



Quarterly Report – May/July 2015

EMHSCA

The Eastern Mental Health Alliance began between Eastern Health Mental Health Services and Eastern Metropolitan Region (EMR) Community Mental Health Support Services in 2007 and gradually expanded into its current form as the EMHSCA to include Alcohol and other drug services, Homelessness and Housing Services, Primary Health services, Australian Government Department of Human Services, RDNS, Primary Care Partnerships and Inner East and Eastern Melbourne Medicare locals. More recently Aboriginal Services, Family Violence Services, Connect 4 Health, Inspiro and Services Connect have joined. Consumer and Carer representatives are now attending EMHSCA meetings.

EMHSCA's 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.

Purpose: The EMHSCA is creating opportunities to work strategically across the Eastern Metropolitan Region of Melbourne with multi-sectoral partners.

Partnership: A Memorandum of Understanding exists between 18 service members of the EMHSCA.

The Work: EMHSCA currently oversee the work of the following sub committees

- o Workforce Development
- o Collaborative Partnerships
- o Strategic Planning

The EMR Dual Diagnosis Response groups also report to the EMHSCA as the objectives of the Victorian Dual Diagnosis Initiative (VDDI) fit neatly with the objectives of EMHSCA. The following groups make up the EMR Dual Diagnosis Response

- o Dual Diagnosis Working Group (DD WG)
- o Dual Diagnosis Consumer and Carer Advisory Council (DD CCAC)
- o Dual Diagnosis Linkage meetings (Outer east, Central east and Youth)



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Preamble

This year there have been a range of challenges faced by the members of the various EMHSCA groups and the work of the subcommittees has been held back on occasion as a result. Some challenges were unforeseeable such as the tragic loss of a DDCCAC member, Grahame Marston. Very recently we also experienced the loss of the son of a DDCCAC carer, Denise Damouni.

Some were anticipated such as the establishment of the Eastern Melbourne Primary Health Network and the bedding down of the Mental Health and AOD sector reforms. So, as I provide this quarterly report, I would like to acknowledge the challenges and draw your attention to the quality of the various EMHSCA activities that have been developed, provided and evaluated during this time.

Highlights

- Local Shared Care audit data collection finalised and analysed July 2015.
- 8th Annual EMR Orientation event held May 14th 2015 and attracted more than 160 attendees – Workforce Development sub-committee.
- Service Coordination Champions' Terms of Reference finalised and 6th meeting provided. Mid year participant feedback collection commenced – July 2015.
- New EMHSCA workforce development event planned for 1st September - Mental Health and Co-occurring Issues Explored Workshop. This replaces Complex Issues Explored Workshop of past years.
- Relationship developing between EMHSCA and regional Planning Council for AOD and MHCSS -representatives sitting with EMHSCA Strategic Planning Sub-committee.
- Peer Support Network planning commenced and financial support secured. EMHSCA's Strategic Planning Subcommittee to support this.
- Dual Diagnosis Working Group (DD WG) membership expanded to 16 representatives from AOD and MH services, and 10 members paired with Dual Diagnosis Consumer & Carer Advisory Council (DD CCAC) for mentoring.
- Planning for new peer to peer forum commenced with DD CCAC and DD WG.



