, Belle Groves DDCCAC, Elf Walpole, Suzi Tsopanos Wellways), along with Peter Fairbanks of the Eastern Dual Diagnosis Service provided break out room facilitation. Feedback was collected from one quarter of all participants via Slido following the webinar.

Attendance by service

Access Health & Community Services 1
Anglicare Vic 2
Boorndawan Willam Aboriginal Healing Services 2
Campbell Page 2
Chirpy Hearts 1
DDCCAC 4
Doncare 1
EACH 20
ECLC 4
Eastern Health 7
EDVOS 1
Inspiro 4
Latrobe Community Health Service 1
Mackillop Family Services 1
MIND 2
Neami National 3
Services Australia 1
Turning Point 1
Uniting 5
VACCA 2
Wellways 2

EVENT DATA

The Slido application was used to interact with participants and conduct feedback surveys. There were 14 participants engaged in completing the event survey for day 1, and 14 for day 2. New knowledge gained was fairly stable for both days with the majority of people reporting 20-40% new knowledge was gained. When asked if they would recommend the event to other staff, 100% said they would.

In the feedback, people appeared inspired to assimilate their learnings into their practice, with a number of comments about how they may do this. Respondents reported that the group discussions around scenarios were useful to enhance the learning of key messages and learn together with other service sectors. Hearing other groups provide their insights was also found to be useful. Hearing from Lived Experience speakers was a highlight.

"*Kerry's story and input provided practical suggestion for what it means to hold hope for others.*"

Some recommendations for future included more breaks, face to face sessions and more time for Q & A.

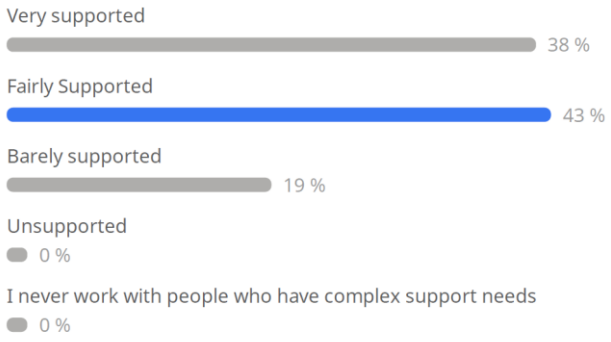
Poll results

The following pictorials show the responses to the various workshop polls**.** About half of the attendees participated in the Slido.

What is the most common cooccurring issue (not Mental Health) that you come across in your work? 026

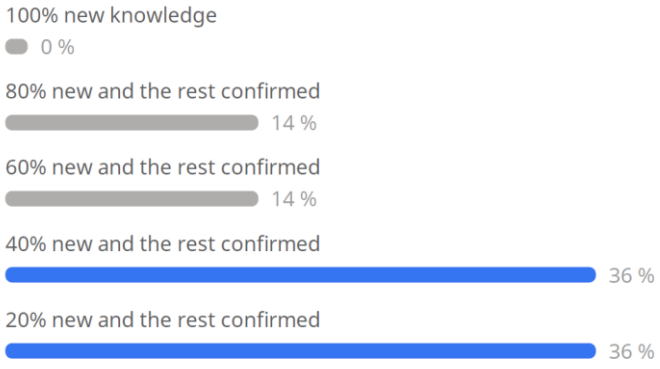
What is your greatest challenge when working with complexity? 029

How supported do you feel in your current role, when managing safety concerns with people who have complex support needs ? 021



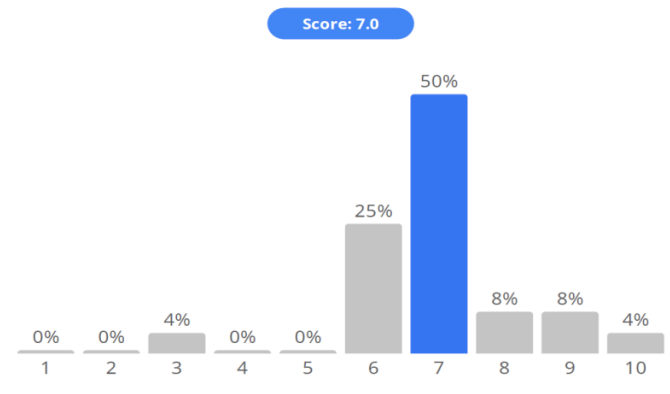
Post Event Survey Day 2 (2/5)

How much of today's session was new knowledge versus reinforced learning? 014



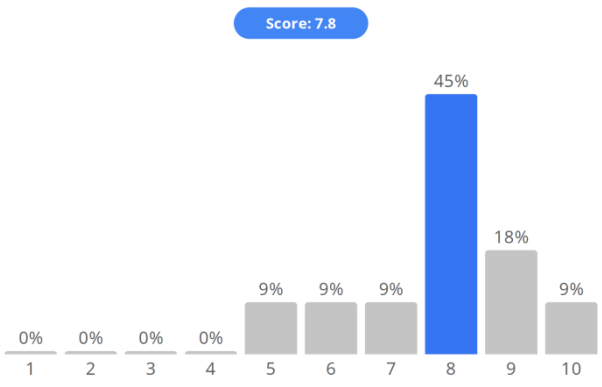
Feedback survey results

How confident are you in working with complexity? 024



Post Event Survey Day 1 (1/4)

At the conclusion of today's event, how confident are you in working with complexity? 011



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. Based on feedback, lived experience aspects of the workshop sessions have been very well received. MACNI's complex case discussion was popular, and could be given more time in subsequent EMHSCA events.

This event was delivered entirely from in-kind contributions of EMHSCA member organisations and at no cost to participants. With %100 of respondents reporting that they would recommend this event to others, it is important that this event continues in 2022. If restrictions remain eased, it would be ideal to provide this workshop at a venue, rather than online. As recordings have been located on the EMHSCA webpage, it is now accessible content for those who are unable to attend in person.

Appendix D Professionals Navigating the East Forum

Main Ballroom Box Hill Town Hall

Thursday 26th May 2022 9am-3pm

Introduction

This inaugural event was developed by the Eastern Regional Coordinators group with the aim of delivering a truly cross-sector service navigation forum in 2020. With the restrictions required during the height of the COVID-19 pandemic, the event was deferred twice. The addition of focus on change and integration came from the recognition that there had been an evolution in service provision and service integration over the past 2 years.

The event was delivered to more than 430 guests, including presenters, marketplace stall holders and event crew on the 26th May 2022. On this national Sorry day, we were treated to a performance by the Yen Gali Mullum singers, Julie Coombs and Merilyn Duff, both Aboriginal women, spoke from the heart and gave a call to unify which was embraced by the attendees. Four Aboriginal and Torres Strait Islander services were in the Marketplace on the day.

Eastern Regional Coordinators

The Eastern Regional Coordinators group was founded by the Department of Families Fairness and Housing in 2014 with the following aims:

- To bring together the area coordinators whose role it is to promote and facilitate service coordination across the region.
- To reduce duplication of effort in providing navigation tools for the various sectors when the cohorts accessing services are largely similar.

- To support integration across sectors with workforce development, role modelling, promoting collaborative practice and training.
- To share relevant data and information across health and community service sectors.
- To seek opportunities to strengthen partnerships, links, responses & referral protocols.

Membership of the Eastern Regional Coordinators Group represents the following sectors: Homelessness; Family Violence; Family Services; Mental Health; Alcohol & Other Drugs; and Children and Families

Working alongside the Eastern Regional Coordinators were the members of the EMHSCA (Eastern Mental Health Service Coordination Alliance) Implementation committee, who provided hands on support to facilitate breakout rooms, registrations, and the marketplace.

The program

In all, there were 10 presentations delivered to the whole participant group in the Main Ballroom. The Plenary sessions focused on introducing participants to the various support sectors. Throughout the day, there were opportunities to attend a selection from a possible 40 breakout sessions across 8 sector focused rooms. The large range of presentations across the 8 break out rooms provided plenty of options for participants to develop their knowledge of various services.

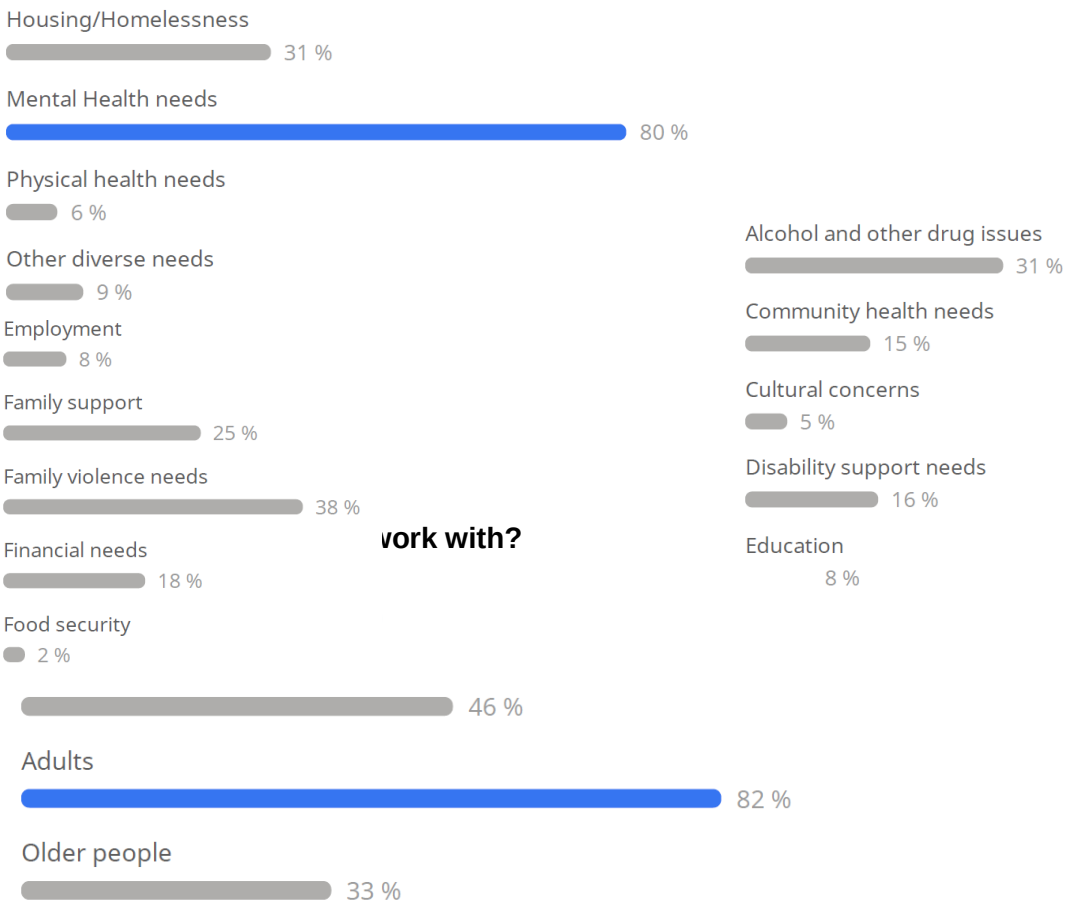




Live polls were conducted via Slido during the Lived Experience presentation in the morning plenary which was delivered by Belle Groves and Grahame Mitchell, both members of the Dual Diagnosis Consumer and Carer Advisory Council. The results were as follows:

What type of service do you offer?

