



EMHSCA 2014

Annual Report

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

Contents

Executive letter.....	2
EMHCSA.....	4
Accomplishments.....	6
Future Directions.....	8
Financials.....	9
Recognitions.....	10
Appendices.....	11

From the Chairs

In this year of significant change to service provision across the Victorian Specialist Mental Health and Alcohol & other Drugs Service Sectors, it is encouraging to be in a position to report on the substantial collaborative work occurring across the Eastern Metropolitan Region (EMR) of Melbourne as part of EMHSCA.

The development of the EMHSCA strategic plan has been a significant piece of work involving contributions from across all EMHSCA members. This work provided the strategic platform for the alliance to articulate its shared agenda and commit to priorities that will drive a more collaborative response to the needs of people with mental health and other co-occurring concerns across the EMR. Over the next 12 to 24 months, EMHSCA will advance strategic work in the areas of Service Coordination, Workforce Development and Service improvement.

The important work undertaken last year developing shared care principles has been progressed by incorporating these principles into the Shared Care Practices and Collaborative Planning Protocol. The Workforce Development committee provided two training events this year that focussed on orienting 77 staff from 19 services to this important shared protocol.

The first Shared Care Audit was conducted by 16 services across the region in February 2014 and provided base line data. It is a testament to EMHSCA members and their commitment to continuous quality improvement that some 2322 client files were included in the audit. The collated data has been provided to EMHSCA services and a survey has been conducted to prepare for subsequent audits. The next audit is planned to be conducted in February 2015 where we look forward to monitoring the effectiveness of shared care practices across the EMR.

We farewelled Michael Janssen (EACH) as chair in June. Michael had served for two years and the achievements of the EMHSCA during that period were numerous. Brad Wynne (Eastern Health) was received into the role of co-chair in October 2014. Matthew Colledan (Neami National) has served for over 12 months and will continue as co-chair until mid-2015.

In order to support the region to better understand the dual sector reforms, the EMHSCA Workforce Development committee provided a forum in November. This event was attended by more than 170 representatives from 47 services and government departments across the eastern region. Feedback from attendees was very positive. Attendees appreciated the up to date information as well as the networking opportunity that the forum provided.

EMHSCA this year underwent a membership review as a result of the reforms to ensure appropriate strategic stakeholder representation from across the region. It is worth noting that the EMHSCA committee, its subcommittees and the EMR Dual Diagnosis response all continued their valuable in-kind efforts advancing the important work of EMHSCA during this period of significant sector change.

Consumer and Carer involvement has been on the agenda for EMHSCA throughout 2014. Discussions with consumer and carer advisory groups have been facilitated in order to consider effective ways in which to engage with and connect consumers across the East. This work continues and has resulted in two consumer representatives' joining the EMHSCA committee.

In closing, of note is that EMHSCA has been invited to sit on the EMR Mental Health and Alcohol and Drug Planning Council from 2015. This Council will provide a platform to improve outcomes for the EMR population by developing a shared understanding of the mental health and alcohol and drug needs, including the needs of at-risk population groups and the current and required planning and service delivery to address these needs. The Council will also bring together key stakeholders to guide and shape the new service environment in the context of the broader service system to better respond to the current and emerging needs of the people in the EMR. We look forward to reporting on this initiative in next year's EMHSCA annual report.

As we reflect on a great year of embracing change across our service sectors, we look forward to 2015 and continuing the work of EMHSCA to achieve our vision "to ensure that people who have mental health and co occurring concerns have access to responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey".



Brad Wynne

Associate Program Director
Adult Mental Health Community & Rehabilitation
Eastern Health



Matthew Colledan

Regional Manager
Eastern Victoria
Neami National Kew

Our Vision

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

Our Values

At EMHSCA we value:

