



Consolidated Alliance Plan 2025-2027

**MURRUMBIDGEE MENTAL HEALTH DRUG AND ALCOHOL
ALLIANCE**

Alliance Members

Amaranth
Calvary Health Care Riverina
Centacare South West NSW/headspace Griffith
Directions Health/Pathways Murrumbidgee
Flourish Australia Grand Pacific Health
Grand Pacific Health
Griffith Aboriginal Medical Service
Headspace Wagga Wagga /Relationships Australia
Intereach
Karralika Programs
Murrumbidgee Local Health District (MLHD)
Murrumbidgee Primary Health Network (MPHN)
One Door
Riverina Medical and Dental Aboriginal Corporation
Riverina Murray Regional Alliance (RMRA)
Salvation Army
STARRTS
St Vincent de Paul Society
Stride/Likemind
Sunflower House
Wellways

Community Representatives

Mental health consumer
Drug and alcohol consumer
Mental health family member or carer
Drug and alcohol family member or carer

Affiliated Members

Department of Communities and Justice
Marathon Health
Mission Australia

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Overview

Alliance Purpose

The Murrumbidgee Mental Health Drug and Alcohol Alliance (the Alliance) aims to enhance the recovery journey of individuals in the Murrumbidgee region experiencing mental health, suicide, and/or drug and alcohol issues. By bringing together key stakeholders from health, community, and social sectors, the Alliance develops a strategic approach to meeting consumer needs and improving health outcomes.

The Alliance was formed to:

- Develop innovative models and ways of working together across human services that reflects a shared purpose and productive alliance.
- To be consumer/client focused not organisation focused. This means to
 - demonstrate respect for consumer/client's values, preferences and expressed needs, focusing on the coordination and integration of care.
 - Work together to enable good communication, sharing of information and joint education.
 - Ensure there is continuity between and within services and that people have access to appropriate care when needed.
- Recognise the value that the wider community and social sectors contribute to addressing the needs of mental health and drug and alcohol consumers/clients.
- Improve communication and for services to work together in a collaborative, respectful and transparent manner while recognising the values, skills and expertise each member and organisation brings to the Alliance.
- Acknowledge the different cultural and behavioural challenges that some consumers experience, especially those that are most marginalised, and recognise these in strategic directions and initiatives.

Alliance Principles

The Alliance is founded on collaboration, consumer focus, and community engagement. Key principles include:

- **Consumer-centricity:** Prioritising consumer needs, preferences, and values.
- **Collaboration:** Fostering a shared purpose and productive partnerships across sectors.
- **Community engagement:** Recognising the vital role of the wider community in addressing mental health and drug and alcohol issues.
- **Transparency:** Promoting open communication and information sharing among members.

Alliance Planning

The Alliance employs a strategic, data-driven approach to address identified gaps in service delivery. Key functions in the development of the Alliances work plan include:

- **Priority setting:** Identifying and addressing critical needs through a structured workplan.
- **Collaboration:** Fostering joint initiatives, funding applications, and knowledge sharing.
- **Monitoring and evaluation:** Regularly reviewing and refining the workplan based on performance metrics.
- **Governance:** Establishing clear governance structures and decision-making processes.

By adhering to these principles and executing the workplan, the Alliance seeks to improve the lives of individuals affected by mental health and drug and alcohol issues in the Murrumbidgee region.

Prior to 2025, the Alliance had developed three separate workplans:

- Alliance Workplan
- Alcohol and Other Drug Workplan
- Communication Plan.

In 2024, the Alliance made a decision to review all three documents and incorporate into a single workplan for 2025-2027. As part of this process, the strategies in each workplan were reviewed for currency, relevance to the role of the Alliance, and achievability within the resources of the Alliance and its membership.

Consolidated Alliance Plan

The consolidated Alliance plan has been developed to centralise the working documents within the Alliance framework, to include previous Communication and Strategy Plan, Alcohol and Other Drugs Action Plan and the Alliance Workplan 2022. The consolidated document outlines a high-level overview of agreed strategies, objectives and direction of the Alliance.

