TERMS OF REFERENCE:

Eastern Mental Health Service Coordination Alliance

Acceptance Date: November 2016 **Review Date:** November 2017

1. ROLE	
1.1	Oversee the development, implementation and monitoring of an integrated multi sector service coordination framework for people with mental health and co-occurring problems, and their carers across the Eastern Metropolitan Region (EMR) of Melbourne (inner and outer-east).
2. REPORTING	
2.1	Quarterly report, provided by the EMHSCA project officer, to all members of the Eastern Mental Health Service Coordination Alliance (EMHSCA)Committee, associated sub committees, and the EMR Dual Diagnosis Working Group.
2.2	Service provider representatives will report progress and seek authorisation of service coordination initiatives at relevant partner's internal governance and meeting structures.
3. FUNCTION	
3.1	Provide governance and expert strategic direction for mental health service coordination in the EMR, ensuring consumers and their carers are central to the process, and the needs of families and children are accounted for.
3.2	Lead the development and delivery of a Collaborative Practice Model for service coordination of mental health and co-occurring issues in the EMR.
3.3	Support the three (3) key priority areas of the EMHSCA Strategic Plan and their associated objectives – Service Coordination, Workforce Development, Service Improvement – by ensuring partner services are represented on the various EMHSCA sub committees, and considering proposals generated by these sub committees.
3.4	Create innovative strategies to address identified gaps across partner agencies in achieving the implementation of integrated service provision. This includes identifying service, business and clinical improvement opportunities within available resources.
3.5	Coordinate the management of business issues for mental health service coordination including review/development of MOU's; endorsement of cross sector operational protocols and practices; identify and support initiatives to address service gaps.
3.6	Raise awareness in the wider community and at government level for improvements leading to a more coordinated Mental Health service delivery in the EMR.
3.7	Strengthen and embed consumer and carer collaboration and participation in regional service activities.
4. STRUCTURE & RELATIONSHIPS	
4.1	Provide a structure to encourage collaboration and learning across all partner services to deliver coordinated multi sector support to people with mental ill health and co-occurring concerns
4.2	The following Sub Committees will provide advice, recommendations, and regularly report back to the EMHSCA committee: - Workforce Development - Collaborative Pathways - Strategic Planning
4.3	The EMR Dual Diagnosis Response comprising the Dual Diagnosis Working Group (DDWG), Dual Diagnosis Consumer and Carer Advisory Council (DDCCAC), Dual Diagnosis Workforce Development Committee and Dual Diagnosis Linkage Meetings will report to the EMHSCA committee via the standing agenda item. The EMR DD response will provide advice and recommendations to EMHSCA. The EMR Dual Diagnosis Linkage meetings will support the connectivity of the EMHSCA Service Coordination Champions.
4.4	The Eastern Peer Support Network (EPSN) will be supported by the EMHSCA Strategic Planning