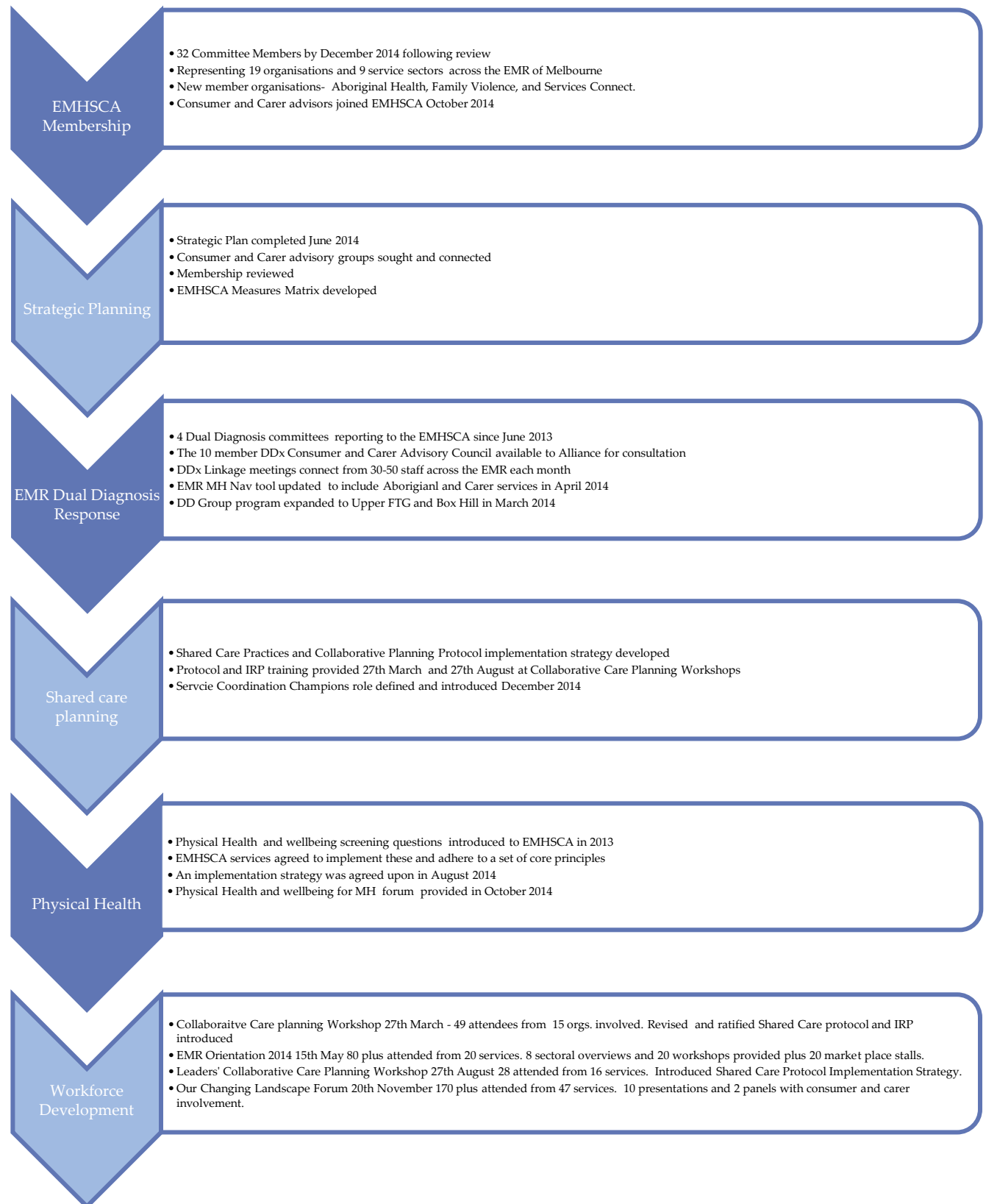
- A Strategic approach by encouraging the expansion of organisational thinking and planning into a broader regional context.
- A Respectful approach by treating everyone with courtesy, acknowledging all viewpoints, respecting diversity, and considering everyone with fairness and ensuring constructive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



Accomplishments

- The Strategic Plan was released to provide clear direction and communication of the shared EMHSCA objectives, and to promote the work of the Alliance.
- The first round of base line data was collected regarding shared care practices in the EMR. This included results from 16 participating services who are engaged in shared care regarding people with mental health concerns.
- The Shared Care Practices and Collaborative Planning Protocol was developed and accompanied by an implementation strategy to support roll out. It was launched at two key workshops in 2014.
 - The Collaborative Care planning Workshop held in March and involving 49 participants from 15 organisations/ services.
 - The Leaders' Collaborative Care Planning Workshop held in August involved 28 participants from 16 organisations/services.
- EMR DD Response – The Peer lead Dual Diagnosis Group program expanded to Wellington House and Chandler CCT. The first Consumer and Carer Forum “Our side of the fence” was held on September 11th. 59 attendees came from 15 services to hear from the 10 members of the Dual Diagnosis Consumer and Carer Advisory Council (DDCCAC). The DDCCAC developed a Welcome statement to support a ‘no wrong door’ response at regional services.
- EMHSCA’s Minimum data set for Physical health screening was presented at Mental Health Nurse Primary Care conference by Freyja Millar in March 2014.
- The first Physical Health for Mental Health Forum was held in October gathering 50 physical health champions from across the region from a range of services. A consumer perspective was a highlight and group activities were held with a solutions focus.
- Membership was reviewed to reflect the changing landscape following the Alcohol and Other Drug and Mental Health Community Support Services’ reforms.
- The EMR MH Navigation tool was updated to include Aboriginal services, Carer supports and suicide intervention.