The Consolidated Alliance Work Plan includes:

- Service based strategies to improve information exchange and the transfer of consumers' care through their recovery across the member organisations;
- Joint initiatives and projects;
- Opportunities for joint funding applications;
- Shared education and learning that promotes better understanding and skills sharing between services staff;
- A communication and marketing strategy promoting services;
- A process for annual review.

When the various Plans were consolidated, 14 key strategies were identified, with some correlation between some strategies. The key strategies fell into two separate categories:

Service Improvement Initiatives

Strategy 1: Make it easier for communities to access information

Strategy 2: Suicide Prevention

Strategy 3: Service improvement strategies and opportunities

Strategy 4: Service Integration

Strategy 5: Models of Care

Alliance Organisational Initiatives

Strategy 6: Identify positive media opportunities

Strategy 7: Building knowledge and understanding

Strategy 8: Engage and activate stakeholders

Strategy 9: Increase understanding among Alliance organisations leadership

Strategy 10: Increase awareness of services and service providers

Strategy 11: Accessing materials and resources

Strategy 12: Grow Alliance membership

Strategy 13: Establish collaborative governance arrangements for the Alliance

Strategy 14: Training and Professional Development

Alliance Action Plan – living document

Service Improvement Initiatives

Strategy 1: Make it easier for communities to access information					
Objective	High Level Actions	Detailed Actions /Rolling Commentary	Lead	Timeframe	Status
1.1 Continue to develop and promote MapMyRecovery (Alliance Workplan 2020/21)	Develop and promote comprehensive, current platform, single point for everyone to go to.	Working group continues to oversight development and promotion of MMR Updating of MMR in progress.	M. Asmus		In Progress
1.2 Conduct a Community Information Strategy (AOD Action Plan)	Develop and implement rolling Community Information activities.	<ul style="list-style-type: none"> Target select communities where lack of knowledge of services is evident. Develop partnerships to provide the sessions rather than be reliant on Service Providers. Develop links with CDATs and their resources. Service provider referral pathways to be accurate. Health Literacy: Ensure that information is accessible to all individuals, including those with limited English proficiency. Alliance Presence at Events: The Alliance should have a physical presence at events, such as a table, to provide information and promote services. Member agencies to share resources. 	MLHD/MP HN		Working party active and reporting quarterly. In progress for Tumut and Griffith; Deniliquin completed

Strategy 2: Suicide Prevention					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
2.1 Include Suicide Prevention,	Alliance members actively participate in opportunities				Ongoing

Aftercare and Postvention agencies and activities in the Alliance. (Alliance Workplan 2020/21)	regarding suicide prevention, aftercare and postvention.				
2.2 Support Suicide Prevention, Aftercare and Postvention Collaboratives and Interagency actions. (Alliance Workplan 2020/21)	Regular reporting by key agencies to Alliance meetings	Quarterly agenda item updates			In place.

Strategy 3: Service improvement strategies and opportunities					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
3.1 Improve Stigma: Develop and implement strategies to reduce stigma associated with mental health, suicide and substance abuse: <ul style="list-style-type: none"> Reduce stigma Improve communication Improve support Educate Inform Advocate (Alliance	Ongoing support of the Stigma Campaign. Identify specific actions that can be taken to address stigma. Consider the best methods for implementing these actions.	Improve Stigma: <ul style="list-style-type: none"> Practice for stigma reduction - organisations to have stigma champions – who can implement practice, language, training, and information delivery in both MH and DA settings. Training- considering having learning modules as options in regards to stigma training for staff. Lives Lived Well training opportunities, Drug & Alcohol First Aide (& Train the trainer opportunities) The inclusion of more lived experience stories, which is a powerful way of understanding the impacts of stigma. Reviewing how we can break down stereotypes (looking to contact a Community Drug Action Group). 	Working Party – Cassie, Janaeia,		Working group active and reporting quarterly, several activities undertaken.