What are the top 3 concerns you work regularly with?



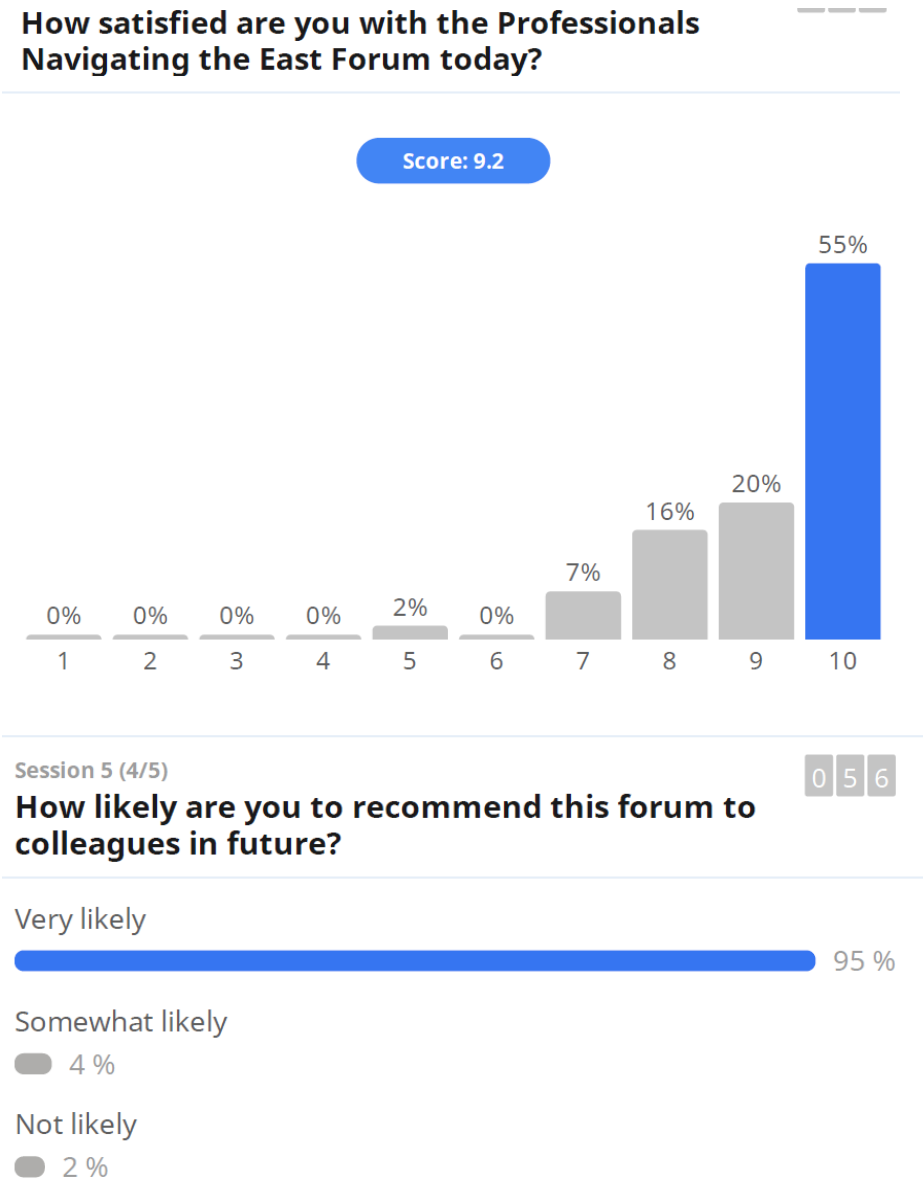
The results of these polls demonstrate the intersectionality of the cohorts being supported across the various sectors. A broad range of service providers were attending on the day however it is noted that Mental Health is the most common key identified concern for people accessing services. This may be over represented due to provider knowledge of and screening for Mental illnesses. In contrast, there may be less awareness amongst service providers of other co-occurring concerns such as food security.

Grahame encouraged the audience to be mindful of the issue of psychological distress and acknowledged that this is not only experienced by people accessing services, but also by the service providers. The key message was that providers need to do what they say they will do, or change what they say they will deliver. Both Belle and Grahame acknowledged the stress on the 'system' at this time and particularly the burden carried by the staff across the support sectors.

It was noted that although most participants primarily work with adults, at least a third are acknowledging their work with children and a third are working with older people. Future forums need to ensure all age groups are represented appropriately in the content delivered.

Forum Feedback

Overall, the verbal feedback from participants, speakers and stall holders was very positive for this event. People expressed their pleasure at being able to attend a large live forum and the value of face-to-face networking was recognized and celebrated.



Themes captured in the free text section of the event feedback survey included:

- Special mention of the First Nations Peoples focus, including the Yen Gali Singers
- Great to get back together again after years of COVID restrictions
- The ‘Waverley Industries’ catering was very well received
- The time frame was “not too long and not too short”
- Could have more time for Marketplace engagement
- More time to spend with each speaker and more time for questions
- The venue was easy to navigate
- Some said they would like numbers on the rooms
- More LGBTIQ+ on stalls
- Auslan interpreter would be useful
- The Lived & Living experience elements were welcomed and there could have been more
- Brilliantly organized. Anyone working in these sectors should attend.
- Thanks a lot for pulling this together! Such a fantastic event.
- Great selection of presenters and platform so keep it coming!!

Post event analysis

Both the Eastern Regional Coordinators and the EMHSCA Implementation committee members have debriefed and discussed potential adjustments for future events of this nature. Some suggestions are as follows:

- Registrations- having everyone registered was problematic
  - Roping off foyer to ensure check-ins.
  - Some event crew to sit behind the registrations tables and some standing to capture all participants, speakers and stall holders on entry to venue.
  - Additional admin role needed for registrations
  - All event crew (even those not part of the ERC group) should attend meetings to be fully briefed prior to the event.
- Noise when people are in foyer and speakers are talking
  - Shut doors when speakers are on
  - Housekeeping- say be mindful of speakers and know where you are going/which room
  - Signs on doors reminding people of being quiet during speakers
  - Bell to remind/focus people to be quiet and listen to speakers
- People were downloading guides when they had to find the first room
  - Bigger gaps in time so people can move rooms (?10 mins)- upstairs was difficult to get to on time, some people stopped moving and just stayed in rooms
  - Remind people at the start to download guides and QR codes- maybe have assigned 'event navigators' to help walk people to rooms
  - Signs at front in foyer with directions of where each room is e.g. homelessness upstairs
  - Bigger lanyards for Navigators so easier to identify
- Too many choices – some people disappointed to miss sessions
  - Have fewer break out rooms
  - Repeat some sessions

Additionally, participants would appreciate more time for networking. Spaces could be allocated for this purpose. More time for Marketplace could be allocated. Less time in plenary sessions is desirable.

Attendance by Service (N=443): 85 organisations involved

A&DC services	1	Imagine Therapeutics	1
Able Foods	1	IMHA	1
Access H&CS	17	Inspiro	11
ACF	1	JobCo	5
Alacrity Health	1	Kirrang Wilam EYR	2
Alamein N&LC	2	Knox City Council	1
Anchor	2	Latrobe CHS	6
Anglicare	27	Link HCS	3
Aquinas College	1	Mackillop Family Services	3
Australian Childhood Foundation	2	Magistrates Court Vic	2
AZT Healthcare	1	Maroondah City Council	7

Betel-Shalom	1	Make-it-Mesh	1
Bolton Clarke Homelessness	1	Migrant information Centre	2
BWAHS	7	MIND Australia	5
Box Hill high school	1	Mullum Mullum IGP	11
Box Hill Institute	3	Neami National	14
Camcare	3	North West MPHN	1
Campbell Page	6	Octec Limited	1
Chisholm Institute	1	Odyssey House	1
Crossway LifeCare	2	Oonah	2
D&AC Services	2	Peer Education Support Program	1
DEET	2	Ringwood Community Corrections	2
DHS	1	Sasvic	2
DFFH	3	Services Australia	3
Doncare	3	SHARC	9
EACH	39	Skillinvest	2
EMPHN	9	St Vincent's hospital	3
ECLC	10	Statewide Children's Resource	1
ECASA	2	Swinburne	1
Eastern Health	38	Synergistic Activations	1
EMRFVP	2	The Orange Door	6
EDVOS	10	The Salvation Army	19
EH Turning Point	6	Thomas Embling Forensicare	2
EJ care	1	Uniting	42
ERMHA 365	1	Upwey High School	1
Family Access Network	6	VACCA	3
Family Safety Vic	2	Villa Maria Catholic Homes	6
Good Shepherd	2	Wellways	13
Graham Psychology	1	Whitehorse City Council	2
Headspace Hawthorn	2	Wise Employment	3
HealthAbility	9	Yarra Ranges Kindergartens	2
IELLEN -Jobs Vic	4	Yarra Valley Water	2

Breakout sessions

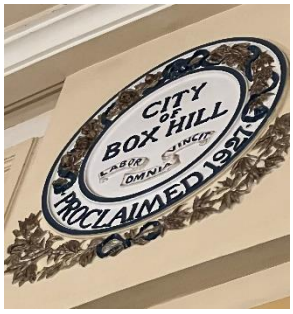



At two points in the program, participants were invited to attend breakout sessions. The focus of these sessions were more service specific than the plenary presentations. The participants had a choice of 5 sessions from a possible 40 on offer on the day. These were provided across 8 rooms, all with a separate sectoral focus. The 8 sector focused rooms were as follows: Disability Employment Services and education; Homelessness/Housing; Primary Health; Financial, legal and forensic; AOD; Mental Health; Family Services; Family Violence. All sessions were fairly well attended on the day, even with such a range of choices available to participants. The rooms further from the main entrance were seeing the lowest numbers of attendees. Break out rooms were arranged with potential attendance numbers in mind. A survey was provided to participants on registration asking for their preferences.

