

MNCLHD Emergency Mental Health Acute Addiction Response Team (EMHAART) - Redesign

Update 12/04/2022

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Health
Mid North Coast
Local Health District

Acknowledgement

We acknowledge the traditional custodians of the lands on which we are meeting today the Birpai, Dunghutti, Gumbaynggirr and Nganyaywana Nations”

“We would like to pay respects to Elders past and present and extend this acknowledgement to all Aboriginal people who present with us today”



About the Artwork

This painting represents my mental health journey and what services I accessed, including tapping into my own culture. This was during a dark time that I experienced in my life many years ago, a time when I felt I had no-one to talk to.

The three big circles represent main stream health and counselling services. The middle circle represents my family and cultural beliefs. The outer three represents meeting places on country in yarning circles which gave me tremendous strength.

The experience has given me inspiration to work in this field and to give back to my Aboriginal people.

Anonymous 2019



Strategic Vision



- ✓ *Work towards ZERO discrimination*
- ✓ *Ensure we have an engaged and sustainable IMHAOD workforce*
- ✓ *Establish strong and effective partnerships with consumer and carers*
- ✓ *Improve access to prevention, early intervention and wellbeing programs*

Drivers

- Improve access to treatment for consumers
- Reduce duplication of services (intake and assessment)
- Improved patient experience
- 23 RCA recommendations
- Strengthen integration between the specialized AOD and MH services
- No consistent mechanism for prioritisation of referrals for CL from non-MH inpatient wards.

EMHAART/TIA Plan

Planning

- Establish EMHAART project team
- Review ims and RCA recommendations
- Understand engagement of Aboriginal people in acute need
- Review all methods of referral and intake
- Review diagnostic data on access to services
- Develop project Plan
- Develop first draft Model of Care (MoC)
- Establish technology
- Establish resources required

Socialisation and Consultation

- Introduce project plan and draft MoC to IMHAOD senior team
- Advise industrial bodies
- Introduce Draft MOC to wider IMHAOD staff
- Conduct consultation sessions
- Conduct 2nd round consultation on final draft MOC

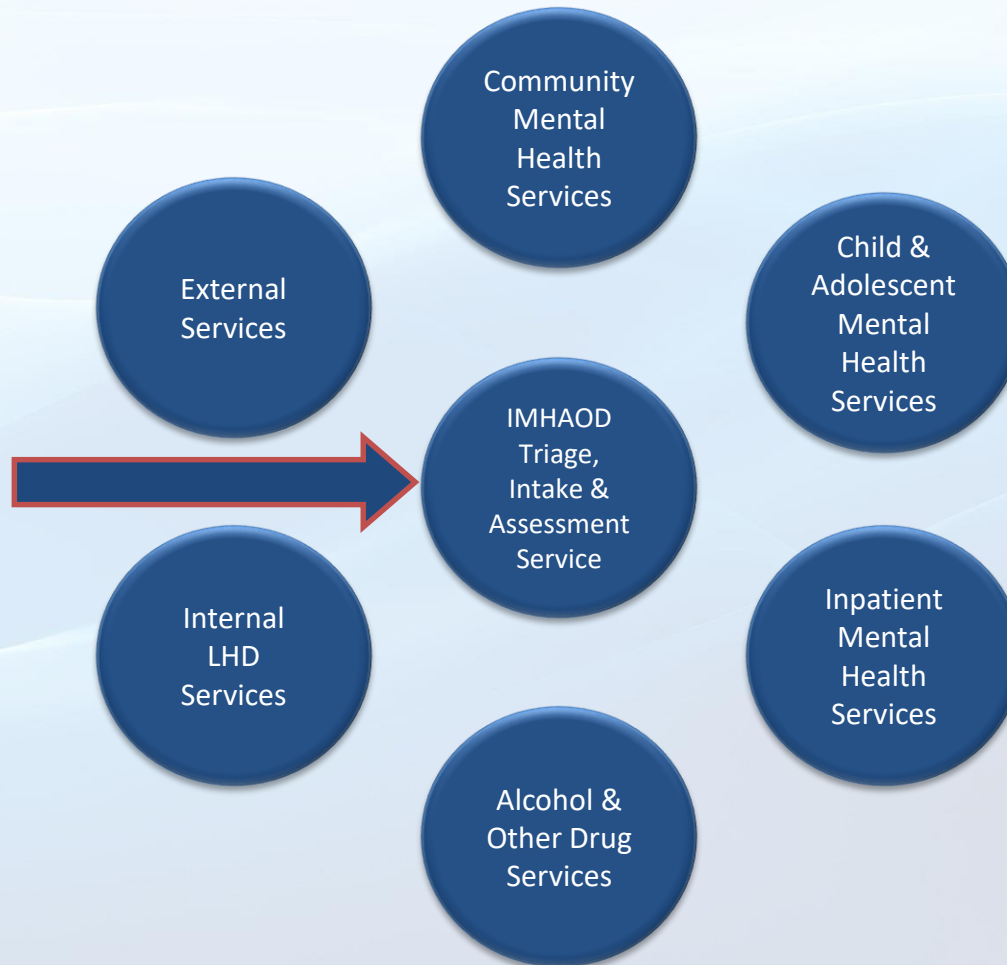
Recruitment

- Develop Business Paper
- Develop role expectations and responsibilities
- Recruitment
- Team orientation
- Mandatory training
- Skills analysis
- Recruitment drive
- Growth pathways

Operational

- Promote collaboration
- Standardise language and messaging
- MDT meetings
- Monthly meetings
- Team huddles
- Manager Rounding with staff
- Build accountability within team
- PDRs
- Develop referral pathways and promotion to key stakeholders
- Supervision

High level Clinical Service Components



Emergency Mental Health Acute Addiction Response Team (EMHAART)

