

Statewide Adolescent Extended Treatment & Rehabilitation Implementation Strategy

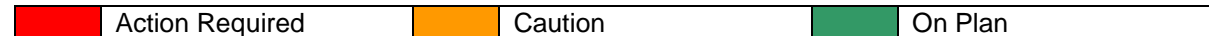
Monthly Status Report

Author:	Dr Leanne Geppert & Dr Stephen Stathis	Sponsor:	Children's Health Queensland, HHS	Partners:	West Moreton HHS and Department of Health
Report Date:	29 August 2013	Project Start Date:	August 2013	Project End Date:	February 2014

Description of Project:

It is no longer safe or contemporary service delivery to provide statewide adolescent mental health extended treatment and rehabilitation services at the Barrett Adolescent Centre, which is located at The Park Centre for Mental Health. Statewide governance around mental health extended treatment and rehabilitation for adolescents has moved to Children's Health Queensland and a new range of contemporary service options will be available from early 2014. This project will guide and support the definition and establishment of these new service options. The foundation of this initiative has been completed through the Barrett Adolescent Strategy.

Overall Status Summary:



Schedule	Financial	Scope	Risks / Issues	Overall
Action Required	Action Required	Action Required	Action Required	Action Required
Caution	Caution	Caution	Caution	Caution
On Plan	On Plan	On Plan	On Plan	On Plan

<p>Accomplished This Period</p> <ul style="list-style-type: none"> • Public announcement of plan • Project governance established • Project Plan and Action Plan drafted • Steering Committee established • Inaugural Steering Committee meeting 26/8/13 • Recruitment of project staff commenced • Site visit to Victoria completed – report prepared 	<p>Activities For Next Period</p> <ul style="list-style-type: none"> • Establish and task Working Groups • Communications strategy to be developed • Risk register to be developed • Define governance for statewide service model
<p>Significant Risks Requiring Management Attention</p> <ul style="list-style-type: none"> • Identification of single point responsibility for correspondence (CE & DoH Oversight Committee) • Endorse Project Plan and Action Plan (CE & DoH Oversight Committee) 	<p>Issues Affecting Progress</p> <ul style="list-style-type: none"> • Nil currently

Project Status Report

Project Name: **Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy**

Reporting Period: September 2013

Project Sponsor: Dr Peter Steer

Signature:

Date:

Project Manager: Ingrid Adamson




Signature:

Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)	T	<p>Services Options Working Group Terms of Reference endorsed by Steering Committee Group has been established – first forum to be held 1st October Draft Service Options under development BAC Parents/Carers invited to write submissions to the Service Options Working Group for consideration.</p> <p>BAC Consumer Transition Panel Terms of Reference endorsed by Steering Committee Converted to panel arrangement that convenes on a consumer-needs basis</p> <p>Financial and Workforce Planning Working Group Terms of Reference endorsed by Steering Committee, although membership and chair requires confirmation prior to finalisation.</p>
Budget and Cost Management	T	On target CHQ Project Manager and West Moreton Project Officer appointed and have commenced
Stakeholder Engagement and Participation	T	BAC Fast Fact Sheet #6 and #7 issued Communication Plan under development
Project Interdependencies	T	Nil identified at this stage
Project Risks and Issues (Incl. Escalation / Mitigation)	T	Risk register under development with project plan Nil risks requiring management attention
Other	N/A	

Legend:

-  **C Critical** – Issue is impacting on project objectives
-  **S Serious** – Issue COULD impact on project objectives
-  **T On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: **Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy**

Reporting Period: October 2013

Project Sponsor: Dr Peter Steer

Signature:


Date:

Project Manager: Ingrid Adamson





Signature:

Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>Project Plan and Risk Register endorsed by SW AETRS Steering Committee and CE Oversight Committee</p> <p>Services Options Working Group (WG 1)</p> <ul style="list-style-type: none"> • WG1 convened for first forum on 1st October. • Service Options, based on WG1 input and ongoing research, is under development. • BAC Parents/Carers have prepared a written submission for consideration. • Case Scenarios sent to WG representatives to test service option assumptions – responses have been consolidated for review. • Site visit to NSW Rivendell and Walker Units on 23rd October – report under development. <p>BAC Clinical Care Transition Panel</p> <ul style="list-style-type: none"> • Status Report attached <p>Financial & Workforce Planning Working Group (WG3)</p> <ul style="list-style-type: none"> • WG3 met for the first time on 22nd October. • The group did not reach consensus on purpose and Terms of Reference for the group. This matter will be escalated to the CE Oversight Committee for direction. • Nil impact on project progress in the short term although could delay deliverables without speedy resolution.

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Key Areas of Focus	Impact on Objectives	Key Comments
Budget and Cost Management		On target
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> • Consumers identified for participation on Steering Committee and WG1 • BAC Fast Fact Sheet #8 and Staff Communiqué #2 issued • Memo regarding BAC closure sent to Executive Directors and Clinical Directors of Mental Health • Phone interview had with ABC – World Today in response to a parent's comments on BAC closure • CHQ Communication Plan nearing completion
Project Interdependencies		Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		Nil risks requiring management attention
Other	N/A	

Legend:**Critical** – Issue is impacting on project objectives**Serious** – Issue COULD impact on project objectives**On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: **Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy**

Reporting Period: November 2013

Project Sponsor: Dr Peter Steer

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Project Manager: Ingrid Adamson





Signature:

Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>Communications Plan endorsed by SW AETRS Steering Committee and CE Oversight Committee.</p> <p>Services Options Working Group (WG 1)</p> <ul style="list-style-type: none"> • Draft SW AETR Model of Care, including underpinning service elements, developed and presented to the Steering and Oversight Committees. • Next steps are to: <ul style="list-style-type: none"> ○ Communicate draft model of care to stakeholders, consumers, carers and families. ○ Develop the Implementation Plan, and Business Case, for the Model of Care. • Concurrently, WM HHS is progressing plans for transitional services, including an activity-based program for the school holidays followed by establishment of assertive outreach services, a day program, and supported accommodation in early 2014. <p>BAC Clinical Care Transition Panel</p> <ul style="list-style-type: none"> • Status Report attached <p>Financial & Workforce Planning Working Group (WG3)</p> <ul style="list-style-type: none"> • It was agreed to disband the Working Group, with separate work to be undertaken on workforce and financial elements on an as-needs-basis, with progress regularly reported back to the Steering Committee.

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Key Areas of Focus	Impact on Objectives	Key Comments
Budget and Cost Management		On target
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> • BAC Fast Fact Sheet #9 and #10 issued • BAC Parents presented a submission to the SW AETRS Steering Committee. • CE CHQ HHS met with BAC parents regarding their submission. • CE CHQ HHS and WM HHS met with BAC parent regarding correspondence. • Content for SW AETRS web page under development.
Project Interdependencies		<ul style="list-style-type: none"> • Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> • A new risk has been added to the risk register: Availability of skilled workforce for future service options. • Nil risks requiring management attention.
Other	N/A	

Legend:**Critical** – Issue is impacting on project objectives**Serious** – Issue COULD impact on project objectives**On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: **Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy**

Reporting Period: December 2013

Project Sponsor: Dr Peter Steer

Signature:



Date:

Project Manager: Ingrid Adamson




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Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>Services Options Working Group (WG 1)</p> <ul style="list-style-type: none"> • Draft SW AETR Model of Care: <ul style="list-style-type: none"> ○ Endorsed, in principle, by the Steering and Oversight Committees and the CHQ Board. ○ Circulated to Working Group for input and feedback, which has now been incorporated. ○ Communicated to CYMHS Clinicians on 10th December and BAC Family members on 11th December. • Invited guest Sandra Radovini, Child and Adolescent Psychiatrist, presented to clinicians, BAC staff and families on adolescent mental health care services in Victoria over 10th/11th December. • Development commenced on a Business Case, including a high level implementation plan, for the proposed SW AETR Model of Care. • Concurrently, WM HHS has progressed plans for transitional services, including an activity-based program for the school holidays followed by establishment of supported accommodation for early 2014. Governance arrangements have been established and weekly meetings underway. <p>BAC Clinical Care Transition Panel</p> <ul style="list-style-type: none"> • Status Report attached
Budget and Cost Management		On target