Marketplace


There were 45 marketplace stalls in total with a broad range of service providers engaging with participants. The Marketplace complemented the morning tea and lunch breaks, and provided an opportunity for participants to ask questions and obtain resources. Networking occurred at this time, as staff from across the region met and discussed service access and offerings.

Event budget

Item	Income	Expenditure	Total
Waverley Industries Catering		$8830.75	- 8830.75
Box Hill Town Hall venue hire		$2492.11	- 11,322.86
Welcome to Country		$500	- 11,822.86
Lived Living Experience presenters		No figure – remunerated by sector Alliances	
Support staff	In-kind contributions		
Sundries		$107.14	
Sponsor contributions	$11,930		Nil

This event was provided at no cost to participants. Event costs were entirely met by the various sector Alliances who are members of the Eastern Regional Coordinators.

Administration is simpler when ticketing is not attached to payments.

The event budget was kindly managed by Christine Robinson of the Regional Family Violence Partnership (RFVP). The Eventbrite ticketing was managed by Bronwyn Williams of EMHSCA. The Marketplace was managed by Alyssa of the RFVP. In-kind contributions from all Alliances were substantial.

Event sponsors

Conclusion

The Professionals Navigating the East event has succeeded in its objective of bringing together a wide range of Health and Community service providers from across the Inner- and Outer- Eastern areas of Melbourne. There was a great deal of information provided to support service navigation, and the focus was much broader than the previous single sector specific orientation events held over the years. This allowed participants to gain perspective regarding intersectionality of supports in particular. From feedback captured at the event and also via emails and conversations following the event, there is wide support for this event to continue annually as long as resourcing permits.

Event schedule

8.30am	**Registrations**

9.00am	**Welcome to Country**	Julie Coombes
9.10am	**Intro to day and house keeping** Overview and challenges to navigation	Susie Lukis
9.20am	**Lived experience perspectives**	Belle Groves & Grahame Mitchell
9.35am	**Breakout sessions**	8 rooms
9.40am	**Session 1**	
10.00am	**Move time**	
10.05am	**Session 2**	
10.25am	**Morning Tea Break**	Networking & Market Place
10.50am	**Yen Gali Mullum Singers**	Merilyn Duff
11.00am	**Homelessness Sector overview**	Maidie Graham
11.20am	**Children & Family supports overview**	Angela Morris
11.40am	**Alcohol & Other Drug and Community Health** **supports overview**	Dr Tamsin Short
12 MD	**Family Violence sector overview**	Christine Robinson
12.20pm	**Lunch Break**	Networking & Market Place
1 pm	**Mental health supports overview**	Bronwyn Williams Dr Euan Donley
1.20pm	**NDIS Disability supports overview** **including Early Childhood**	Catherine Bolzonello Gayatri Nair Rachel Rewbridge
1.40pm	**Break-out sessions**	8 rooms
1.45pm	**Session 3**	
2.05pm	**Move time**	
2.10pm	**Session 4**	

2.30pm	**Move time**
2.35pm	**Session 5**
2.55pm	**Final words and Slido feedback**
3pm	**Event Close**

	Breakout sessions							
Room **Sector** **Facilitator/s**	**Ballroom** **Family Violence** **Christine Robinson** **Pauline Kelly**	**Whitehorse Room** **Families and children** **Genna Hatcher** **Kim McCombe**	**Boyland Room** **Homelessness** **Jo McDonald** **Susie Lukis** **Jenny Parbery**	**Visual Arts room** **Disability Employment and Education** **Kathryn Scott**	**Padgham Room** **Primary and Community Health** **Lisa Paulin**	**Gawler Room** **Substance use and Addiction support** **Fay Edebohls** **Rob Campbell**	**Council Chambers** **Financial, Legal, Forensic** **Anna Makris** **Di Mc Conchi**	**Matsudo Room** **Mental Health** **Tom Larkey** **Jay Magini**
9am-9.35am Plenary sessions								
9.35am	**Moving time**							
9.40am	**The Orange Door** Brendan Wilson Angie Dimech	**Safe Care** Sinead Quinn, Leanne Waite	**Children and Homelessness** Susie Lukis	**Jobs Victoria**	**Support Connect launch** Lisa Paulin Rachel Pritchard	**AOD Catchment Plan and CCISC** Cathy Keenan	**Services Australia Job Capacity assessor** Amanda Waters	**Mental Health and Wellbeing reform** Lisa Shaw-Stuart
10.00am	**Moving Time**							

10.05am	**The Orange Doo** Brendan Wilson Angie Dimech	**Boorndawan Willam Aboriginal Healing Service** Kellie Sajo, Rachel Foster	**Homelessness support programs** Jenny Smith Uniting	**Campbell Page-** DES employment	**Initial Assessment and Referral** Rachel Pritchard	**A window into AOD treatment options** Tiffany Alston TP intake team	**Thomas Embling Forensicare** Grant Burkitt Stefan Swadzba	**Stepped Care** Access H&CS Health Ability
10.25am	**Morning tea -** Market place Service stalls in Ball room and Whitehorse room							
10.50am-1.40pm	Plenary sessions and Lunch							
1.40pm	**Moving time**							
1.45pm	**Migrant Information Centre: CALD and Family Violence** Marijo Pozega	**VACCA** Resham Pachhai	**Rough Sleeper Assertive Outreach** Rosie Frankish & The Salvation Army	**Jobco** DES employment	**Health Pathways Melbourne** Cherylynn Garner	**Perspectives of Lived experience** Tim Friedman SHARC APSU	**Eastern Community Legal Centre** Deborah Miller Hester Chee	**Psychosocial Support Services** Tom Larkey and Jay Magini
2.05pm	**Moving time**							
2.10pm	**Men's Behaviour Change programs** Gennene Mitchell Ying Li	**FSSDP** Meggie Watson, Renee Bender, Tori Tilley	**Tenancy Support programs** Maidie Graham	**Wise Employment-** DES employment	**Digital Health** Kirsty McDoughall	**Supporting Families affected by addiction** Jan Coffey David Purcell	**Migrant Information Centre Services** Sally Brooks	**Towards Wellbeing** Sam Beard
2.30pm	**Moving time**							

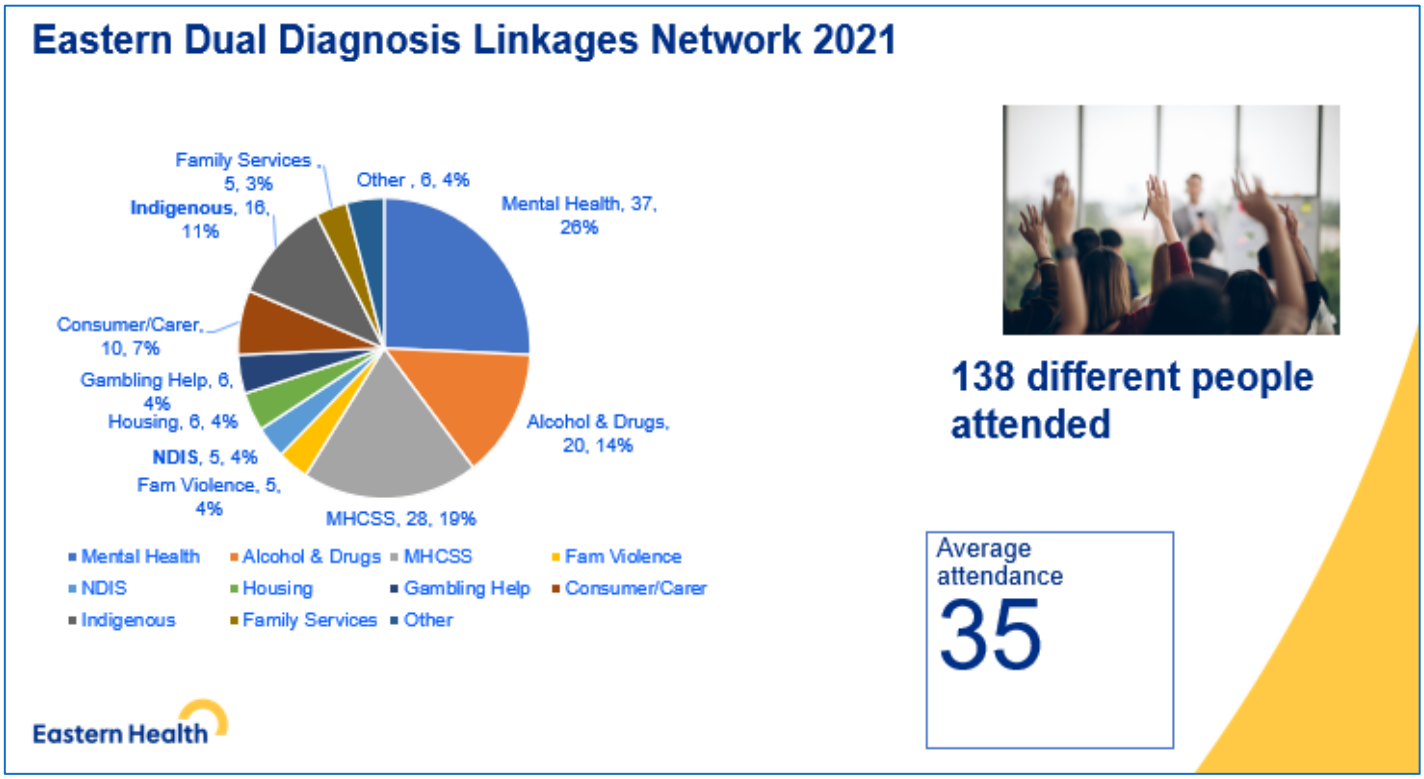
2.35pm	**Therapeutic Recovery Services** Jess Innes-Irons Jim McAlinden	**FAPMI** Elizabeth Fraser	**Lived Experience of Homelessness** Peer Education Support Program	**Alamein-neighbourhood & learning**	**Aged Care supports** Andrea Lockwood	**Understanding Gambling** Three sides of the coin Melanie Marsh	**Services Australia** Geoff De Young Nic Carbines	**NDIS and psychosocial disability** Enock Zimunya
2.55pm	**Final words and feedback**							
3.00pm	**Event concludes**							