Analysis



Future Directions

- Conduct Shared Care Audit in February 2015 as a potential measure for the effectiveness of Shared care and Service Coordination initiatives employed in the past year.
- Commence support for Service Coordination Champion role in all EMHSCA member services.
- Continue to provide the three collaborative workshops and the annual orientation event that improve communication, encourage networking and partnerships, and improve the quality of shared care practices in the Eastern region.
- Strengthen Consumer and Carer involvement in planning, decision making and service delivery via membership at EMHSCA and its subcommittees and via networking of various Consumer and Carer advisory groups across the EMR.
- Strengthen connections with Aboriginal Health services via representation at EMHSCA and its subcommittees.
- Strengthen connections with Family Violence services via representation at EMHSCA and its subcommittees.
- Support Older persons Alliance project via inclusion in EMR Orientation event.
- Highlight current and existing partnerships and collaborative initiatives of EMHSCA member organisations.
- Share recovery stories to encourage EMHSCA focus on the central theme as a regular item at EMHSCA meetings.
- Review the EMHSCA MOU to line up with the EMHSCA strategic plan, in second half of 2015.



Left to right: Top row Cathy Keenan (Dept. of Health), Sharon Bourke (EACH), Bronwyn Williams (Eastern Health), Anna McKenry (Dept. of Health), Sally Corrigan (MIND), Laurie Dusting (Eastern Health),

Bottom row: Brad Wynne (Eastern Health), Tim Brewster (Eastern Health), Amanda Exley (Anglicare), John Dutton (Inner East Melbourne Medicare Local), Matthew Colledan (NEAMI National).

EMHSCA Workforce Development Budget 2014

In October 2013 EMHSCA member services contributed \$205 each towards the workforce Development activities for 2014. \$2460 was received by the end of 2013.

The four events provided cost \$6,278.50.

The EMR MH and AOD reforms “Our Changing Landscape” forum held in November at the Karralyka Centre was a special event that was added to the calendar in 2014, replacing the annual “Complex Issues Explored” workshop. It came at a substantial cost, which was met, predominantly by the Department of Health. Knox Social and Community Health made an extra contribution to this event covering almost a quarter of the cost. The actual cost of the “Our Changing Landscape” event was \$4,881.

At the end of 2014 further invoices have been sent to EMHSCA members to gather funds for the coming year. In order to account for a budget deficit in 2014 and to manage inflation we have asked for \$250 from each participating EMHSCA organisation. It is hoped that a total sum of \$3500 will be collected in order to manage projected costs of this amount.



Acknowledgements

As the EMHSCA Project officer I would like to take this opportunity to thank the many committed and enthusiastic people who make the work of EMHSCA a reality.

Our chairs:

EMHSCA committee: Matthew Colledan, Michael Janssen and Brad Wynne

Strategic Planning sub committee: Amanda Exley and Sally Corrigan

Collaborative Pathways sub committee: Kirra Johnson and Sandra Natale

Workforce Development: Kate Anton and Bronwyn Williams

Physical Health sub committee: Heather McMinn, Marie Gill and Jacky Close

Thanks must go to all the committee members who attend meetings, provide events, make decisions and disseminate work. Your enthusiasm and involvement is very much appreciated. The collaborative attitude that you have maintained during the challenges of the 2014 dual reforms is to be commended, and provides an example to other regions.

I would like to thank the Department of Health for providing a great office environment for this project role. Special thanks go to Cathy Keenan for her ongoing oversight support for the project, and Anna McKenry for her supervision and guidance.

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

Thankyou to all who have contributed financially and physically to the EMHSCA workforce development events in 2014. The overwhelmingly positive feedback received from participants is testament to all you have achieved.

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

It is a privilege to work with you all and I look forward to further collaboration in 2015.

Bronwyn Williams

EMHSCA Project officer

Appendices

Appendix A – Collaborative Pathways Sub Committee Annual report 2014

Appendix B – Physical Health Sub Committee Annual report 2014

Appendix C – Strategic Planning Sub Committee Annual report 2014

Appendix D - Workforce Development Sub Committee Annual report 2014

Collaborative Pathways Subcommittee

Annual Report December 2014

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

Agency	Name
Anglicare	Wendy Brokenshire
EACH	Matt Riley and Mike Quaass
Knox Community Health Service/EACH	Kim Johnson
Eastern Health	Laurie Dusting, Bronwyn Williams
EMML	Neil Grun (until April 2014) Joel Robins (from April 2014)
IEMML	John Dutton
MI Fellowship	Sarina O'Halloran
Mind East	Sandra Natale (Chair Feb – June 2014)
Neami	Matthew Colledan (Until April 2014) Kirra Johnson (from April 2014, Chair July – Dec 2014)
Australian Govt. DHS	Scott O'Neil

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

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

Activities for 2014

1. Audit of Shared Care Practices

- The CPSC developed an audit tool to obtain baseline data about the engagement of EMHSCA member services in Shared Care planning. A guide to carry out the audit was also produced.
- EMHSCA member organisations were supported to complete the audit in February 2014.
- A report of the audit findings were presented to EMHSCA in August 2014. Findings included that 59% of consumers received assistance from two or more services, whilst 28% had a documented Shared Care plan.
- A survey of EMHSCA member's experience of the audit was developed and commenced data collection in December 2014.