Workplan 2020/21); (AOD Action Plan)		<ul style="list-style-type: none"> Networking with other community services to see what strategies they are implementing. Consider opportunities for: education of emerging and existing workforce. 			
3.2 Carer Support: Explore a regional approach to providing carer support. (Alliance Workplan 2020/21)	Explore potential models for regional carer support. Identify key stakeholders and their roles.	<ul style="list-style-type: none"> Alliance Lived Experience Network will incorporate this. Likely to also be in MPHN Regional Plan. Alliance advocacy role. 			Not commenced.
3.3 Improve services for Priority Populations (AOD Action Plan)	Identify priority populations for targeted AOD services (e.g. mothers, smaller townships/remote areas, people with comorbidities or intellectual disabilities, age groups who may experience specific barriers or be underserved); identify existing barriers and develop strategies to increase service accessibility for these groups	<ul style="list-style-type: none"> Collect data which demonstrates high needs groups (PHN data) Develop strategies for priority populations identified <p>Once data and information has been collated, the MMHDA Alliance will consider strategies to target these groups.</p>	Working party –		Working party active and reporting quarterly.
3.4 Investigate opportunities for funding Alliance projects where appropriate.	Where Alliance projects would benefit from external funding, research available funding sources and submit business cases.	<ul style="list-style-type: none"> 			

Strategy 4: Service Integration					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
4.1 Develop and implement Common Referral Form <i>(Original Clinical Redesign Service Integration Plan)</i>	<ul style="list-style-type: none"> Review existing form. Trial revised form, within Alliance membership initially. Launch new form broadly across potential referrers. 			6 months trial	Revision completed
4.2 Explore options for a Shared Care Plan across Alliance organisations <i>(Original Clinical Redesign Service Integration Plan)</i>	Review the principles developed in Journi. Develop new strategies for a consumer-led care plan tool across Alliance members.	MLHD to continue to review investment and ownership issues of Journi. Alliance to consider alternative strategies to achieve a consumer-led shared care planning tool.	MLHD		Under investigation by MLHD.

Strategy 5: Models of Care					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
5.1 Support reviews of models of care across the service system <i>(AOD Action Plan)</i>	<ul style="list-style-type: none"> Include integrated pathways across member agencies. Consider opportunities to increase accessibility and innovation within existing resourcing e.g. walk-in models, assertive follow-up, outreach/in-reach, telehealth, optimal treatment matching. 	<ul style="list-style-type: none"> 			Not commenced.

Alliance Organisational Initiatives

Strategy 6: Identify positive media opportunities					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframes	Status
6.1 Pitch Good News stories to various media (Communication Plan)	Identify good news stories. Proactively engage in media opportunities. Consider non-mainstream media options.	<ul style="list-style-type: none"> Utilise opportunistic media stories eg community events. 			Not commenced.

Strategy 7: Building knowledge and understanding					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
7.1 Develop and implement Alliance Collateral resources to tell the Alliance story (Communication Plan)	Develop one page slide that agencies can use, that covers values, elevator pitch, background.	<ul style="list-style-type: none"> Logo Significance: Discuss the meaning and symbolism behind the current logo. Need to develop meaning for logo (lost in the mists of time) 			Not commenced.
7.2 Create an online presence for the Alliance (Communication Plan)	Develop an online presence to enable the public to access information on the Alliance.	<ul style="list-style-type: none"> Determined that the website is to be fairly static with key documents to be available; but not require regular monitoring or updating. 			In progress
7.3 Share existing digital campaigns across agencies. (Communication Plan)		<ul style="list-style-type: none"> 			Not commenced.

Strategy 8: Engage and activate stakeholders					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
8.1 Develop and foster a Lived Experience Network (Communication Plan)	Engage / Recruit Lived Experience Network. Develop and utilise Network across all Alliance members.	<ul style="list-style-type: none"> • In progress, • Business case developed and agreed, Alliance and MPHN agreed to co-fund. • Grand Pacific Health to host. • Development has commenced, steering group in place. 			In progress
8.2 Provide input into a GP engagement and training (Communication Plan, AOD Action Plan)	<p>Identify opportunities to upskill / support GPs.</p> <p>Participate in CPD events or training opportunities where appropriate.</p> <p>Promote readily accessible referral information to General Practice.</p>	<ul style="list-style-type: none"> • MPHN has the lead on this activity. Alliance members are encouraged to contact Priority Populations Senior Manager at MPHN to share their CPD training needs for GPs. • CPD Topic Identification: Members to identify CPD topics relevant to their services so that MPHN can arrange for brief presentations on service and referral pathways at the end of CPD events. • Promote MapMyRecovery to General Practice for service information. • Ensure referral pathways/Health pathways are up to date and readily available to General Practice, including the Common Referral Form once trial is completed. 	<p>MPHN</p> <p>Maja, Liz, Adam, Tania</p>		In progress.