Appendix E Eastern Metro Region Dual Diagnosis Linkages annual report 2021

Meeting Purpose: These cross sector meetings support and encourage organisations to work together at a local level to promote strategic direction 3 outlined in the DoH "Victorian strategic directions for co-occurring mental health and substance use conditions" (VDDI Bulletin 2013). *To Facilitate integration of the systems and services responding to people with co-occurring mental health and substance use conditions and their families and significant others.*

The EMR Linkage meeting supports the Eastern Mental Health Services Coordination Alliance Shared Care Protocol and Practices as well as the 2021 Royal Commission's Report into the Victorian Mental Health System Recommendation 35 in the provision of integrated treatment, care and support to improve outcomes for people with dual diagnosis of mental health and substance use or addiction.

At a glance



Who Presented

General Comments:

- 2021 meetings were held completely on the ZOOM platform which contributed to higher attendance rates. The down side of online meetings is the reduction in networking opportunities.
- In 2021 there was a notable increase in participation by People with Lived Experience of Dual Diagnosis mostly due to stronger links with the Dual Diagnosis Consumer and Carer Advisory Council.
- Also notable was an overall increase in Indigenous Service participation and the increased presence of NDIS services.
- The 2022 calendar became full within 10 days of sending out the request for services to express an interest in Hosting.

Appendix F EMHSCA meeting notes 19th August 2021

Partnerships and Integration

We know that integrated treatment is a recommendation of the Productivity Commission Mental Health Inquiry Report. The Productivity commission recommend a focus beyond healthcare to include a range of supports including housing and homelessness, emergency services and justice. The report referenced EMHSCA on this topic.

Australia's Fifth National Mental Health and Suicide Prevention Plan; and The National Drug Strategy have also emphasised the importance of service collaboration and coordination.

Multiple systematic reviews have indicated that integrated care offered in different settings is linked to better outcomes for people in certain situations, including:

- better participation in care and treatment programs and interactions with services.
- less substance use and improvements in mental health symptoms
- other indicators of wellbeing, including improved quality of life and decreased risk of homelessness or interaction with the justice system.

EMHSCA's own research findings on Care Coordination and Collaboration in 2019 echo much of the various enquiry recommendations and plans.

Most recently, the Royal Commission into Victoria's Mental Health system hold service partnerships as a central theme to the reform agenda. 'Partnerships between service providers is a fundamental way that the Commission seeks to foster collaboration across the mental health and wellbeing system, as a means of achieving well-integrated and coordinated services that respond to a person's whole needs' (Vol 1. Ch 5).

The Royal Commission outlines the following models for integrated treatment/care/support in Volume 3 Chapter 22:

- Multidisciplinary teams

Practitioners and clinicians and LE workers provide integrated care in a single service setting. Requires a high degree of collaboration to deliver care and support.

- Co-location and care coordination partnerships

Different services physically co-locate and deliver coordinated care. An example would be hub arrangements. EMHSCA has a co-location guide which has just been updated and is available on our webpage.

- Service delivery partnerships

A Mental health service partners with another care provider, such as an NGO to deliver some aspects of the consumer's care within their service. Currently, EMHSCA includes all models within its membership.

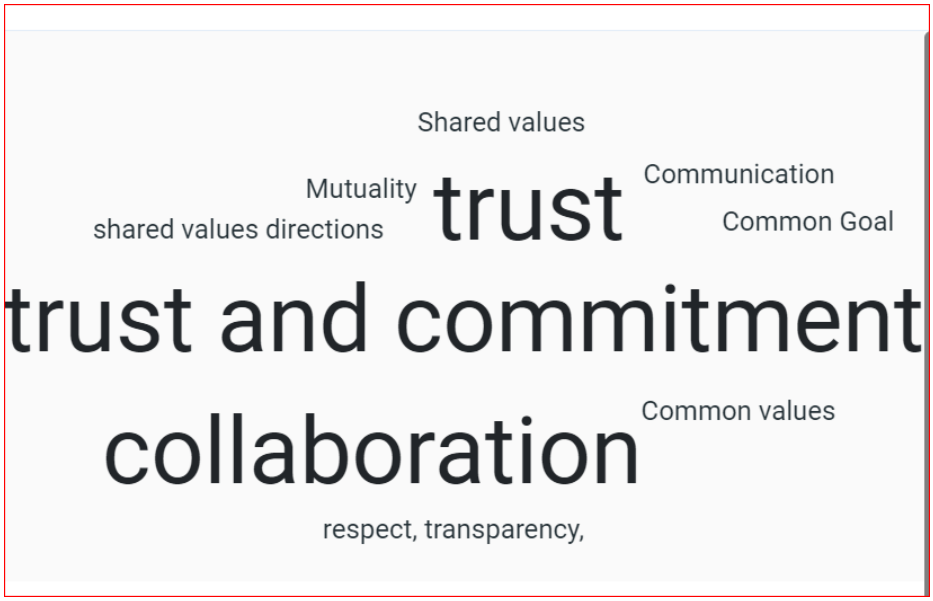
The Commission's expectation is for integrated care to be provided by all Local Mental Health and Wellbeing Services and Area Mental Health and Wellbeing Services. Regional Mental Health and Wellbeing Boards will commission the providers of those services using set criteria, which will allow local providers to assess the best of the above integration approaches for their community and service context.

The August EMHSCA meeting agenda was designed to explore the enablers and barriers to service partnerships, and consider how EMHSCA can support the Mental Health and associated reform agendas moving forwards. The meeting included a survey and small group discussions.

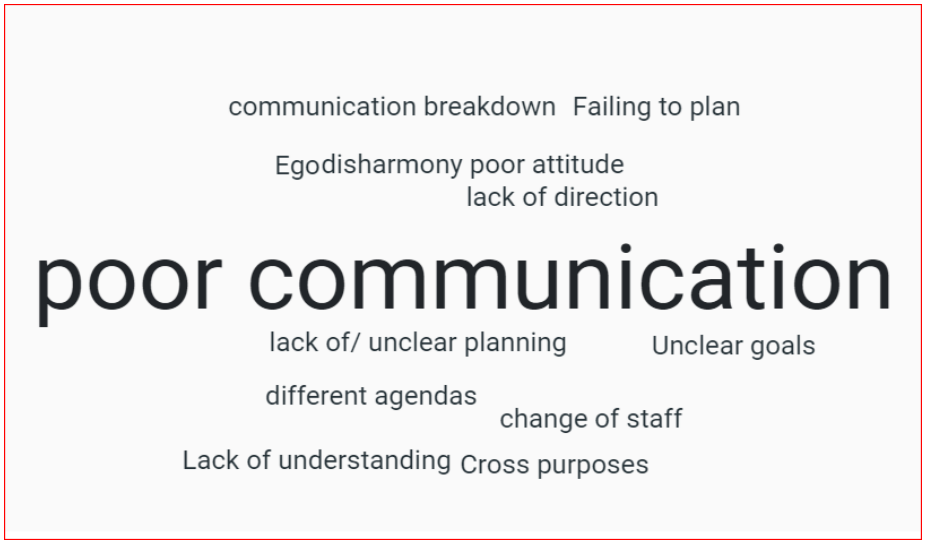
The Survey

A live Slido poll **#EMHSCA** was conducted during our meeting and included the following questions:

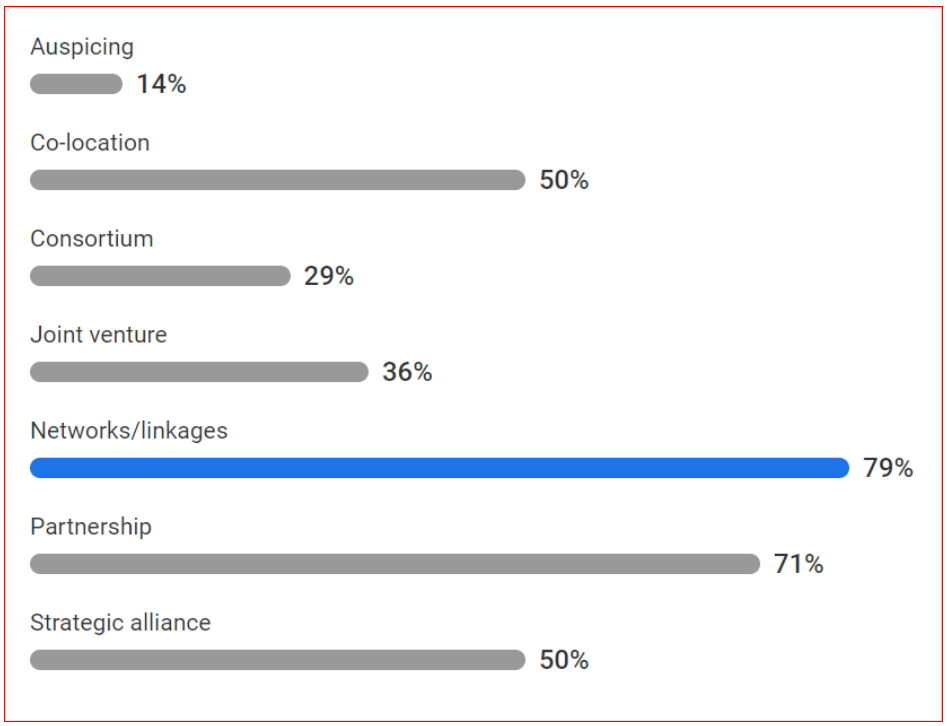
1. **In a word or two, what makes a great partnership?**



