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Colleen thanks for your email. Marie and I have gone through point by point. Hope our comments are helpful.

From: Bill Kingswell
To: Colleen Jen <
Cc: Marie Kelly <
Date: Fri, 14 Mar 2014 18:02:22 +1000

Colleen thanks for your email. Marie and I have gone through point by point. Hope our comments are helpful.
Happy to discuss further.

Dot point 1.
No additional FTE required to deliver IMYOS
Cairns (currently 80% of C&Y 2017 target and 93% of all FTE target)
Townsville (has existing adol MH unit and day centre and 95% of FTE target)
Rockhampton over state average
PAH over state average
Toowoomba over state average

Additional FTE for IMYOS can be justified (12 in total)
Mackay
Metro Nth (55% C&Y target, 64% all FTE target)
Wide Bay (57% and 59%)
Sunshine Coast (46% and 52%)
Gold Coast (42% and 49%)
West Moreton (43% and 49%)

Agree the 16-20 is ambiguous. However, we would expect at least 16-20 patient case load per HHS at any one time.

Dot point 2.
Note Deloittes considered a day program in the Preliminary evaluation of Stage 2 MH plan and it came back as low priority.
We expect they have suggested the 3 extra based on
- existing inpatient facility
- capacity to provide the clinical support from existing C&Y MH services
We can't afford all of them within the $5.9m available. They probably need to consider priorities.
Not sure where the capital funding is coming from.
The C&Y inpatient units run at 75% or less occupancy. Might be opportunity to redirect investment.

Dot point 3.
Don't know where they got the 140 Resi beds
Other than 80% of the Victorian bed stock in this area.
Some perspective- we only have 33 beds in the adult sector.
Big gaps in this area that we cannot close quickly.
Should not shift CCU funding to this program the target group does not use and should not use our CCUs.
FYI there is a good review of this program as it runs in Victoria on the web.

Dot point 4.
Step up/Step down
these kids probably access existing services
community based
acute inpatient
we do have a few resi beds in Cairns (Time out housing initiative)
they are unlikely accessing adult resi.
we are going to progress one of these services in Cairns
without capital and recurrent funding 3 is tough.
$5m each for the build and more for land purchase
they are usually 8 beds @ recurrent $1,25m recurrent for the NGO services + contribution in kind from

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the C&Y clinical service

Dot point 5.
there are large NGOs well positioned to provide these services anywhere in the state if we had the $.
A pre-requisite is the clinical in-reach, in-kind support.

Dot point 6.
The number of treatment episodes is probably true. Not sure that the demand exists. LOS in BAC was outrageous misuse of institutional care for vulnerable young people. We would not be seeking to replicate that.
The step up/step down and resi rehab have predetermined limits of LOS capped at 12 weeks and 12 months respectively
This is an interesting business case. They were asked to design replacement services for BAC and instead they have delivered a gold plated end to end treatment model for youths of all shapes and sizes not the cohort that accessed BAC.

Dot point 7.
We should not support a bed based service at any time soon. We have too many beds now and occupancy is never above 75%.
It would be much more sensible to wait and see the impact of the day programs and IMYOS teams.
You should note that the NMHSPF does not support a bed based service and NSW is keen to close their Walker Unit at Concorde.

Dot point 8.
Colleen we have referenced this to the available FTE in the ambulatory child and youth sector as in dot point 1.
We can't use the NMHSPF at the moment. Something has gone horribly wrong with the tool when applied to the C&Y sector it produces silly numbers.

Dot point 9.
We are not clear about the question being asked.

Dot point 10.
I agree. Reconfiguration of existing spend might be one of the solutions.
They have tried to link day programs to existing bed based services.
I don't think they have given sufficient consideration to the expanded head space ear marked for GC that will see $5m invested in early psychosis (young people 16-25) services for GC and Logan/Beenleigh.

Dot point 11.
Statewide adolescent mental health steering committee have met a number of times about this proposal. it includes MS, NGO, WM, Mater, Headspace, Consumer Carer, T've.
Also there was a CEO oversight committee.
Lesley Dwyer
Richard Ashby
Peter Steer
Me
Michael Cleary
Peter Bristow
Julie HJ
Julia Squire

Dot point 12.
Yep.

Dot point 13.
We agree. Our state plan was based on the epidemiological study of Qld Centre for MH research and was then translated into the inputs needed to provide the service.
14 FTE/100,000 pop'n to provide ambulatory services
and 2.5 beds/100,000 pop'n

We will have a look at the need predicted by the NMHSPF and there is a recent burden of disease study, however I don't think it splits out children.

Dot point 14.
Yes you are right we will need to translate this into the taxonomy of the National MHSPF and use their

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glossary.

Dot point 15.
sub-point 1. Yes they do align to Authorised MHS divisions. eg. Metro Nth has three AMHS's within their boundary. RBWH, PCH and Caboolture.

sub-point 2. We will need to check their source for the 10% figure. It does look like something we would have provided. It is likely that we have had a quick look at a WHO report. The 2.3% figure is the more important one as we are only interested in the severe group. Primary care and privates can manage the mild and moderate.

sub-point 3. Good point well put. It does appear to be a proposal rather than a planning document. It is based on 2011 census data and has not predicted future need.

regards Bill and Marie

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