

ALCOHOL AND OTHER DRUG CRISIS INTERVENTION
WESTERN AUSTRALIAN COMMUNITY ADVISORY GROUP
DRAFT TERMS OF REFERENCE

BACKGROUND

The key driver for the Alcohol and Other Drug (AOD) Crisis Intervention project, of which the Community Advisory Group (CAG) is a key component, is the Methamphetamine Action Plan (MAP) Taskforce Report. The MAP Taskforce was a key election commitment of the McGowan Government. The MAP Taskforce Report was released in November 2018, providing 57 recommendations, including Recommendation 29 which states:

Within 12 months, the Mental Health Commission, Western Australia Police Force and Department of Health establish an appropriate alternative crisis intervention response that would provide a short-term place for methamphetamine users when they are in crisis that will keep them, their families and the community safe, including in the regions.

The Mental Health Commission (MHC) has thereby appointed an independent third party Engagement Team, from Tuna Blue Facilitation, to lead a process of engagement with the community. Their primary task is to develop a system service model to address the gaps in the provision of short-term critical intervention services. It will address the whole AOD spectrum, which includes but is not limited to Methamphetamines. This process will include the consideration of compulsory and non-compulsory options. Key deliverables for the AOD Crisis Intervention project include:

- Consultation with key stakeholders and the community;
- Development of a draft model of service – the AOD Crisis Intervention System Service Model; and
- Review of the Midland and Immediate Drug Assistance Centre service models.

The AOD Crisis Intervention System Service Model will include:

- Identification of current services available for individuals in AOD crisis in Western Australia, including identification of effective services;
- Identification of the current gaps in the system for people in AOD crisis;
- Identification of a suite of services required – including the expansion of existing services if appropriate, and the development of model(s) of service if the service does not exist;
- Consideration of cost-effective options, which are best practice and/or evidence based, and can be practically implemented; and
- A recommendation on whether compulsory AOD crisis intervention should be implemented in Western Australia. This recommendation should reflect consideration of community safety, the health and wellbeing of the individual and human rights. Recommendations should also be provided regarding the appropriate eligibility criteria, referral process, duration of treatment, type of treatment, location for treatment and any additional considerations.

PURPOSE

The role of the CAG is to discuss key issues and make recommendations to the engagement team, acting on behalf of the MHC, for consideration in the development of an appropriate and adequate draft system service model for AOD Crisis Intervention in Western Australia. This includes advice regarding how to address current gaps in the provision of AOD short-term critical intervention services. The discussions within the CAG do not indicate

the MHC's course of action, or the State Government's policy position. Final decision making and approval of the model rests with the MHC, the Minister for Mental Health and the State Government.

MEMBERSHIP

The CAG consists of community members, selected through an expression of interest process, who can provide a variety of perspectives including consumer, family, carer, peer, youth, Aboriginal, culturally and linguistically diverse, regional, rural and/or remote, and lesbian, gay, bisexual, transgender, intersex and questioning.

CAG members will be appointed for the duration of the project, which is anticipated to be 6 months from establishment of the CAG until delivery of the model for approval. If members are unable to continue to carry out their role they may leave the group, but it is anticipated that people will remain to provide continuity.

The Mental Health Commissioner may remove a member from the CAG if the Commissioner is satisfied that the member:

- (a) has neglected his or her duties or performed them incompetently; or
- (b) has been absent without providing due notification to at the Chair/co-Chair from two consecutive meetings.

CHAIRPERSON

The CAG will be chaired by an independent facilitator from the contracted partner for this project, Tuna Blue Facilitation. Wherever possible this will be the same person to ensure continuity. Should the primary nominated Chair not be able to attend a meeting, a nominated representative who is well acquainted with the project will chair the meeting (referred to hereafter as the co-Chair).

RESPONSIBILITIES OF CAG MEMBERS

The responsibilities of the CAG members are to contribute their best effort to achieving the objectives of the group by:

- Contributing fully and constructively at meetings;
- Bringing a problem-solving attitude to the team and contributing to a positive team culture;
- Being reliable, dependable and taking responsibility for actions assigned; and
- Following these Terms of Reference, Public Sector Code of Ethics and the MHC's Code of Conduct.