2. **In a word or two, what leads to the failure of partnerships?**



3. **What kinds of partnership arrangements do you currently have? (can select multiple)**



4. How do you support and maintain partnerships?

- Allowing time for staff to attend networks and other meetings with partner organisations, and trying to maintain regular communication.
- Being responsive, being willing to listen, learn and adjust to support the partnership
- regular meetings and communication, MOU
- Having clear shared objectives and values, good communication
- Regular contact
- collaboration, respect and passion
- Good communication, promoting what is happening, the good and the stagnant
- Regular communication both meetings/emails Sharing Resources Shared platforms for communication and resources such as teams
- a relational approach between all agencies. Respect for all service differences and respect that operational and functionality of programs is dependent on harmony amongst partners
- Engaging with other organisations / Networks is the key to identifying shared vision and therefore opportunities to work in partnership. Partnership works best when efforts are shared and the impact is maximizing the impact of resources to the most people who can benefit. We support partnerships that will create a sustainable outcome for community. We support partnerships by facilitating connections of groups / organisations with shared vision. We are active partners in initiatives, however depart as part of the plan, when the outcome is achieved/sustainable independent of our involvement. We maintain active engagement in Networks as an essential means of understanding potential partnership activities and partners to link/link with. We document our partnerships e.g. as Project Plans, MoU, Terms of Reference to provide clarity of intent and expectations of each partner.

5. What are the key challenges you have experienced in relation to partnerships?

- maintaining contact and engagement online during COVID
- Competition for funding
- competing priorities, misunderstandings
- Time, funding
- Regular contact
- Change in direction, short term funding,
- Impact of covid and needing to connect virtually. Misalignment if partnership starts different levels i.e. working well in management but not day-day and vice Versa Competing organisational priorities
- poor communication
- At times, achieving balance in sharing the effort of a partnership (although this is overcome through planning and documented agreement).
- Maintaining connections during COVID and in the virtual world

Small group discussion

What are the key challenges to partnership arrangements?

- Early storming – relationships can begin as a bit "prickly" and take time to evolve
- Partnership often relies on personal relationships – at all levels (leadership and with other parts of the organisation)
- Trust takes time to build – doesn't always emerge
- When forming new partnerships need to take time to define principles, expectations and outcomes
- Partnerships – in the context of scarcity culture means organisations may start from a place of competition
- The negative profile of an organisation can make it challenging to find others to partner with.
- Large partnership meetings can be difficult to co-ordinate.
- Identifying roles and sticking to roles may also be a challenge to a partnership.
- Some government organisations need to be seen as impartial and do not enter into partnerships for this reason.
- When there are more than 2 agencies, it can be difficult to manage the various agendas.
- Passion is required to establish and maintain partnerships.
- Funding uncertainty can make it difficult to maintain partnerships around particular pieces of work.

What would be a meaningful method to hold organisations to account?

- Partnerships often involve power dynamics (driven by size, credibility, money) – who holds the contract, can people fully participate. Power dynamics may need to be called out.
- It might be helpful when consortia/partners meet that there be a lead (not the person who holds the contract)
- Shared outcomes that can be measured, matched with time-frames and milestones and processes

- Generic MOUs may not specify expectations and outcomes that can be measured along with clear understanding of who is responsible for what
- Funders need to hold partners to account as a rule.
- Partnership evaluation tools.
- Having a funded key coordinator of the partnership.
- MOU with regular reviews and inbuilt issue resolution processes as an identifiable component
- Services prioritising time for partnership meetings and activities
- Funding agreements need to account for active involvement in partnerships
- Level of investment in partnership by services needs to be visible and measurable
- Partnerships need to be meaningful to have buy in from organisations

What new partnerships would you like to be involved with?

- See competitors become partners – recognise strengths and bring them together
- Should include Lived Experience and Family, young carers and relevant community agencies
- Should include a focus on mental health, homelessness and AOD

Conclusion

Today's discussions highlighted the person dependent nature of partnerships, and the required passion to enable them to succeed. Communication and mutual respect are essential components. Good partnerships take time to establish and may be disrupted by shorter term funding arrangements. Advice emerging from the group discussions included the need to set up expectations and outcome measures in the partnership establishment phase. Smaller partnerships can be more effective, where there are less competing agendas to manage.

This topic requires follow-up with EMHSCA members in future meetings. We need to create opportunities to drill down further to discover which partnerships EMHSCA would like to pursue, and how these can be supported by the work of the Alliance. Additionally, EMHSCA needs to consider their collective response to the pending development of Regional Mental Health & Wellbeing boards, and associated advisory groups that will represent a range of supports.

Appendix G EMHSCA meeting notes 21st October 2021

Pam Anders - Senior Executive Director, Mental Health & Wellbeing Transformation, Department of Health

The session recording is available at https://www.emphn.org.au/what-we-do/mental-health/emhsca-events

The DH has recognized that they need to disrupt themselves internally to enable the reform. Lived experience leadership roles are being put in place.

MH & WB boards are to be formed now. There is a current EOI for the board chair roles is out now and located here https://www.boards.vic.gov.au/search-board-vacancies/chairperson-mental-health-and-wellbeing-interim-regional-bodies-vgb/1561915a

- The networked system of local and area-based services was described. DH is focused on building the Local MH & WB services and supporting development of Area MH & WB services. Collaboration with Commonwealth and Headspace.
- Services need to be more locally focused.40% expansion in capacity is required over the next 4 years.
- Treatment, care and support need to have the right developmental focus. Two streams will be created - infant/child/youth (0-25) and Adults and older adults (26 and older).
- Health Services Partnerships (HSPs) work together on a small number of strategic priorities including the COVID response, Better at Home, Elective surgery and emergency care, and the Mental Health reform. They replace the Health Services clusters that formed to collaboratively manage the pandemic response. Focus is on moving services from competition to collaboration.
- Flagship reform is the introduction of the Local Adult and Older Adult services that will create a broad front door. Local MH & WB services will be delivered in partnership between public health and NGOs. Local and Area based services will be networked to provide staged care.
- There is a repeal of the MH Act 2014 and new legislation is being drafted. New MH & WB Act must be complete by end of 2022.
- Workforce strategy is required to be developed by end of this year. This needs to deal with the short term supply issues, and also structural changes to support the future workforce.

Discussion:

Slido poll: What are key strengths for EMHSCA in contributing to mental health reform?

Q & A

Q1: How will the Regional Boards & the Local &Area Services integrate with the new federal mental health hubs (HeadtoHelp) which are also being established?

A: Collaboration and partnership between commonwealth and state are needed. Reduce duplication and make the system more navigable for people. Head to Help is now extended to end of June 2022. Pam has been chairing the task force. We need to look at how they can merge with the local MH & WB services, and also with the new Adult MH hubs that the federal govt have foreshadowed.

Tamsin commented that the collaboration has been great. Also that people are readily confused when there is a change in the entry points. Communication will need to be very clear.

Q2: Will the Local Mental Health & Wellbeing Services be competitively tendered? Who will deliver them?

A: Yes they will. Be sure to register on the Department's website and you will find out more information shortly.

Q3: With the current workforce shortages, how will we meet a 40% + expansion of workforce?

A: Pam acknowledged the various challenges, including the closed international and interstate boarders. The Workforce strategy aims to provide some answers going forward. Victoria needs to work with the Commonwealth to provide working colocations, such as Headspace/infant children's hubs.

Tamsin commented that tertiary pathways are required, additional to Headspace and other initiatives. The primary services don't have the infrastructure to properly support some people, without Tertiary services' support. Ideally a separate door should be created to fast track people who are being referred via the Stepped Care services. Pam advised that Local MH & WB services will act as the entry point for Area MH & WB services.

Comments in Q & A:

- Re "surge workforce" - what we need more than a colocation of services within headspace/services, is clearer and easier pathways into tertiary services
- Staff recruitment is a huge issue for all sectors right now. The requirement to have staff work after hours is making this more difficult for tertiary services

Melody described the difficulties CYMHS have experienced with expanding their Access team's availability to after hours, due to less interest from staff in working after hours. Gavin said the age of the workforce may be influencing this reluctance.

Q4: When will the Eastern Region Local MH &WB services be commissioned?

A: Pam was unable to offer the timeframe for this. The first 6 areas do not include the East of Melbourne. Recommendation 47 speaks to moving to a more equitable level of planning across Victoria. There has been a lack of planning in the past, leaving some areas

underserviced. Next task: develop a Statewide Service and Capital plan to be developed by end 2022, as a precursor to regional planning. There will be 8 regional plans which the advisory boards will develop in consultation with the DH and communities by end 2023.

Q5: How do you view the integration of AOD services within the Local Services so that people can access no wrong door treatment?

A: The integration piece re bringing the MH and AOD services together is exciting. New models will be trialled locally. The AOD sector is central to the change. The Minister for Health is very much engaged in this conversation.

Q6: Has there been talk about a marketing strategy for the general public (including CALD) and health care providers?

A: There is one recommendation focused around diversity of community, however it is pervasive across many recommendations. Diversity working group is forming. Data insights are sought.

Q7: Can you talk about the commissioning of integrated demo projects by the MH & WB boards in each area?

A: This is part of a 5-year maturity model. There is a need for co-commissioning across Jurisdictions and the boards will enable this.