2. Implementation Plan

- An Implementation Plan providing recommendations for implementation of the Shared Care Planning Protocol was developed by the CPSC.
- The Implementation Plan was presented to and ratified by EMHSCA member organisations.

3. Service Coordination Champion role and Linkages

- A description of the Service Coordination Champion role was developed by CPSC and ratified by EMHSCA member organisations.
- The Linkage meeting was examined as a possible model for connecting Service Coordination Champions.
- The process of identifying Service Coordination champions in each member organisation was commenced, as were plans for the Service Coordination Champion regular meetings and activities in 2015.

4. Issues of Information Sharing

- Identification of issues regarding sharing of information across organisations was carried out at Collaborative Care Planning Workshops and passed on to CPSC by the Workforce Development Committee.
- New target areas for strategic work were fed into the EMHSCA strategic plan.

FUTURE PLANS

1. Service Coordination Champions

- Finalise identification of Service Coordination Champions for each EMHSCA member organisation.
- Initiate regular meetings of Service Coordination Champions, with a launch of the role to be held in February 2015.

2. Audit of Shared Care Practices

- Survey of EMHSCA member's experience of the 2014 audit to be completed by January 2015.
- A second audit of Shared Care Practices will be undertaken in February 2015.

3. Consumer and Carer Involvement

- The CPSC will engage with consumers and carers for consultation regarding its activities.

Compiled by Kirra Johnson
Chair – Collaborative Pathways Sub committee
December 2014

Physical Health Subcommittee

Annual Report December 2014

The EMHSCA Physical Health (PH) Subcommittee was formed in early 2013, to explore how EMHSCA partner organisations can work together to improve the physical health outcome for people with mental health and co-occurring concerns. The vision of the PH subcommittee was that all participating agencies offer the opportunity for all people to review and address their physical health and wellbeing needs through screening and offering access to appropriate services. Agencies who have participated in the work of the PH subcommittee include Eastern Health, Eastern Melbourne Medicare Local and Inner East Melbourne Medicare Local, Mind Australia, NEAMI, EACH, Knox Social and Community Health, Mental Illness Fellowship Victoria, AGENDas-Anglicare. This work has been facilitated by Marie Gill of Gill and Willcox Consulting and coordinated and funded by the Outer East Primary Care Partnership.

Outcomes in 2013/2014

1. Agreement by EMHSCA members to ensure that as a minimum the seven following physical health and wellbeing screening questions are asked:

1. *Do you have a GP?*
2. *Have you had **a recent medical check?***
3. *Have you been diagnosed with a physical health condition?*
4. *Are you taking any prescribed or over the counter medication?*
5. *Do you have concerns about these medications?*
6. *Do you have any concerns about your physical health?*
7. *Do you have any lifestyle concerns and/or particular stresses in your life?*

2. Agreement by the EMHSCA members that their agencies will adhere to the following core principles:

1. Ensure screening and referral for the physical health needs of clients/consumers is consistent with a person centred care and a recovery model.
2. Work together to support clients/consumers achieve their desired physical health outcomes.
3. Ensure systems are in place to support staff to achieve these principles.

Agreement by EMHSCA members that their agencies will implement these principles by

1. **Offering** a physical health screen routinely (*ask the 7 key questions*)
2. **Discussing** with clients/consumers their identified priorities and actions
3. **Supporting** clients/consumers to take action (*shared resources available through the Physical Health Subcommittee*)
4. **Following up** with clients/consumers to discuss action outcomes and identify future priorities

3. Facilitated a workshop for physical health champions and other interested in supporting their agency improve physical health and wellbeing outcomes for people living with mental illness.

The aim of the workshop was to provide attendees with an update about how agencies in the east are responding to the physical health needs of people living with mental illness.

Approximately 50 people attended the workshop including practitioners, clients and carers from a range of agencies and groups including EACH, Eastern Health, Whitehorse Community Health Service, Knox Social and Community Health, Dual Diagnosis Council, Neami, Maroondah City Council.

The PH committee is currently reviewing the annual plan and considering opportunities for the coming year.

Compiled by Jacky Close

Executive Officer

Outer East Health & Community Support Alliance

(Outer East Primary Care Partnership)

December 2014



ANNUAL REPORT EMHSCA STRATEGIC PLANNING SUB COMMITTEE

December 2015

AMANDA EXLEY – Strategic Planning Sub committee Chair

Amanda Exley -Chair	Program Manager Family & Community Services Eastern Region Anglicare Victoria
Anna McKenry	Team Leader Outer East Alcohol and Drugs and Mental Health Programs Department of Health
Bronwyn Williams	EMH SC Alliance Project Officer Senior Clinician EDDS
Maidie Graham	Senior Program Coordinator WHSS Crisis Programs
Martin Wilkinson	Director - Primary Care and Clinical Services - IEMML
Michael Janssen	General Manager EACH
Joel Robins	PIR program manager - Eastern Melbourne ML
Sally Corrigan	Area Manager Mind Melbourne East
Tim Brewster	Service Manager Outer East Continuing Care Teams Adult Mental Health Program Eastern Health