Connect

- Explore and create safe opportunities
- Clarify, reflect and seek to understand
- Build trust through honesty
- Value the clients individualness

Explore

- Develop a picture of the clients current situation together
- Via centralised MH EMHAART intake line
- Supported by IMHAOD integrated approach

Respond

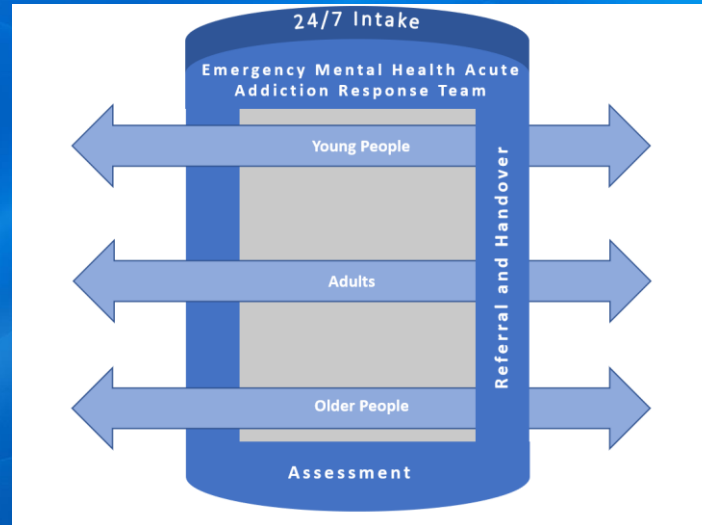
- Guide the client to the right care at the right time, in the right setting using a collaborative approach

Extend

- Support the client journey through effective communication and documentation
- Soft follow-up with the client and team

Intake

- Operates 24/7
- Referrals via access line, virtual care platforms, face to face
- Available to all people across their lifespan
- Provides advice, triage, initial assessment and referral
- Sources of incoming calls and referrals broadly categorised into external and internal sources.
- Includes but not limited to; internal MNCLHD including ED, GPs, in person, carer/family, Justice Health



Referral and handover

- Referral to suitable services including primary care, Non-Government Services, CMH, AOD, internal MNCLHD services e.g. ED
- Inclusive decision making with client and their family or carer
- Take away documentation and Handover includes initial care plan and recommendations
- Internal documentation for transparency
- Warm handover, soft follow-up

Assessment

- Triage and assessment underpinned by collaborative MDT including specialist assessment as required
- Initial assessment includes comprehensive, structured evaluation
- Flexibility built in to incorporate specialist populations

Disaster Management Team – flexing in times of need

Timeline

Subject to change

MNCLHD EMHAART Service Organisational Redesign	Week 1 - 11/02/22	Week 2 - 10/03/22	Week 3 - 30/03/22	Week 4 - 30/03/22	Week 5 - 10/04/22	Week 6 - 25/04/22	Week 14 - 30/04/22	Week 8 - 21/05/22	Week 9 - 28/05/22	Week 10 - 28/05/22	Week 11 - 06/0/22	Week 12 - 11/06/22	Week 13 - 18/06/22	Week 14 - 02/07/22	Week 15 - 27/08/22
Review timeline															
Review approval from CE															
Staff Town Hall (1)															
Initial industrial consultation															
Establishment of review working group															
Staff consultation (2 weeks)															
Staff Town Hall (2)															
Staff consultation (2 weeks)															
Business paper completed															
Business paper submitted to CE for approval															
Impacted staff consultation															
Staff Town Hall (3)															
Industrial consultation															
Model of Care SET sign off															
Position descriptions finalised															
Confirm implementation plan															

Key messages

Intend to start
consultation to draft
Model of Care

Industrial bodies will be
advised at the
conclusion of this forum

Increase FTE to enhance
services

No staff will lose their
position (Potential
change in line
management and/or
variation of role)



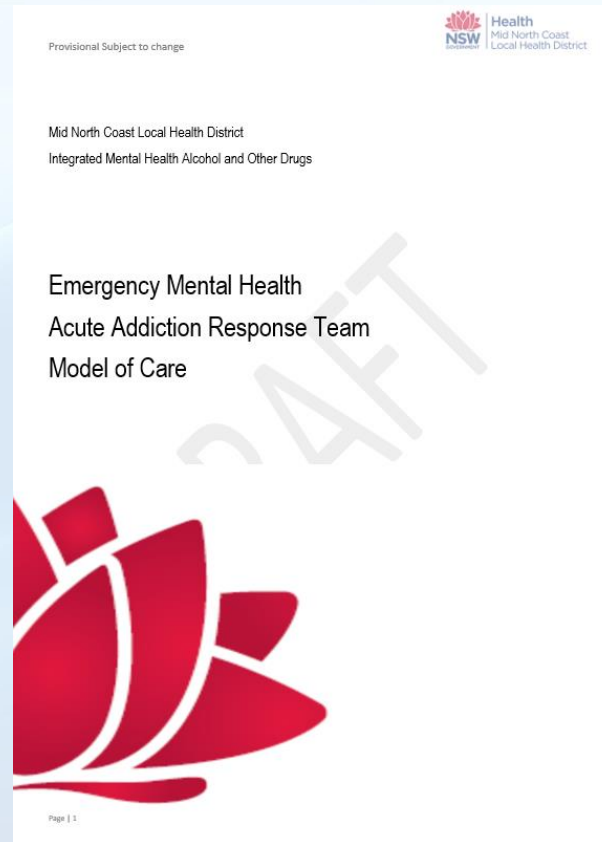
Its all in a name...

We acknowledge that this service has a number of names attached to the project:

- EMHAART
- TIA
- Centralised Intake

If you have any thoughts around this, please let us know.

Questions ?



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