Q8 and 9:

- What role do you see this network and others across Victoria playing in which parts of the reform? or simply connecting with Regional boards?
- As the key collaborative local Mental Health leadership group, how might EMHSCA align with the advisory function for this region's Mental Health and Wellbeing board as it is formed?

A: The DH are keen to learn what is already happening in each region and leverage these. We need a driving force for collaboration in the various areas. The advisory to the boards will become a driving force. We have stood up expert groups, and other consultation and engagement groups, peaks (VMIAC and Tandem), but need to get to longer term position to provide more certainty about how these thing will be sequenced and activities, to enable the collaboration that is already happening to connect and engage.
The strength of the regional boards will be in leveraging existing collaborative work and local knowledge.

Q10: Is there any thought of a system that can track an individual's MH journey through the system for a better understanding of individual journeys/needs?

A: We need to move away from a siloed approach, to be more accessible to people. Connecting the various tiers of the system is part of the intended MH reform, including IT and data. A foundation for the Local MH & WB services will include connected communication with various tiers of the system including the Area MH & WB services. The Chief digital officer at DH is tasked with this.

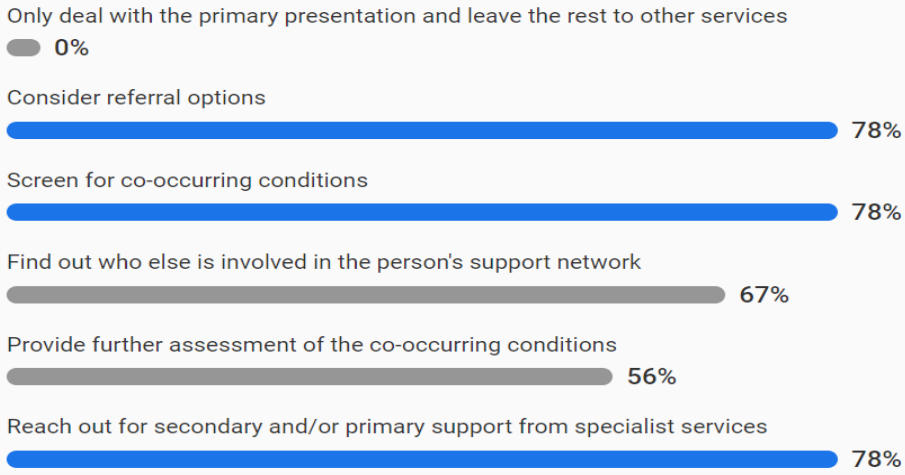
<u>Post session discussion points</u>

- Members agreed that the pace of change is rapid, and for this reason it is a good thing that the Local MH & WB services will roll out in the Eastern region a little later than in some other areas.
- Our members will soon have 2 Area mental health services to interface with: 0-25yrs; and 26yrs plus.
- Tamsin invited members to consider meeting to discuss 'workforce strategies' to manage the surge and recruitment concerns.
- Service partnerships can be formed to maximize our resources.
- EMHSCA is well positioned to stay ahead of the MH reform, with strong relationships/networking across the region, a level of trust, and clear expectations regarding shared care arrangements.
- EMHSCA may need to expand its membership to include other sectors such as justice and education, in order to better align to the MH reform.

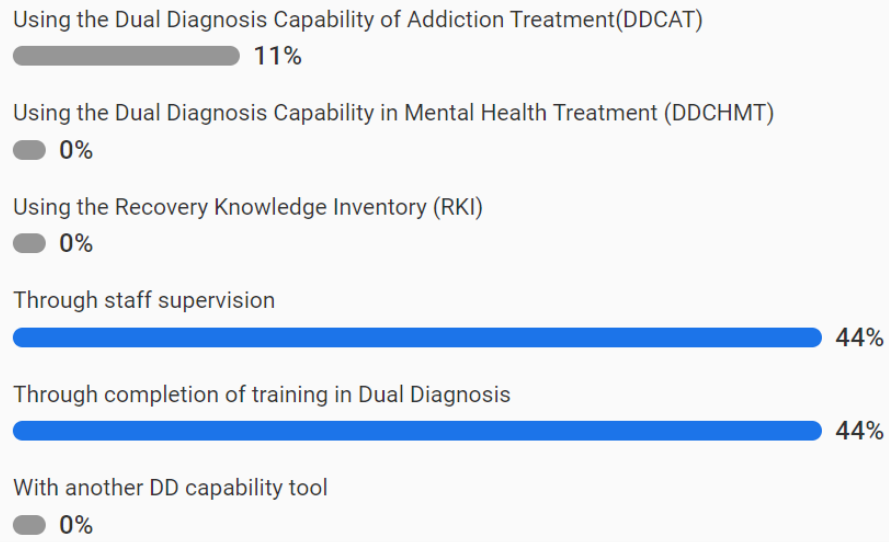
Appendix H EMHSCA meeting notes 16th December 2021

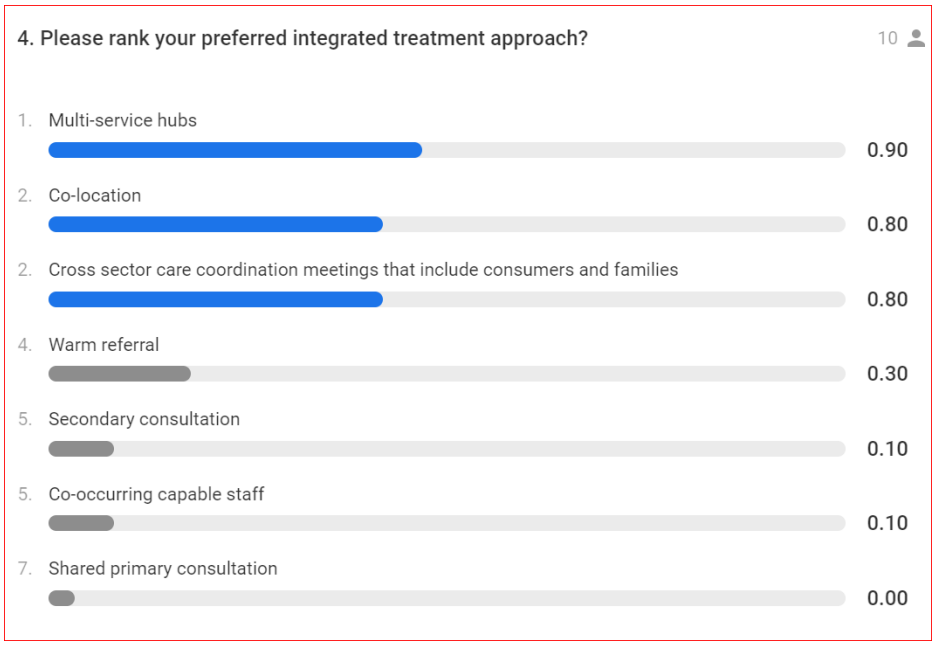
Pre DD presentation Slido Poll:

2. What is your organisation's response when you identify someone with co-occurring conditions, including MH & AOD?

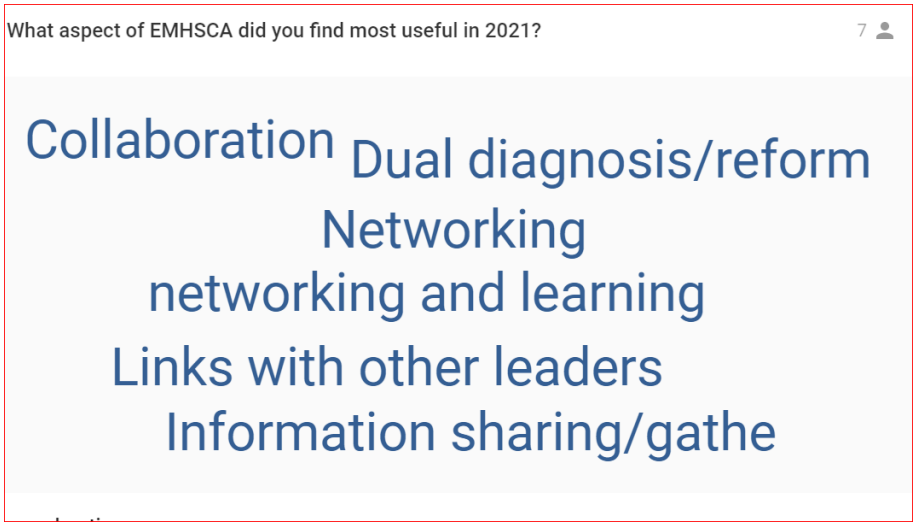


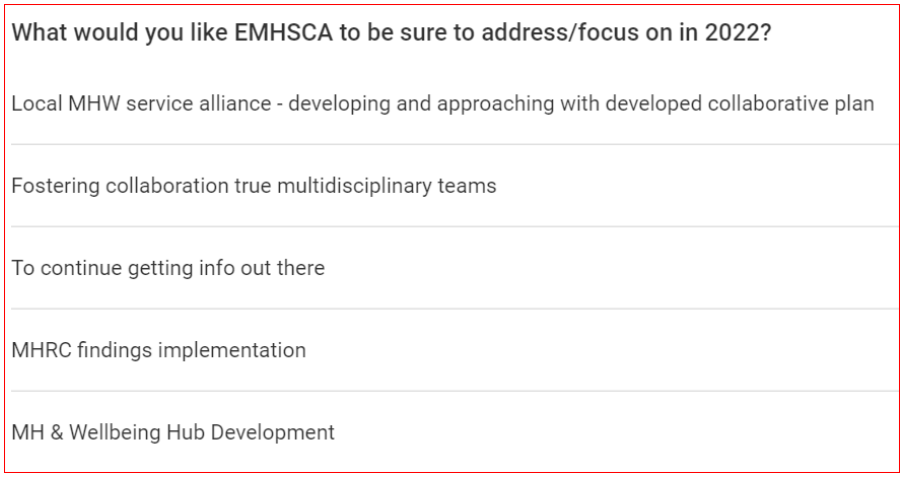
3. How does your organisation understand or measure your staff's capability in dual diagnosis?