2014 Highlights:

- Development and implementation of the EMHSCA Strategic Plan
- Vision and Values statements finalised
- Strategic Priorities statements developed and linked to all Subcommittee functions
- EMHSCA tag line developed and implemented, *'Creating opportunities to work strategically across the region with Multi-Sectoral partners.'*
- A review of EMHSCA members was undertaken and actions implemented ensuring all sectors are represented on the EMHSCA

Overview:

At the end of December 2013 a decision was made to rename the Visionary Subcommittee and the 'Strategic Planning Subcommittee' was born. This gave the committee a new focus, and with new members on board, who were full of enthusiasm and brimming with ideas about how the new Strategic Plan should look, quickly set about implementing a time line of tasks.

In February the strategic planning subcommittee were able to articulate their shared vision in a Vision Statement, alongside of the development of values statements. This built upon the work already being undertaken across all of the subcommittees.

A Common Agenda Survey was disseminated to all EMHSCA members with the results of this forming a way forward in respect of the strategic plan, the vision and values statements, and the creation of the tag line. Each member of the committee were able to participate in devising and developing a 'value.'

A decision was made to utilise the overall mission statement within the ToRs.

In the planning of the content for the Strategic Plan a strong emphasis and consideration was given to the importance of being mindful of communication, how we measure success and outcomes, that the content was strategic and not operational, and that we were able to articulate our shared agenda. Finally we wanted a plan that expanded on organisational thinking and planning that included a broader regional context.

The final EMHSCA Strategic Plan 2014 to 2016 is a document that clearly articulates our shared vision, our values, and our strategic priorities. It is a powerful document which incorporates the work of EMHSCA and all four sub committees.

EMHSCA Are to be congratulated in the delivery of the above achievements given the times of reform and implementation of new services across many sectors over the past 12 months.

Future Plans:

1. Develop agreed outcome measures for EMHSCA activities, a matrix has already been disseminated and will be discussed at the next EMHSCA meeting.
2. Review EMHSCA MOU and ensure the new MOU is in line with the Strategic Plan.
3. Additional survey of EMHSCA members regarding their satisfaction with the Alliance. Survey to be developed and provided to EMHSCA members and then evaluated by the strategic planning subcommittee in early 2015.

Amanda Exley

EMHSCA Strategic Planning Subcommittee Chair

December 2014

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



Eastern Mental Health Service Coordination Alliance Workforce Development Committee Annual Report 2014

The Eastern Mental Health Service Coordination Alliance (EMHSCA) Workforce Development Committee is made up of representatives from EMHSCA services as follows:

- Australian Government DHS – Jose Abalo
- Community Housing Ltd. – Priya Lewis
- EACH Better Health and Lifestyle Project – Elizabeth Arland (events)
- EACH AOD & MHCSS collaboration project– Matthew Riley
- Eastern Dual Diagnosis Service – Bronwyn Williams (Chair)
- Eastern Health Mental Health Practice Development Team – Cora Browne
- Eastern Melbourne Medicare Local –Bronwyn Campbell
- FAPMI – Becca Allchin, Kirsty Jungwirth (events)
- Inner Eastern Melbourne Medicare Local – Maria Yap (and PIR staff support at events)
- Knox Community Health AOD Counselling service – Jenni Thompson (events)
- Mental Illness Fellowship –Daisy Gleeson (Kate Anton - semester 1)
- MIND –Sylvia Tran (Bianca Evans – Semester 1)
- NEAMI National – Aaron Jones

All members participate in

- providing support at Workshops
- attendance at monthly meetings
- taking minutes on a rostered basis
- other specific tasks regarding the role of the committee.

The EMH SC Alliance Workforce Development Committee develops, organises, provides, and evaluates Mental Health Service Coordination Capability Training for all services involved in the Eastern Mental Health Service Coordination Alliance. Consumer and carer representatives are invited to participate and some presented and/or attended the Workshops and events provided in 2014.



Background

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

Over the past 6 years the focus of the committee has been refined to provide workforce development to EMR services involved in service provision to people with mental health problems and aims to enhance service coordination in the region.

Activities

Eastern Mental Health Service Coordination Alliance Workforce Development (EMHSCA WD) Committee

In 2014 we have provided four events as follows:

- A Region-wide orientation - for new staff to learn about the different services provided, referral pathways, intake processes and an opportunity to network.
- Collaborative Care Planning - for staff to explore the principles of collaborative care planning and familiarise themselves with the elements of the Shared Care Protocol.
- Leaders' Collaborative Care Planning - for Managers and team leaders to explore and identify ways in which to support collaborative care planning practices in their services and familiarise themselves with the Shared Care Implementation Strategy.
- Our Changing Landscape Forum - A special event designed to address the need for communication regarding the recent MH and AOD reforms.