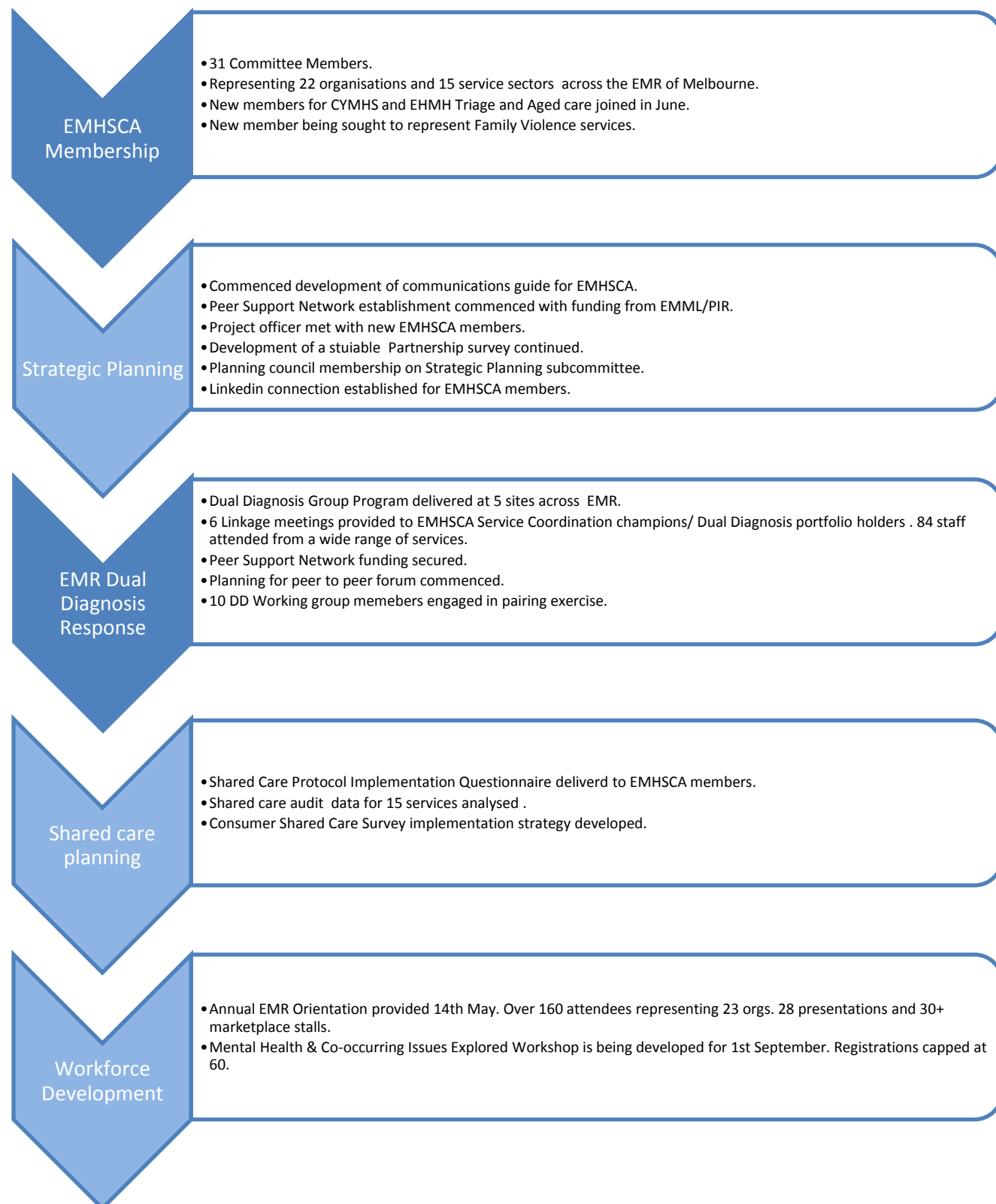
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- Strategic Planning Sub-committee (SP SC) commenced draft Communications guide, further developed Partnership survey, and offered LinkedIn connection for EMHSCA members,
- Collaborative Pathways sub-committee (CP SC) developed a questionnaire to track progress of implementation of the EMHSCA Shared care practices and Collaborative Planning Protocol. This has been provided to EMHSCA members via Survey Monkey link.
- CP SC developed an Implementation strategy for the Consumer Shared Care Survey.



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Analysis





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Commenced/ actions required/target dates

Collaborative Pathways Sub Committee

- Support Shared Care Protocol Implementation at EMHSCA services – ongoing.
- Support development and implementation of consumer Shared care survey – deliver survey to EMHSCA committee by August 2015.
- Support EMHSCA services to embed Shared Care audit – complete by October 2015.
- Support establishment of Service Coordination Champion role in the EMR – ongoing.
- Support development of Peer Support Network- July 2015 – June 2016.

Strategic Planning Sub Committee

- Development and implementation of Partnership survey – June 2015.
- Development and implementation of EMHSCA regional staff retention strategy – provide proposal to EMHSCA October 2015.
- Review and revise EMHSCA MOU for resigning Feb 2016 – consider timing with EMHSCA - October 2015.
- Provide a communication guide – October 2015.

Workforce Development Sub Committee

- Provide and evaluate MHACIE – 1st September 2015.
- Develop and provide Leaders' Collaborative Care Planning Workshop – 26th November 2015.

Future Directions/opportunities

- Promote EMHSCA model via Complex Needs conference presentation – November 2015.
- Prepare the region for introduction of NDIS as suitable information becomes available.
- Provide opportunity in EMHSCA meetings for members to raise service coordination issues.
- Highlight current and existing partnerships and collaborative initiatives of EMHSCA member organisations.
- Seek ongoing funding for EMHSCA project officer.
- Collect data as a step towards a formal evaluation of EMHSCA.