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> BAC Fast Fact Sheet #11 issued. CHQ SW AETRS web page went live.
Project Interdependencies		<ul style="list-style-type: none"> Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> Nil risks requiring management attention.
Other	N/A	

Legend:**C Critical** – Issue is impacting on project objectives**S Serious** – Issue COULD impact on project objectives**T On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: January 2014

Project Sponsor: Dr Peter Steer

Signature:



Date:

Project Manager: Ingrid Adamson




Signature:

Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>Service Options Implementation</p> <ul style="list-style-type: none"> • Business Case, including a high level implementation plan, is nearing completion. A summary budget has been presented to the Steering and Oversight Committees, and the CHQ Board in January. • Approval was given to progress with implementation of services identified utilising existing operational funding from the Barrett Centre and the ceased Redlands Project. • Extra project resources are being secured to assist with recruitment activities associated with new services. <p>Residential Rehabilitation Unit</p> <ul style="list-style-type: none"> • Establishment of the residential rehabilitation accommodation is progressing, with fit out of house underway. • A site visit to the residential rehabilitation accommodation was undertaken on 15th January and all parties are satisfied with suitability. • Service Agreement and Model of Service are still under development and nearing completion. <p>BAC Clinical Care Transition Panel</p> <ul style="list-style-type: none"> • Status Report attached
Budget and Cost Management		On target

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> • Nil this month
Project Interdependencies		<ul style="list-style-type: none"> • Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> • Nil risks requiring management attention.
Other	N/A	

Legend:**Critical** – Issue is impacting on project objectives**Serious** – Issue COULD impact on project objectives**On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: February 2014

Project Sponsor: Dr Peter Steer

Signature:


Date:

Project Manager: Ingrid Adamson





Signature:

Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>Service Options Implementation</p> <ul style="list-style-type: none"> • Business Case, including a high level implementation plan, has been delivered to Department of Health's Policy and Planning Unit. • Initial advice received confirms that there is no new funding available in 2014/15. Have been asked to adjust the business case with a view to some new funding in 2015/16. • In the meantime, CHQ Board is keen to see alternative funding sources explored, including federal government funding, Medicare Locals, and corporations operating in regional and rural Queensland. • Met with representatives from Department of Education to provide an overview of the model of care and the first phase of services to be implemented. They are keen to support these services and have commenced resource planning. <p>AMYOS</p> <ul style="list-style-type: none"> • Recruitment activities are underway with establishment of positions, development of role descriptions, and development of a detailed model of service. • CHQ has met with Gold Coast and Toowoomba HHS to advise of the AMYOS team for their catchment. Discussions with Townsville and Redcliffe/Caboolture are scheduled for the first week in March. • To date, all HHSs have been receptive to the approach and supportive of establishment. <p>Residential Rehabilitation Unit</p> <ul style="list-style-type: none"> • Service Agreement and Model of Service have been finalised and

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<p>are in the process of being signed.</p> <ul style="list-style-type: none"> Referral Pathway and Terms of Reference are now being finalised. Residential Rehabilitation Unit is now ready to accept consumers. <p>Day Program Unit</p> <ul style="list-style-type: none"> Potential site at Stafford is being explored. Currently negotiating what space could be leased.
Budget and Cost Management		Project spend is on target
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> Nil this month
Project Interdependencies		<ul style="list-style-type: none"> Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> All risks related to the closure of the BAC have now been closed. Risk of sufficient funding for services has been escalated to very high – other funding options, outside of the Department of Health, are now being explored.
Other	N/A	