The first Consumer and Carer Forum was held in 2014 by the Dual Diagnosis Consumer & Carer Advisory Council and Dual Diagnosis working group

- Our Side of the Fence - A Dual Diagnosis Consumer and Carer forum was provided on September 11th and included support from some members of the EMHSCA workforce development committee. There were 59 attendees from 15 services.

Due to the dual sector reforms, and the need for an event to address the changes in the region, the following was not offered in 2014:

- Complex Issues Explored - for staff to work through case scenarios in addressing complex issues involving multiple agencies.

It has been rescheduled to be provided on 27th August 2015.

What has worked?

CCPW (27th March)

- Weaving a real consumer story through the workshop. Having a GP address the participants in relation to effective collaboration with them.
- Providing a session addressing information sharing specifically.
- Introducing the principles of collaboration as a group discussion.
- Assigning participants to tables in order to encourage cross sectoral discussions.



- Encouraging participants to take their learning back to their work places by providing network follow up post workshop and collated "solutions" brainstorm information.
- Providing interactive and purposeful activities during workshops which encouraged participants to use their knowledge and skills to enhance the knowledge and skills of the broader group.

EMR Orientation 2014 (15th May)

- Providing only one workshop at a time over 5 rooms in the afternoon.
- Provision of projectors and lap tops for all afternoon workshops.
- Scheduling presenters sequentially instead of concurrently to reduce noise and confusion.

Leaders' Collaborative Care Planning Workshop (27th August)

- Introduction of Implementation Strategy for Shared Care Planning.
- Format has worked well for past 2 years.
- Providing a session addressing information sharing specifically.

Our Side of the Fence Forum (11th September)

- Consumer and Carer focus of the day and opportunity to convey their viewpoints.
- Information provided on Consumer and Carer initiatives.
- Working group support for consumer and carer advisors to develop presentations.
- Broad range of participants attending.

Our Changing Landscape Forum (20th November)

- Overviews of Mental Health and AOD sectors.
- Detailed information from service providers.
- Consumers and carers seated front and centre of the room.
- Consumers and carers leading the panel discussions.

Evaluating the Workshops

Participants were encouraged to offer their feedback at the conclusion of each event. These were collected and data entered into Survey Monkey. Matt Riley of EACH is responsible for the evaluation of sessions.

Feedback results were circulated to presenters and to committee members and discussed at monthly meetings. Currently the collated feedback is being evaluated by the Training Sub - Committees for consideration in the development of workshops for 2015.

Collaborative Care Planning Workshop 27th March 2014

Of the 49 attendees 28 provided written feedback.

87% of participants said the training length was "just right" and 94% would definitely recommend the workshop to others. Both of these figures have improved when compared with 2013.



43% of participants were from Mental Health Community Support services (including PIR). The rest were from AOD, Clinical MH, Homelessness, Family services, and Eastern Melbourne Medicare Local.

The consumer presentation was rated highest yet again. The next most popular was the "How best to collaborate: A GP's perspective".

There were a wide range of responses to the amount of new learning that was provided with 23% finding that 80% of the workshop was new learning and 1/3 saying the workshop provided 20% new learning.

Having a consumer advisor, Paula Kelly, share her story and working with the participants to develop an Individual Recovery Plan provided a real time experience. Dr. Annette Rice provided an engaging presentation on how best to work with G.Ps in a collaborative sense. The regular session involving a solutions brainstorm of which the key ideas are collated and circulated following the workshop, helped to inform future planning for the Collaborative Pathways subcommittee following the event. As we have encouraged each year, participants were encouraged to follow up with each other within 2 weeks of the workshop to discuss changes that they were implementing in their work as a result of the learnings on the day.

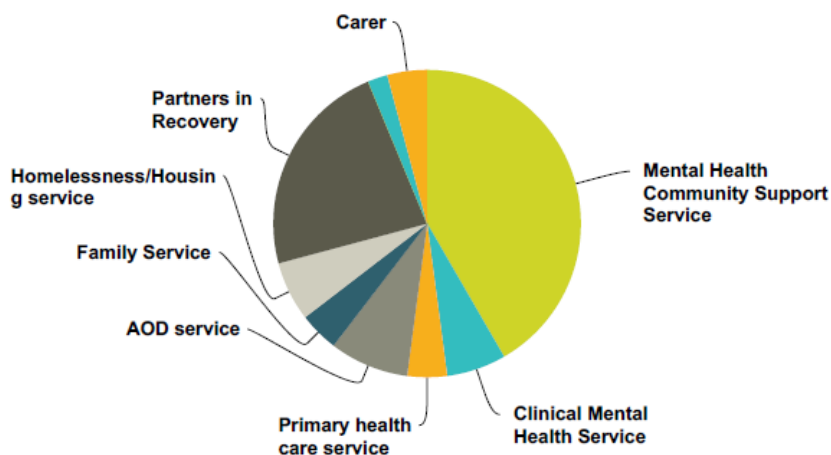
EMR Orientation 15th May 2014

The Orientation in 2014 included a Market place in the courtyard at lunchtime with 20 stalls. There were 20 separate elective presentations in the afternoon, following the morning's 8 sectoral overviews and Consumer and carer presentations.