Strategy 9: Increase understanding among Alliance organisations leadership					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
9.1 Engagement of senior levels of member organisations	Continue to implement onboarding process for new members. Provide regular updates on key Alliance issues and principles.	<ul style="list-style-type: none"> • 			
9.2 Produce Annual Report developed	Actions:	<ul style="list-style-type: none"> • Second Annual Report completed 			In progress

for all member organisations (Communication Plan)	Create an annual report highlighting key achievements and accomplishments of the Alliance. Distribute the report to all member organisations to keep them informed and engaged.				
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Strategy 10: Increase awareness of services and service providers					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
10.1 Foster commitment to learn about member organisations services (Communication Plan)	Include an agenda item each meeting to profile one member organisation	Continue to include an agenda item each meeting to profile one member organisation			In place

Strategy 11: Accessing materials and resources					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
11.1 Explore IT solutions for joint access (Communication Plan)	Alliance Teams site	<ul style="list-style-type: none"> Alliance Teams Site in development, to contain meeting papers and key documents, resources to be shared. 			In Progress.

Strategy 12: Grow Alliance membership					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
12.1 Identify appropriate First Nations organisations (Communication Plan)	Consider linking with Murrumbidgee Aboriginal Health Consortium or Riverina Murray Regional Alliance (RMRA).	RMRA have joined Rivmed have rejoined GAMS have joined.			In Progress.
12.2 Endeavour to engage with MH & AOD service providers not represented in The Alliance (Communication Plan)	Utilise MMR to identify services not currently represented at the Alliance. Consider membership where appropriate Consider 'friends of the Alliance' level of membership	Ongoing New Members have joined including One Door and Griffith AMS (continue engagement), Salvation Army and Mission Australia.			In Progress.

Strategy 13: Establish collaborative governance arrangements for the Alliance					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
13.1 Establish Governance Requirements (Alliance Workplan 2020/21)	Establish a governance subgroup. Review the Memorandum of Understanding (MOU). Develop a discussion paper for the Alliance regarding attendance seniority, process review, expectations, chair's role,	Governance Subgroup: <ul style="list-style-type: none"> Members: Chair, MPHN, Grand Pacific, Directions, Marathon, MLHD, Consumer Rep Accountability: This group will be responsible for ensuring the progress of the plan. MOU Review: <ul style="list-style-type: none"> Circulation: The MOU will be circulated for review. Discussion Paper: <ul style="list-style-type: none"> Development: Prepare a paper for discussion at the Alliance meeting. Topics: Address attendance seniority, process review, expectations, chair's role, and the governance subgroup's role. 			Governance Subgroup: Established. MoU revision in progress. Mostly included in the MoU.

	and the governance subgroup's role.				
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Strategy 14: Training and Professional Development					
Objective	High Level Actions	Detailed Actions/Rolling Commentary	Lead	Timeframe	Status
14.1 Foster and develop cross-sector training opportunities - (AOD Action Plan)	<p>Target Group – Mental Health Practitioners, Target existing, new and emerging workforces.</p> <p>Upskill practitioners across the community and health service sectors to be able support their clients with substance use and mental health issues.</p> <p>Actively engage in student placements for all relevant training programs, including degree, diploma, certificates and peer training, including cross agency placements.</p> <p>Share agency training opportunities across Alliance membership where appropriate.</p>	<ul style="list-style-type: none"> • MLHD comorbidity training package – AOD for MH clinicians, cross training for mental health and drug and alcohol. • Develop video – “Day in the Life Of”, to include consumer and carer perspectives, what’s important to them. • MH professionals having AOD training opportunities. • AOD professionals having MH training opportunities. • Share training across agencies. • Include Consumer voices in all training. • Ensure message of respectful/non judgemental language, hope, co-delivery with consumers. • Client focused care plans. • Develop encounter skill set that can work with consumers and carers at different stages of change/treatment. 			Three Rivers/MP HN collaboration commenced. Lived Experience Network will include education.