



Eastern Metropolitan Region Dual Diagnosis Linkage Meeting

Terms of Reference

The Eastern Metropolitan Region (EMR) Linkage Meetings are a forum to provide inter-sectoral and cross-sectoral collaboration amongst key Dual Diagnosis (or DD_x) stakeholders representing the Alcohol & Other Drug (AOD), Clinical Mental Health (CMH), Mental Health Community Support services (MHCSS), Homelessness/Housing Services, Family Services, Partners in Recovery (PIR) and all associated services providing care and support to people who experience Mental ill-health (MIH), Substance Use (SU) and co-occurring concerns in the Eastern Metropolitan Region of Melbourne.

1. Role	
1.1	The EMR Linkage Meetings are a forum for representatives from all associated services providing care and support to people who experience Mental ill-health, Substance Use issues and co-occurring concerns to form functional working partnerships, learn about available resources in this region, discuss cases to improve capabilities, provide feedback on barriers to integrated care, and seek improvement in provision of care and support to people on personal, service and system levels.
1.2	These meetings provide the workforce level linkage for the above mentioned services and in this way support the development of referral pathways and improved provision of coordinated care.
2. Reporting	
2.1	The EMR Linkage Meeting Chair reports to the EMR Dual Diagnosis Working Group (DDWG), EMR Dual Diagnosis Consumer & Carer Advisory Council (DDCCAC), and Eastern Dual Diagnosis Service (EDDS) as required.
3. Function	
3.1	This cross sector meeting supports and encourages member organisations to work together at a local level to deliver the outcomes outlined in the DoH “Victorian strategic directions for co-occurring mental health and substance use conditions” (VDDI Bulletin 2013)–. https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/specialist-responses/dual-diagnosis
3.2	Improving Service Coordination across the EMR is a key function of this group as per the Victorian Service Coordination Practice Manual 2012. https://www2.health.vic.gov.au/primary-and-community-health/primary-care/integrated-care/service-coordination
4. Strategy & Direction	



4.1	<p>The EMR Linkage meeting aims to gather information that will inform EMR services regarding the planning and implementation of system, service and practice change. See reporting relationships above.</p> <p>Responsibilities of members are gradually being increased with a view to increasing sustainability of this program and further negotiations with members on an annual basis will occur to further this objective. The longer term goal for EMR Linkages is that the services involved will take up responsibility for the chairing, agenda, and venue organization on a rotational basis.</p>
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5. Performance Monitoring

5.1	<p>Chair to collect and collate bi-yearly feedback from members regarding the meetings and implement appropriate alterations.</p> <p>Collated feedback information may be presented to the EMR Dual Diagnosis Working Group (DDWG), EMR Dual Diagnosis Consumer & Carer Advisory Council (DDCCAC), and Eastern Dual Diagnosis Service (EDDS) as required following the collection date.</p>
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6. Membership

6.1	<p>Representatives from the stakeholder services are to consist of DD_x Portfolio Holders as nominated by Dual Diagnosis stakeholders. Team Leaders, Managers, and/or other interested staff are welcome to attend also but should notify the chair of their intention prior to the scheduled meeting of interest.</p>
6.2	<p>At least one (1) representative from each stakeholder service is desired at each meeting, with a maximum of three (3) representatives from any stakeholder service at any given time (this includes student involvement).</p> <p>However, these numbers relate only to stakeholder representatives attending Linkage Meetings, and do not apply to other events that are open to staff from stakeholder services (e.g. training workshops / seminars, orientation-type events, service presentations, etc.).</p>
6.3	<p>New members are always welcome. Membership is open to all staff within the Eastern Metropolitan Region health and community services who have an interest in the objectives of the group. The Eastern Metro Region Peer workforce is always very welcome to participate. The chair can be contacted directly.</p> <p>peter.fairbanks@easternhealth.org.au - Eastern Dual Diagnosis Service</p> <p>Line management support should be sought by applicants prior to approaching the chair for membership.</p>



7. Hosting Meetings	
7.1	<p>Host Service Members are responsible for the following:</p> <ul style="list-style-type: none"> • Provide a suitable room to accommodate between 25 to 30 people and forward contact details and address to co- chair at least one month prior to the meeting • Provide refreshments – morning or afternoon tea • Provide a case study to chair in advance of meeting (*optional – Let chairperson know if this is not desired and another service will be asked to provide one) • Make sure your entry staff are aware the Linkage members will be attending on the date and time set so that they are welcomed and guided to where they need to be.
8. Service Representation	
8.1	<p>All representatives are responsible for organising a replacement from their stakeholder service to attend meetings in the event of their being unable to attend. It is recommended that no more than three (3) representatives from any service attend unless your service is hosting for the month.</p>
8.2	<p>Intention to attend or notification of inability and information regarding suitable replacement should be sent to the chair at least 24 hours prior to the meeting.</p>
8.3	<p>The EMR Linkages encourage service managers to consider sending a variety of staff to meetings to allow broader exposure of EMR health and community service staff to each other.</p>
9. Frequency and format of Meetings	
9.1	<p>Meetings are held on Thursday afternoons (or other by negotiation), on an agreed-to monthly cycle and at various stakeholder services (by prior arrangement). Typically occurring on first Thursday of each month.</p>
9.2	<p>Although dates and times will be set on an ongoing basis, they may be subject to change in order to provide opportunity for all stakeholder services to be involved, or to accommodate guest presenters.</p>
9.3	<p>The duration will be approximately 2 hours, but may run shorter or longer as required by consensus of the representatives.</p>
9.4	<p>The content will endeavour to include an introduction of participants, service presentation, Case scenario, Dual Diagnosis and Service Coordination news and updates, and Networking time.</p>
9.5	<p>In November each year a calendar will be provided to all stakeholder representatives (by the chair) and services will be encouraged to nominate a month or months when they are able to host a meeting. See host services responsibilities above.</p>



10. Chairpersons	
10.1	<p>The Meeting Chair is responsible for chairing the Linkage Meetings and disseminating the Agenda, keeping the representative contacts list up-to-date, and circulating information to the representatives. They will also prepare a yearly calendar in November and circulate to members. The chair will seek out new and replacement members and add to contact list.</p> <p>NOTE: The longer term goal for Linkage meetings is that the services involved will take up responsibility for the chairing, agenda, and venue organization.</p>
11. Minutes/Agenda	
11.1	<p>Meeting Summary: Meeting Summaries are no longer required but presentations and other relevant information will be collected by the chair and forwarded to the members no more than one week following the Linkage meeting.</p>
11.2	<p>A copy of relevant documents will be added to the Eastern Health Mental Health Shared drive under Dual Diagnosis/SDO3/ EMR Linkages.</p>
11.3	<p>An Agenda will be written up and disseminated at least 7 days prior to all meetings.</p> <p>New business items should be forwarded to the Chair at least 2 days prior to the upcoming Linkage Meeting.</p> <p>It is the responsibility of representatives to provide feedback to their respective stakeholder service.</p>
10. Confidentiality	
10.1	<p>Discussions within meetings are not confidential, unless specified by the Chair person or request of member (e.g. in case presentation discussion, carer or consumer issues).</p>
11. Review – Annually – Next: December 2018	