Of the 80 plus participants 52 responded with written feedback. Approximately 53% of respondents were staff that were new to their sector. 67% of respondents were new to their workplace.

Q3 Please indicate your service type:

Answered: 48 Skipped: 5





There was a varied response to the question regarding percentage of new learning but the majority said that they found 40% to 60% of the material to be new to them.

The Homelessness sector overview received the highest rating with the consumer presentation being the next most popular. Of the afternoon workshops the Mindfulness session and the Eastern Health Mental Health Triage and Police presentation were most popular followed closely by the Family Drug Support presentation. All presentations rated very well.

All respondents said that they would recommend the event to others.

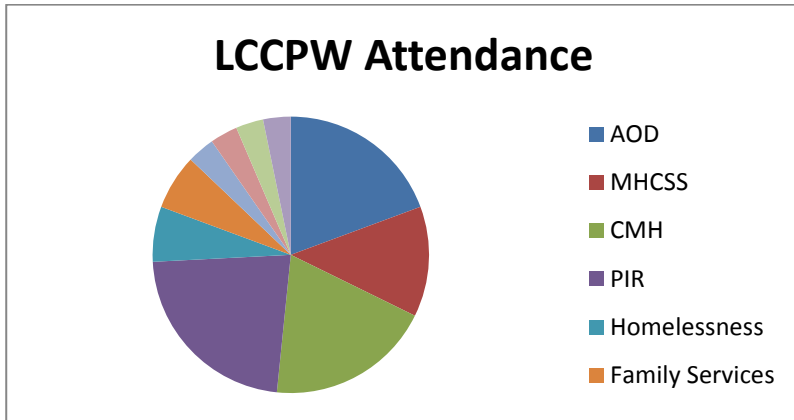
Participants reported finding the networking and detailed information about services to be most useful. The workshops, sectoral overviews and marketplace were all mentioned as highlights. The consumer and carer presentations were mentioned a few times also. A number of respondents said they found everything about the day to be useful.

The afternoon workshops were much improved this year by providing sessions across 5 rooms and only having one speaker presenting at a time in each room. Some people said they wanted to experience every workshop and would like the event held over 2 days for this purpose.





Leaders' Collaborative Care Planning Workshop – 27th August 2014

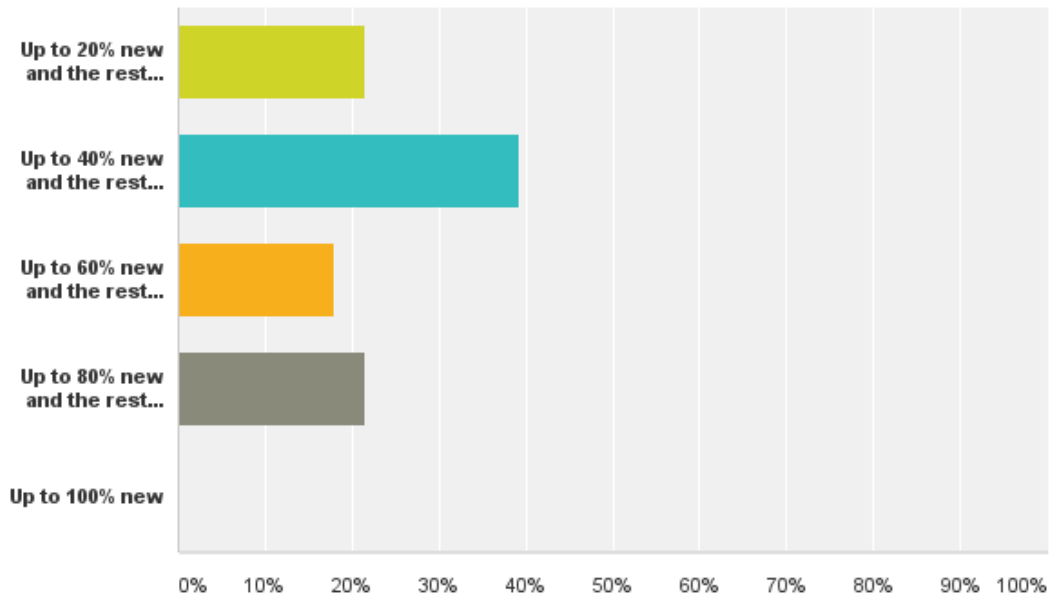


There were 28 participants in attendance, all providing written feedback.

All presentations rated highly. The Sharing of Information session was most popular followed closely by Partnership and Collaboration Regional Networking, and the consumer and carer sessions. Participants reported enjoying the networking, group work and discussions, carer and consumer presentations. A greater focus on networking was suggested for future LCCPWs. From the survey the following was discovered regarding the relevance to the participants.

Q5 How much of this workshop has been new learnings vs. confirmation of previous learning?

