

ADDICTIONS & MENTAL HEALTH NETWORK OF CHAMPLAIN  
**TERMS OF REFERENCE**

**Mission:**

To enhance, collaborate and oversee a holistic, person and family centered, integrated mental health and addictions system in Champlain from promotion to intervention.

**Vision:**

Assuring proper mental health and addiction care providing hope and dignity at the right time, in the right setting, by the right provider that is comprehensive, coordinated, timely, equitable and evaluated.

**Role of the Network:**

The responsibility of the Network is to provide guidance and a balanced direction, for those seeking to improve the Addiction and Mental Health System within the Champlain LHIN. In doing so we strive to set an example to the remainder of the Ontario in how various sectors can sustain a better relationship to improve the system for all. The Role of the Network will change and adapt over time to reflect the needs of its members.

**Leadership:**

Providing leadership in system change and improvement. To collaborate and work on a strategic plan with partners of the Network and the Champlain LHIN.

**Planning:**

Developing a system strategic plan, using needs assessment tools to identify problems, priorities and gaps; and creating a work plan to effect changes. Propose and support some specific AMHNC initiatives (e.g., *The Roller Coaster Guide*).

**Communication and Building Relationships:**

Networking and information sharing within and outside the network; facilitating community engagement in system level activities; communicating and building relationships with clients, families, service providers and government. Disseminating information to its members.

**Facilitating systems improvement:**

Planning and implementation of system level initiatives based on network identified

priorities and setting priorities for the Network and recommending funding of initiatives.

### **Priority setting:**

Priority setting and decision-making at a systems level, based on proactive planning undertaken by advocating system priorities and funding priorities.

### **Funding submission review:**

As requested will review any funding applications put forward to Ministry of Health (LHIN) and other relevant funding agencies for mental health and addictions. While not a funding body the committee can provide feedback to the applicants on the submissions brought forward to the AMHN from the perspective of the four sectors represented on the committee as well as from a regional perspective. Act as a pipeline for LHIN communication and consultation with family and client networks.

### **Membership in the Network:**

- The Network will be open to all individuals or organizations that are committed to furthering the mission and vision and will strive for diversity, equality and representation in membership. Ensuring that all languages and cultures are represented at the AMHNC is a priority of the network and its members. Draft Terms Of Reference January 22, 2015
- The work of the Network will be operationalized by a representative Strategic Steering Council, with four members (for a total of sixteen) elected by their peers from each of the following groups: clients, families, mental health organizations and addictions organizations.
- The Council will be supported by a Client Advisory Committee, a Family Advisory Committee and others as needed or required.
- Decision-making with respect to Network/System priorities and funding priorities will be guided by the needs assessment and strategic plan of the Network, and is rooted in a consensus based model.

### **Council Co-Chairs:**

Two Co-Chairs will be elected from among the voting members of the full Network, by the voting members of the AMHN. These positions are in addition to the 16 members of the Strategic Steering Council. Co-Chairs will alternate chairing of the meetings. The Co-Chairs would normally serve for a minimum of one term of two years, to a maximum of two terms of two years each. In the case of a tie during a vote, the Co-Chair in the meeting chair position for that meeting would cast a vote to break the tie.

### **Co-Chairs Responsibilities:**

- Chairing the meetings in an impartial manner and maintaining neutrality when in the Meeting Chair role
- Setting agenda in accordance with the LLG and reviewing minutes
- Liaising with members of the Council to ensure regular attendance and participation
- Acting as spokespeople for the Network as requested to do so by the Strategic Steering Council and on those issues where the Council has taken a position
- Attending meetings on behalf of the Network/Council as identified by the members
- Facilitating discussions/decisions
- The Co-Chairs can call a meeting of the AMHNC Network or of the Strategic Steering Council if need be.

### **Council & Member Responsibilities:**

- Independent and objective oversight, using a systems perspective, to effectively guide and monitor the implementation of strategic initiatives of an inclusive, interdependent, multi-disciplinary Addictions and Mental Health Network.
- Advocate others to adopt a specific course of action impacting plans, priorities, processes and practices on local, regional, provincial levels if identified by the committee as priority areas.
- Teamwork/collaboration to develop and maintain cooperative, collaborative and productive working relationships by sharing their experience, knowledge, best practices and advice.
- Willingness to hold oneself accountable for acting in ways, both privately and publicly, which are consistent with stated values, principles and professional standards.
- Depth and breadth of the knowledge, skills and experience particular to the position. It involves knowledge of laws, practices, processes, professional skills, stakeholders and the culture specific to the environment and role of that member.
- Voting representatives will be selected by open nominations and selections processes headed up by the mental health sector (for mental health representatives), the addictions sector (for addictions representatives), the Client Advisory Committee, and the Family Advisory Committee for the respective membership categories.
- Representatives should be available to commit to a minimum of one term of two years, and normally stay to a maximum of three terms. Draft Terms Of Reference January 22, 2015
- Voting members of the Council will invite representation for ex-officio, nonvoting members as required and with input from the Addictions and Mental Health Network of Champlain as appropriate.
- The use of email is considered an acceptable strategy for voting. In addition, flexibility

for the adoption of alternative technologies will be considered as required or presented.

- Strategic Council members are expected to attend 80% of the meetings unless due to illness, vacation, extended stays, and more as approved by the Strategic Council. Failing to do so, the Member should resign from his role as a member of the Strategic Council.

### **Meetings:**

The full Network will meet at least once annually to review progress and set the upcoming year's work plan. The Strategic Steering Council will meet monthly, except for the months of July, August and December.

### **Funding:**

The Network is self-funded (by members), generating a sense of ownership.

Financial Year: The Financial year of the Network will be from April 1st of the present year to March 31st of the following year. The annual budget allocations will be reviewed and set during the first quarter of the fiscal year based on the actual budget accepted for that fiscal year in order to remain self-- sustaining.

### **Accountability:**

The Network will be accountable to its core members.

### **Conflict of Interest:**

A conflict of interest, in this situation, is defined as a circumstance where the interests of an individual member (person or organization) are in perceived/potential conflict with the best interests of the larger health system. A Conflict of Interest may occur when a party gives or receives a direct or indirect gain from the discussion and the vote, if taken. Members must declare any conflict of issues they may have, and, to the greatest extent possible, this should be done prior to an upcoming meeting, based on the pre-circulated agenda. The members will remove themselves from the discussion and the vote, if taken. Where a member has not acknowledged a conflict of interest, the Chair shall take responsibility for identifying such members and requesting that said members abstain from voting. Where a dispute regarding the Chairs decision, this dispute shall be resolved by a vote by the Network or Council. The member shall have an opportunity to present their position prior to the vote.

### **Confidentiality:**

Members agree to protect the interests of the AMHNC Network and of the Council, at all times to the best of their ability. Members will not divulge any information or confidential matters concerning patients, clients, caregivers, health care providers, or other

members of Council that may come to their attention in the course of their work with Council, unless required to do so under applicable legislation. A breach of confidentiality constitutes a most serious offence which may result in dismissal as a member of the AMHNC Network.

**Evaluation:**

The Network will evaluate its activities and accomplishments every year and present this report at the Annual General meeting. This report will be prepared and presented by the Co-Chair.

AMHNC Terms of Reference - v3\_Draft.pdf

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