Post EMHSCA poll questions





Do you have any other feedback for the EMHSCA Steering group?

Defining integrative care is a great idea! I support the pitch to do so!

I'm new to the East and it's so impressive

Keep up the good work!

Thank you

Appendix I EMHSCA meeting notes 21st April 2021

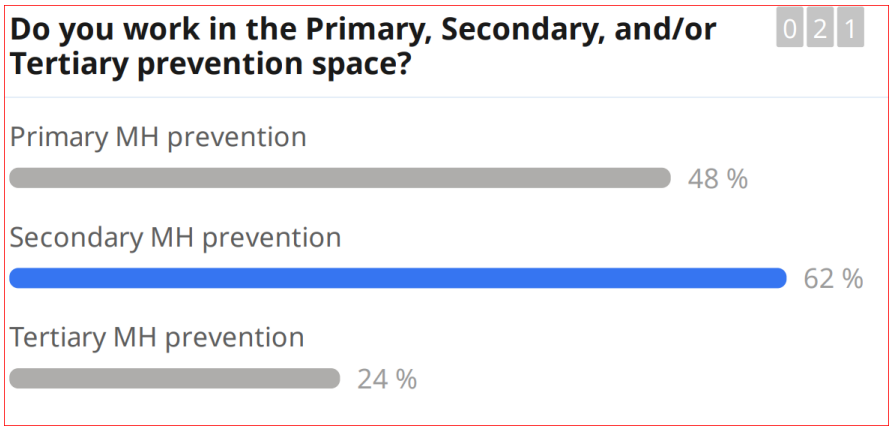
Slido poll results:

Question 1

In a word or two, what is Mental Health Prevention?

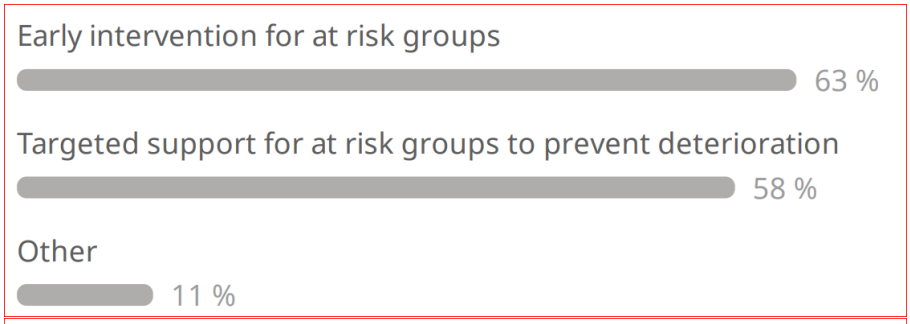
0 1 6

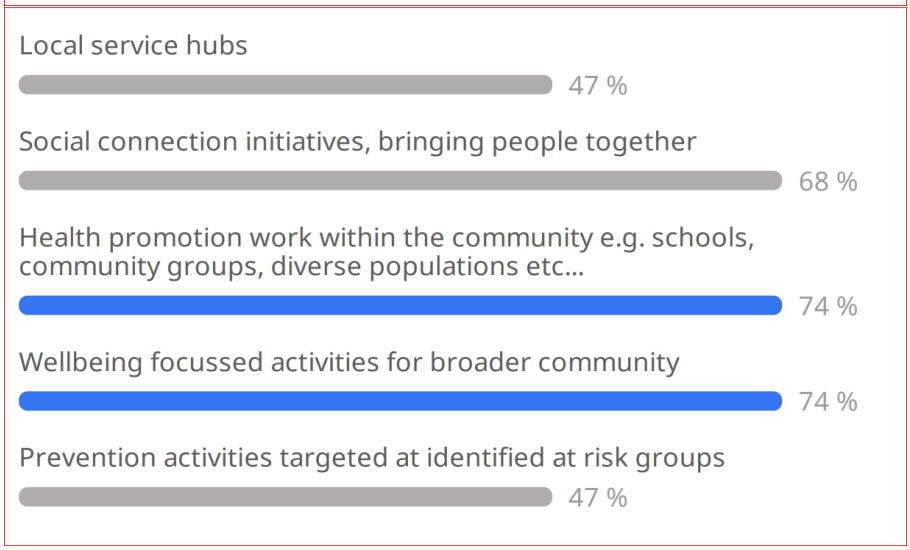
Question 2.



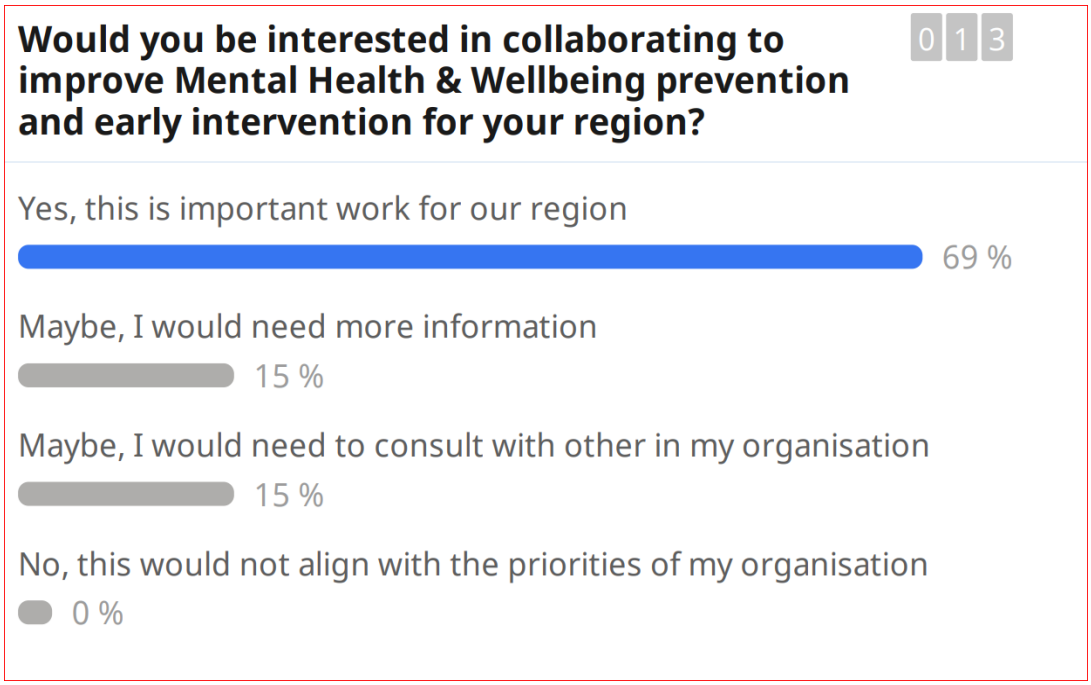
Question 3.

What kind of prevention initiatives do you currently have?





Question 4.



Question 5.

What would you like to see improve to better address the need for MH prevention?

- more focus and discussion on systemic injustice and inequity that contributes to mental illness, i.e. poverty, insecure work, housing, racism, violence and trauma etc.
- Be more broadly inclusive of range of organisations:partners
- how do we reach vulnerable people and ensure they connect with the services and supports available
- Levelling the playing field, accept that reform means change and no one is an expert in the space
- Community development. Service supporting people to maintain and improve their mental health, opposed to reacting when things reach crisis. Prevention is better than cure!
- more collaboration
- continual professional development of clinicians
- agreed language and consistent understanding of primary prevention
- - More collaboration between care teams and clear referral streams for mental

health service providers - Clarity around opportunities for government funds for linkages to mainstream and NDIS support services, especially including resources for carers - I can think of more but want to submit this!

- Resourcing

Appendix J EMHSCA meeting notes 16th June 2022

Defining EMHSCA in the context of the MH reform

A brief overview of the potential direction for EMHSCA was provided by Bronwyn. In reviewing the MOU, it became apparent that EMHSCA members have signed up to developing and promoting the "integrated multi sector MH & WB service coordination and system integration model". This model exists but has never been articulated in one document. For this reason, Bronwyn will commence development of an EMHSCA framework document that will include the following:

1. Introduction
    - The Eastern Mental Health Service Coordination Alliance
    - EMHSCA Aim, function, Vision & Values
    - The changing landscape
    - Driving change
2. Definitions of Care Coordination and Service Integration
3. Care coordination and service integration principles
    - Principles of Coordinated Care & Service Integration
    - Barriers to Coordinated Care & Service Integration
4. Implementing Care Coordination and Service Integration
5. References
6. Appendices
    - EMHSCA Shared care protocol
    - EMHSCA Colocation guide
    - EMHSCA Lived and Living Experience Leadership model

A new Lived and Living Experience Leadership guide is to be developed via coproduction with LLE advisors already involved with EMHSCA in the coming months.

Additional to developing our own framework, Bronwyn suggested EMHSCA may become a forum for providing a coordinated response to the implementation of other frameworks, such as the MARAM and the new MH & AOD integration framework described by Amy earlier in this meeting.

EMHSCA needs to consider their membership requirements going forward. Members are asked to nominate the service sectors they would like to include at EMHSCA in order to advance their strategic objectives in relation to Care Coordination and service integration.

A workshop style session with break out group discussions followed. Slido polling was utilised to capture responses.