	Subcommittee (SP SC) and will report directly to the EMHSCA committee via the standing agenda item and membership of the EPSN coordinator.
4.5	Aboriginal health & well-being liaison will be prioritised by EMHSCA, and a member appointed to represent the various groups in this region. A standing agenda item will provide routine communication with the sector.
4.6	Membership of the EMHSCA sub committees will include representatives from within the membership of the EMHSCA committee and will co-opt members from within the partner agencies as required.
5. COMPLIANCE & ACCOUNTABILITY	
5.1	<u>Decision making</u>: a) It is acknowledged that the members of the EMHSCA committee are representatives of independent organisations and that decisions made by the EMHSCA committee are 'in principle' agreements made by the representatives. b) The member organisations' governance structures are responsible for reviewing the 'in principle' agreements for inclusion into local policy and procedure and will either accept them or seek further clarification or suggest amendments via their representatives at the next EMHSCA committee meeting. c) EMHSCA committee members will confirm and clarify the organisations response to the in-principle agreements with their organisation and offer feedback to EMHSCA. d) Once the 'in principle' agreement has been accepted by the member organisations' governance structures the agreement will be ratified at the next EMHSCA committee meeting. e) It is the responsibility of EMHSCA members to monitor implementation of initiatives within their organisation and provide feedback to EMHSCA upon request. The EMHSCA committee will aim for consensus when making decisions. Where issues are put to vote a simple majority will apply. When a vote results in a tie, the rostered chairperson has one additional casting vote. A two-third majority of members who are party to the current MOU is required to dissolve the EMHSCA.
5.2	<u>Dispute Resolution:</u> If any question, difference or dispute arises between the parties, dispute resolution in the first instance is the responsibility of relevant program managers, who will refer any unresolved issue to their representative on the EMHSCA committee. Where the matter cannot be resolved by the EMHSCA committee, the Chief Executives of the organisations/sector representatives that are party to this MOU will agree on a method of resolution to apply to the question, difference or dispute.
5.3	<u>Communication</u>: In general all discussions within the EMHSCA committee meetings should be disseminated within partner agencies and other aligned services to enhance the progress of the project unless otherwise stated during EMHSCA committee meetings. It is the responsibility of EMHSCA committee members to convey information regarding EMHSCA activities, including workforce development activities, to their organisations.
5.4	<u>Change of business structure or committee membership</u>

	In the event of changes to an EMHSCA members' business structure or committee membership, the co-chairs and/or project worker are to be informed in writing by the members' senior management at the earliest possible convenience.
6. PERFORMANCE MONITORING	
6.1	Identify/develop and implement appropriate outcome measures as endorsed by the EMHSCA committee in order to monitor progress of the EMHSCA Strategic Plan and associated activities.
6.2	Monitor EMHSCA sub committees' Work Plans' progress against projected timelines.
6.3	Record service provider representative attendance at committee meetings and events
7. MEMBERSHIP	
7.1	The Eastern Mental Health Service Coordination Alliance will include representatives from following service providers: Aboriginal Services Anglicare Australian Government Department of Human Services Connect 4 Health (Link Health & Community; Carrington Health; and Access Health & Community) Consumer and Carer Representatives Delmont Private Hospital Department of Health & Human Services – Inner and Outer Eastern Metro Regions EACH Turning Point Eastern Treatment Services Eastern Community Legal Centre Eastern Health Mental Health Services Eastern Homelessness Support Services Alliance Eastern Melbourne Primary Health Network EDVOS EMR Dual Diagnosis Response IMHA Inner East Primary Care Partnership MIND NEAMI National Outer East Health and Community Support Alliance Outer East Primary Care Partnership Uniting Care Prahran Mission Salvoeast Basin Centre Wellways YSAS Note: Each service provider will send representatives who can attend regularly have seniority, and appropriate decision making authority for their organisation. Potential new members to be considered by the EMHSCA committee via annual review, and if accepted, the project officer will extend an invitation. Criteria for membership include appropriate level of seniority in the represented organisation and interest in supporting the EMHSCA Strategic Priorities.
8. MEETINGS	
8.1	**Chairpersons:** Two chairpersons to be elected by ballot at EMHSCA committee meetings bi-yearly

	or as required for purpose of continuity. Term of chair is generally to be of 24 months duration. Refer to EMHSCA Co - chair guide.
8.2	**Quorum:** 50% (inclusive of Chair) plus 1
8.3	**Frequency of meetings:** Bi-monthly
8.4	Minutes are to be recorded by the project officer. Minutes are to be circulated no later than two weeks after each meeting.
8.5	STANDING AGENDA Acknowledgement of country Acknowledgement of lived experience Declaration of potential conflict of interest Apologies Attendance List/Introductions Acceptance of Minutes Welcome new members Business Arising Service Sector Updates (as required/requested only) Sub Committee reports - Aboriginal Liaison - EMR Dual Diagnosis Response - Strategic Planning - Eastern Peer Support Network - Workforce Development - Collaborative Pathways New Business Next meeting date Guest speakers with information relevant to the strategic direction of the EMHSCA will be welcomed but must be approved and placed on the EMHSCA committee meeting agenda by the Project Officer.