CAG MEMBERS CAN EXPECT

- To be equal members of a group that is respectful, open and operates with integrity;
- To be reimbursed for their participation;
- To receive timely communication of meeting papers and working documents; and
- To be supported in their role on the CAG.

PROXY

The membership of the committee is based on individual knowledge and experience. As such, members may not nominate a proxy if they are unable to attend a meeting.

RIGHT TO CO-OPT

People with special knowledge and expertise may be co-opted to the CAG with the prior approval of the Chair/co-Chair for discussion of specific issues.

REMUNERATION OF COMMUNITY REPRESENTATIVES

Participation payment is offered for members on committees and groups as per the MHC's Consumer, Family, and Community [Paid Partnership Policy](#). Given CAG members will be providing advice at a strategic level, CAG members will be remunerated at the Advisor's rate of \$70 per hour (or part thereof) for a minimum of three hours. This payment and timeframe also include any preparation time for the meeting as well as reasonable travel expenses.

CONFIDENTIALITY

The deliberations of the CAG are considered highly confidential. Members are not to communicate or on-forward material received without pre-approval by the Chair/co-Chair. Members are expected to maintain the integrity and security of information received. It is also acknowledged that members may need to discuss information with their colleagues or within their networks. The Chair/co-Chair will be responsible for clearly indicating which information can be discussed outside of the meetings. CAG members should seek the Chair/co-Chair's advice on any confidentiality issue of which they are unsure.

A Confidentiality Agreement is attached. All CAG members will be required to sign the agreement prior to the commencement of the first meeting.

CONTACT WITH THE MEDIA

All media requests are to be directed to the Mental Health Commissioner via the Chair/co-Chair. Members will not make public statements to the media regarding CAG matters.

CONFLICTS OF INTEREST

Conflicts of interest will be a standing agenda item. Members must declare any conflicts of interest and their involvement resolved to the satisfaction of the Chair/co-Chair prior to proceeding with the related matter.

MINUTES

The Tuna Blue Engagement Team will be responsible for convening meetings, preparing agendas, receiving reports and dealing with correspondence. Minutes of each meeting will be recorded and distributed promptly to each member of the CAG.

The Chair/co-Chair will keep the Mental Health Commissioner and the Minister for Mental Health informed of the outcomes of the CAG, via the MHC project team. This may include the provision of CAG meeting minutes.

PROJECT TEAM

MHC staff within the AOD Crisis Intervention Project Team will also be invited to attend meetings.

MEETINGS

Fortnightly meetings will take place at the MHC, 1 Nash Street, Perth (adjacent to McIver Station). The meetings will last approximately three hours and some preparation time is required. Additional work between meetings may be requested. Regional, rural and remote members will access the meeting via teleconference.

QUORUM

A quorum is constituted by half of the individual membership of the CAG.

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COMMUNITY ADVISORY GROUP (CAG)**

**Confidentiality Statement
For Consumer, Family and Carers**

Confidentiality is about not disclosing selected information gained through privileged access or participation.

The Mental Health Commission (MHC) requests all consumer, family and carers representatives engaged on committees as individual and independent operators to sign a separate confidentiality statement. Other committee members representing their respective organisations are covered under their organisations Code of Conduct and/or Code of Ethics.

Whilst working as a consumer or family/carer representative, a person may have access to information that is not public knowledge and must be kept in confidence. Such information may relate to individual, organisational or staff matters, administration, funding and management issues. The chairperson of a committee and/or meeting is responsible for making clear to **all** members when information must not be discussed outside that forum.

Whilst it is essential that respect for confidential information is maintained, it is also acknowledged that consumers, families and carers may need to discuss information with their colleagues and networks as part of their role. Consumers, families and carers should seek the Chairperson's advice on any confidentiality issue of which they are unsure.

Declaration

Consumer, Family, Carer name: _____

Committee/meeting name: **AOD CRISIS INTERVENTION CAG**

I confirm that I have read and understand the above information about confidentiality. I agree that selected information that I have access to through my work on this committee/meeting may be confidential and that this also applies if I leave the position.

Signed: _____

Date: ____/____/____