Slido polls/ group discussions:

1. **With respect to the Mental Health reform and the future direction for EMHSCA, which sectors do you think should be included at EMHSCA?**

From the poll: Carer supports were rated as most important. Other results as follows:

Between 70 and 100% agreement: Psychosocial Support Services; Public MH; Youth MH & AOD supports; AOD; Aboriginal and Torres Strait Islander supports; Homelessness/Housing; Disability Employment Services; Complex Support Needs; NDIA; NDIS supports; Mental Health advocacy

Between 50 and 69% agreement: Family Services; Family Violence Services; Education Supports; Emergency Services; Migrant and refugee supports; Primary Health; Local Councils; Forensic; Intellectual Disability; Community Legal Services; North East Public Health unit

Less than 50% agreement: Services Australia

Other suggested members: Parents with mental illness; Police; School psychologists; Prevention focused orgs

From discussion:

- New members want to know who is here already before they could comment.
- Health promotion/prevention should sit with health providers.
- Be good to ensure FaPMI style representation i.e. voices of parents with mental illness and children/young people as carers.
- Good to consider connection of support services/NDIA.
- Not emergency services; other groups better to connect with them or eastern mental health emergency liaison.
- Another opinion re emergency services – great to bring in police/ambulance.
- Not local council. Role of local council is to advocate not provide service.
- Important to maintain conversation involving tertiary and community services.
- Could benefit from having Suicide support and prevention services at EMHSCA.
- Thought was EMHSCA is too big. May need to do some tiering and have subgroups e.g. prevention, crisis management etc. organisations never know who should attend meeting. Often content of meeting not relevant because we are trying to cover too much area and it's becoming information sharing and not collaboration.

2. How would you like to see EMHSCA support the collaborative implementation of the various frameworks across our region?

From the poll: Detailed focus; Support Community MH orgs to elevate MARAM maturity to level of phase 1. Org leaders to participate in MARAM alignment workshops/exec briefings; Creating specific focus groups e.g. AOD; NDIS; etc…; Noticeable need for PHN alignment to this group; Promotion – communication – collaboration – growing - developing.

From discussion: Really big question – be good to understand the current most relevant frameworks to support his conversation going forwards.

Brief Discussion re how we can bring the MH clinicians to the same space in implementing MARAM.

3. What does service integration mean for you?

From the poll: Collaboration; No wrong door; Cohesive approach; Coordinated; Complimentary.

From discussion: A service where someone can access all services from prevention, primary, secondary, and tertiary intervention and assistance i.e. No wrong door.

There was a very small number of attendees who engaged with the Slido polls today. Strong conclusions regarding membership cannot be drawn from the poll results.

Further consideration of the views expressed at this meeting will be made by the EMHSCA Steering group.

There will be a draft definition of Care Coordination and Service Integration provided to members for consideration in August.

Appendix K EMHSCA alignment to Mental Health and Wellbeing reform

The EMHSCA strategy is centrally about Service coordination and integration. These objectives appear well supported by the MH reform. We have a model of care coordination that was developed via research examining the enablers and barriers to coordination and collaborative care. You can read about this on the EMHSCA webpage under reports. A brief summary is provided at the end of the EMHSCA Strategic work plan. A research paper is pending.

The EMHSCA strategy includes Five priority areas

Mental Health & wellbeing & AOD system reform

- Currently the focus is on keeping members informed and engaging in discussions regarding implementation of the MH Royal Commission recommendations. EMHSCA provides a key local platform for the reform work.

Safe and Quality Care

- We aim to develop a shared understanding of the key Q&S issues and ways to address these. We also support the implementation of the Regional integrated MH, AOD and Suicide prevention plan.

Collaborative Care Planning

- This has been on EMHSCA's agenda for more than a decade and includes the implementation of the EMHSCA Shared care protocol

Workforce development

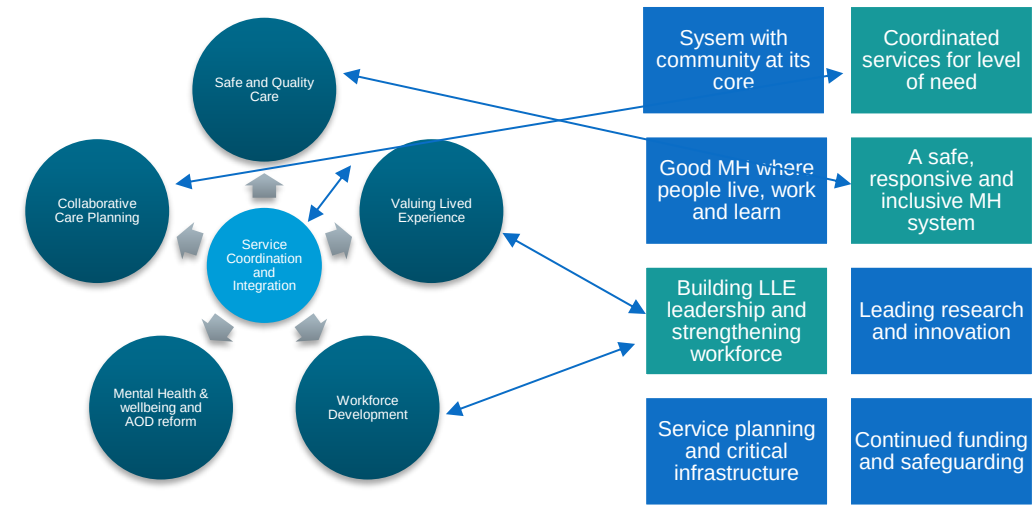
- EMHSCA holds 2-3 events each year. These include Collaborative care planning workshops, complex support needs workshops and service orientation forums. Last year we held a carer specific navigation forum for health and community staff across inner and outer eastern areas; and in the past we have held NDIS and other sector forums to support the various reforms.

Valuing Lived Experience

- EMHSCA has had a strong relationship with the Dual Diagnosis Consumer and Carer advisory council for the past 8 years, enabling coproduction and co-design.

- Additionally, we are developing Lived Experience Leaders throughout the EMHSCA structure at this time.

Figure 1: EMHSCA strategy aligned to Mental Health and Wellbeing reform priorities



As we match the EMHSCA work to the Mental Health reform agenda we can see that 'Coordinated services for the level of need' is clearly aligned to EMHSCA's central objectives around Service coordination and integration; and Collaborative care planning. It would appear that the Department has been very busy developing and implementing a range of deliverables under the reform agenda. They have not yet had time to examine what already exists to support the new work. And it is very likely the EMHSCA strategy will be an added bonus in the east as the Locals are introduced.

We can also see EMHSCA supporting a safe and responsive MH system with its networking of providers, safe and quality care discussions and shared care arrangements and member colocations.

We believe some EMHSCA member organisations have made significant progress in developing LLE leadership roles. EMHSCA itself has encouraged LLE members to join the Steering group and we are planning to conduct focussed conversations across our region with LLE to develop clear guidance on this topic. EMHSCA supports workforce development and our aim has been to bring the region together to learn, thus reducing the gap between the various sectors.

A significant development will be the introduction of the Local MH & WB services across Victoria. The tenders are coming out soon for Lilydale and Ringwood. We will hear a lot more about the intention from Eileen Khaw shortly. But I think it is worth pointing out the objectives and how these align with the EMHSCA work.

It is likely that EMHSCA's longstanding relationships will assist organisations to meet the objectives of this new model. The partnerships developed within and around the Alliance can enable the tertiary provider to work more effectively with the Locals, and the Shared care protocol will ensure providers are clear about what is necessary to enable seamless care throughout.

The Alliance aligns well with the objectives of the Eastern Health Mental Health Program Transformation plan.

Priority 1 – EMHSCA has a keen interest in Lived Experience Leadership development and connections to our peer workforce. Also the Eastern Peer Support Network has been an EMHSCA initiative, bringing the Lived and Living Experience workforce together since 2015.

Priority 5 – EMHSCA provides a broad partnership that can support capacity building of staff. Reciprocally, we can provide consultation across the region via EMHSCA relationships. EMHSCA can support clear pathways to enable cross sector knowledge transfer and consultation mechanisms.

Priority 6 – NGO relationships are formed over time. Bimonthly EMHSCA meetings enable information sharing, networking, safe and quality care discussions, and a shared care commitment to collaboration. EMHSCA has been Resilient in the region, and a beacon across the state. Other regions have wanted to emulate EMHSCA and some have achieved this.

Priority 7 – EMHSCA provides a mechanism for MH and AOD service leaders to improve the integration of service response. Linkage meetings monthly at coal face to increase knowledge and network people to improve outcomes for shared clients with Dual Diagnosis (MH & AOD) – EH MH staff and AOD staff are actively involved. Dual Diagnosis linkages are part of the EMHSCA collaborative work.

Priority 8 – EMHSCA can support the relationship between the Local and Area MH & WB services. By aligning with the EMHSCA Shared care protocol and focussing on its implementation, Eastern Health and the Locals can meet their shared objective of ensuring a smooth continuum of care.

Table1: EMHSCA strategy alignment to the Eastern Health Mental Health Program Transformation plan.

Priority	EMHSCA relevance	Future work
1. Lived Experience leadership	Intentional Lived Experience Leadership development occurs throughout the EMHSCA structure with strong connections to our Eastern Health LLE workforce. The Eastern Peer Support Network is an EMHSCA initiative.	Development of LLE leadership guide for the region – coproduction piece
5. Primary and 2ndry consultations	EMHSCA provides a broad partnership that supports capacity building of our staff. Reciprocally, we provide consultation across the region via EMHSCA relationships. EMHSCA supports clear pathways to enable cross sector knowledge transfer and consultation mechanisms.	Continued focus on cross sector capacity building events. Fostering service Linkages.
6. Forming partnership with NGO	NGO relationships are formed over time. EMHSCA has a long history (15 yrs) of fostering these. Bimonthly EMHSCA meetings bring together regional leaders. Through EMHSCA trust and understanding is developed, enabling a considered approach to engagement in useful organisational partnerships.	
7. Integrating MH and AOD	EMHSCA provides a mechanism for MH and AOD service leaders to improve the integration of service response. Tools such as the Share care protocol and the Colocation guide are provided to member agencies and elements are delivered to staff attending EMHSCA events. The Eastern Dual Diagnosis linkages have historically been and remain part of the EMHSCA collaborative work. These monthly meetings at the coal face serve to increase cross sector knowledge and network people to improve outcomes for shared clients with Dual Diagnosis (MH & AOD) – EH MH staff and AOD staff are actively involved.	Providing a local framework for service integration and care coordination.
8. Supporting Locals	EMHSCA supports and enables service integration. AS the Local MH & WB service partnerships form, they can be supported to integrate effectively by the EMHSCA framework and associated tools.	Preparing EMHSCA partners for supporting the Local MH & WB services along with the Area MH & WB services.