Answered: 28 Skipped: 0





Our Changing Landscape Forum – 20th November 2014

This event was developed in response to the expressed need of the region to learn more about the AOD and Mental Health reforms that took place this year. It was recognised that an update to the EMR Orientation was required due to the many regional changes taking place.

More than 170 people attended from 79 services. 43 attended from MHCSS, 22 from Clinical Mental Health, 30 from AOD and 12 from Homelessness services. There were 10 consumer and carer advisors present and participating in panel discussions. The rest comprised of Family services, DHS (federal and state), Department of Health, Medicare locals, Primary Care Partnerships, Primary Health, Headspace, Community health, local council and education.

A list of acronyms and an AOD and Mental Health service access list were provided along with a variety of service information.

The event was held at the Karralyka Centre and funded by the Department of Health, with substantial financial contribution from Knox Social and Community Health service.

Feedback is currently being collated and will be available by the end of December 2014.





Financial matters

All training has been conducted at no cost to participants. This is largely due to administrative hurdles. We do not have the capacity to invoice individuals for the events provided. Instead we require a small fee from EMHSCA member organisations (see below).

By using Federation Estate for most events we are able to curb venue costs. Light refreshments are provided for morning and afternoon teas but lunch is never catered. This is often expressed as a disappointment by participants.

Consumer participants were remunerated at a rate of \$67 per workshop. Eastern Health Consumer representatives did not receive payment for their services as they are already on a member service payroll. We had 10 consumer participants and two carer participants involved in provision of training for the 2014 event series.

Eastern Health has agreed to hold funds for the purpose of hiring venues, providing refreshments and paying presenters if required. All Alliance services have been invoiced for their contribution of \$250 per annum and these funds are currently being collected.

The Federal DHS will contribute to Workforce Development but not in the form of a donation as this breaches their constitution.

Budget

The costs outlined below are for the running of one of the training session mentioned above and are based on maximum of 50 participants per session:

Venue hire	-	\$360
Catering	-	\$60
Resources	-	\$10
P.A. hire	-	\$200
Total	-	\$630

Times four training events - \$2,520 + \$400 (Orientation Expo adjustment)

Divided by 12 partner organizations = \$243.30 - rounded to \$250 per partner organisation per annum

The total cost to run all 4 training sessions over a 12 month period are estimated to be \$2,920. This does not account for inflation.

Current financial position at time of report is as follows: The current balance is \$178.39. Collection of a further \$3000 is underway via contributions sought from EMHSCA member services. Projected costs of at least \$3000 are expected for 2015.



Future Plans

Three sub committees continue to support the development and delivery of the core Service Coordination Capacity Building Activities – “Collaborative Care Planning Workshop”, “Complex Issues Explored Workshop” and “Leaders’ Collaborative Care Planning”. The annual “EMR Orientation” will continue to be developed and delivered by the entire Service Coordination Workforce Development Committee.

In 2015 the Workforce development committee will work with Cat Heal of the Older Persons’ Mental Health Alliance project to explore ways of providing relevant aspects of the workshops to address the needs of staff working with people over the age of 65 years. Elizabeth Arland will be re joining the committee to assist with development of a Physical Health for Mental Health activity, as well as ensuring that the current events support the need for addressing the Physical Health needs of people with Mental Health concerns.

The EMHSCA WD committee has offered to support modification of the existing Service Coordination training offered by the local Primary Care Partners.

The committee needs to generate a model of sustainability so that this training can be an ongoing activity as long as there is a need for strengthening and supporting Service Coordination in the Eastern Region.

The EMHSCA WD has been aligning with Partners in Recovery providers to ensure the ongoing nature of Mental Health Service Coordination training in the Eastern Metropolitan Region of Melbourne. This is ongoing.

In 2015 a Shared Care Audit of services regarding Collaborative Care Planning will be conducted in February. When compared with the baseline data collected in February 2014, it is hoped that this will provide some measure of the effectiveness of the various EMHSCA Workforce development activities. Due to the dual reforms this year it may not be until 2016 that we see an encouraging change in the data however.

As a result of the recommissioning there will be new staff who would benefit from the events provided by the EMHSCA workforce development committee. And there are always existing staff who have yet to attend in the EMR.

We look forward to working with a broad range of staff across the EMR again in 2015 and aim to provide stimulating and practice enhancing events.

Bronwyn Williams

Project Officer - Eastern Mental Health Service Coordination Alliance

Chair - EMHSCA Workforce Development Committee

December 2014



Appendix

Total number of staff attendances at 2014 events by Organisation

Eastern Health – 54

EACH – 42

Neami National- 36

EMML – 18

MIND Australia- 18

Mental Illness Fellowship – 18

Uniting Care – 15

Dual Diagnosis Consumer and Carer Advisory Council - 15

Anglicare – 11

DHS Centrelink – 10

Knox SCH - 8

IEMML – 8

Turning Point Eastern- 8

Monashlink – 6

CHL – 5

Anchor – 4

YSAS – 3

Salvation Army – 3

Wesley – 3

IEPCP – 2