Eastern Mental Health Service Coordination Alliance

“Creating opportunities to work strategically across the region with Multi- Sectoral partners”

**EMHSCA Collaborative Pathways Subcommittee**

**Co-location Guide**

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Eastern Mental Health Service Coordination Alliance

Developed by the Eastern Mental Health Service Coordination Alliance (EMHSCA)

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**Background**

**EMHSCA**

The Eastern Mental Health Service Coordination Alliance (EMHSCA) was formed in 2007 and currently involves 21 organisations signed into an MOU with the key purpose of improving the collaborative provision of health and community services to people who experience mental ill health and co-occurring concerns in the Eastern Metropolitan Region of Melbourne. EMHSCA consists of a leadership committee which oversees three functioning subcommittees in order to deliver the objectives of the EMHSCA strategic plan. <https://www.easternhealth.org.au/images/EMHSCA_SP_2017-2019.pdf>

**EMHSCA Partners**

Eastern Health

Eastern Metropolitan Region (EMR) Mental Health Community Support Services

EMR Alcohol & Other Drug Services

EMR Housing & Homelessness Services

EMR Primary Care Partnerships

Eastern Melbourne PHN

Eastern region Australian Government Department of Human Services

EMR Family Services

Eastern Domestic Violence Service

Eastern Community Legal Centre

Delmont Private Hospital

Independent Mental Health Advocacy (IMHA)

 Department of Health & Human Services Eastern Metropolitan Region

**Collaborative Pathways**

The EMHSCA Collaborative Pathways Subcommittee was formed in December 2012 and continues today with membership from 15 health and community services.

The purpose of the Subcommittee is to explore how member agencies can work together to improve the holistic health outcomes for people with mental ill health and co-occurring concerns by supporting the development and implementation of shared protocols and documentation within and between member agencies.

A number of EMHSCA services have been providing co-location to share resources, enhance collaboration and enable a more integrated service response to consumers, families, children and carers.

**Objectives of this Guide**

To support EMHSCA members to provide more integrated services to people with mental ill health and co-occurring issues.

To promote the idea of co-location as a means to provision of more integrated services in the Eastern Metro Region.

To assist EMHSCA services to successfully co-locate by providing advice regarding logistics and potential challenges.

**Co-location Model**

# Definition

The term ‘Co-location’ refers to the location of a worker from one service at the site of another service e.g. a mental health worker at a community health service. This arrangement is intended for the benefit of both services to support a more integrated service response to people with co-occurring concerns.

# Evidence base

Co-location is not new. There are a number of examples of co-location already within EMHSCA. These have been mapped in an effort to understand the various logistics and challenges. The Collaborative Pathways subcommittee reviewed relevant literature and their findings supported the results of the EMHSCA co-location mapping exercise conducted in late 2016. Relevant references are included in a bibliography with this guide.

# Enablers of co-location

# Leadership commitment

* Staff willingness for the change
* Regular monitoring and evaluation
* MOU/ partnership agreement clarifying roles and responsibilities
* Learning from others who have co-located

## Advantages of co-location

Co-location arrangements often aim to improve referral pathways and may also lead to improved client outcomes (both physical and mental) and reduced stigma associated with seeking mental health care which arises from improved knowledge sharing and collaboration between service providers (Mauro et al 2016; Williams et al 2006). Whiteford et al (2014) provided a qualitative systematic review that identified improvements in communication; mutual understanding and empathy resulted from co-location arrangements. A summary of the benefits of co-location include:

* Service integration provides a one-stop-shop for service users
* Promotion of both the host and collocated services
* Improves staff knowledge of other sectors/services
* Services are presented to the consumer as connected/collaborative
* Opportunities to share knowledge
* Increased good will between staff
* Mutual support between staff and strengthening of partnership
* Facilitates clearer and easier referral pathways
* Barriers to collaboration between staff are reduced
* Ability to share training opportunities
* Reduces need for referral when waiting lists are long
* Resource sharing
* Improved access to secondary consultation

# Challenges of co-location

Mauro et al (2016) examine various public and private service coordinated care practices and warn that co-location isn’t sufficient to support integrated treatment if there are no integrative processes that result in a single treatment plan for consumers. Among their recommendations for a more integrated treatment approach they suggest, ensuring timely follow-up, being specific when identifying clients who require additional follow-up, and providing good support for colleagues (Mauro et al 2016). HealthOne NSW (2012) advise that the time and effort required in properly setting up co-location arrangements should not be underestimated and a committed practice manager along with setting clear deadlines are important for success.

Common challenges include:

* Privacy concerns of both services. Trust is essential for breaking this down.
* Logistical issues (such as car spaces, site access hours etc)
* Desk space
* IT (internet / printing access etc)
* Managing off site staff members requires trust and good selection of staff to be co-located
* Managing staff leave and resources
* Handover between staff
* Risk management
* Differing policy and procedure
* Admin access
* Increased preparation time for program delivery
* Increased travel time
* Limited staff resources are further limited at the co-locating service’s home site
* Can’t always offer a service in a timely manner due to waitlists
* Gaps in service provision
* Fluctuations in service needs and meeting times.

# How to get the ball rolling

* Services should actively identify who they would like to work more closely with.
* Identify key people from identified service to work with in setting up co-location.
* Consider and discuss benefits to all parties.
* Decide who will host and who will collocate depending on suitability and space availability.

Prior to co-location consideration needs to be given to the following

1. Local policy and emergency procedures
2. Suitable accommodation
3. Sharing of resources including administration support
4. IT and internet access
5. Travel distance and parking arrangements
6. Access cards or keys

# Things to consider in planning and implementation

## Set up

* It is important to draw up co-location arrangements to ensure clarity of the proposal.
* Clearly define which services are involved in the partnership. This is particularly important if co-location is at a site that provides multiple services.
* Set up clear communication policies for things such as sick leave etc.
* Set up a clear MOU at the outset that includes dispute resolution provisions.

## Orientation

* Organise a ‘meet and greet’ prior to the co-location commencing.
* Orient co-locating staff to host site and provide resources as required such as admin support if possible.
* Make co-located staff a part of the host team (invite them to meetings, lunches etc).
* Ensure good orientation to site’s facilities and procedures especially emergency procedures.

## Logistics

* Co-located staff should be physically available when needed by host service staff. This can be supported by having multiple people co-located at the same site.
* Ensure all staff at the host site are aware of the co-locating staff.
* Physically locate co-located staff in a central location to facilitate interaction with host staff.
* Maintain a flexible approach as service needs fluctuate on a daily basis.

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