Legend:**Critical** – Issue is impacting on project objectives**Serious** – Issue COULD impact on project objectives**On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: March 2014


Project Sponsor: Dr Peter Steer

Signature:	Date:
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Project Manager: Ingrid Adamson

Signature:	Date:
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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<ul style="list-style-type: none"> • Business Case, including a high level implementation plan, has been delivered to Department of Health's Policy and Planning Unit. • Initial advice received was that there is no new funding available in 2014/15 and CHQ were requested to adjust the business case with a view to some new funding in 2015/16. • A revised Business Case was then submitted together with another request for new funding by the CHQ CFO. • In the meantime, CHQ Board is keen to see alternative funding sources explored, including federal government funding, Medicare Locals, and corporations operating in regional and rural Queensland. Research into this has commenced. • Met with representatives from Department of Education to provide an overview of the model of care and the first phase of services to be implemented. They are very supportive of these services and have commenced resource planning. • A Project Officer position has been created to conduct a post-project review of the Barrett closure and consumer transition process. This position will also assist with the development of an evaluation framework for new services established. A potential candidate has been interviewed and will be appointed to the position in early April. <p>AMYOS</p> <ul style="list-style-type: none"> • Confirmed recurrent funding amounts provided CHQ with the capacity to appoint an additional AMYOS team, taking the total number to 7 teams. The additional team will be placed at Logan. • Recruitment activities are underway with establishment of positions, development of role descriptions, and advertisement of

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<p>positions. Interviews will take place in early April for three Brisbane-based teams.</p> <ul style="list-style-type: none"> • CHQ has spoken with receiving HHSs to advise of the AMYOS team placements, which included Gold Coast, Redcliffe/Caboolture, Logan, Toowoomba and Townsville. • All HHSs have been receptive to the approach and supportive of establishment. • Work continued on development of a detailed model of service and service agreements for CHQ engagement with other HHSs. • All AMYOS documentation will be provided to the receiving HHSs in early April, so that they can commence recruitment activities. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> • Service Agreement and Model of Service have been signed off. • The Referral Pathway and Referral Panel Protocol have been developed and are being circulated to the Resi Governance Committee for comment. • The Residential Rehabilitation Unit has accepted its first [REDACTED] <p>Day Program Unit</p> <ul style="list-style-type: none"> • Potential site at Stafford has proven problematic due to public access of areas identified as potential space for day program. • A site visit to a CHQ-owned building at Ferny Hills was undertaken. Building is smaller than preferred and requiring substantial refurbishment. • Continuing other site alternatives through the Qld Government Accommodation Unit. Failing the availability of a Government-owned facility, private lease options will be explored. • Establishment of a day program by 30 June 2014 is looking uncertain. <p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> • Confirmation of bed availability has been received from the Mater. • A Service Agreement, service guidelines, and the Statewide Assessment Panel protocol are under development and nearing completion.
Budget and Cost Management	T	Project is underspent at this time.
Stakeholder Engagement and Participation	T	<ul style="list-style-type: none"> • Nil this month
Project Interdependencies	T	<ul style="list-style-type: none"> • Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)	S	<ul style="list-style-type: none"> • Risk of sufficient funding for new services remains at very high – alternative funding options are being explored.

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<ul style="list-style-type: none"> Risk of time slippage on service delivery is escalated to very high.
Other	N/A	

Legend:

- C** **Critical** – Issue is impacting on project objectives
- S** **Serious** – Issue COULD impact on project objectives
- T** **On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: April 2014




Project Sponsor: Dr Peter Steer

Signature:	Date:
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Project Manager: Ingrid Adamson

Signature:	Date:
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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<ul style="list-style-type: none"> • A Project Officer, Susan Hunt, commenced on 15 April and has commenced work on a post-project review of the Barrett closure and development of an evaluation framework for new services established. • CHQ has met with the Children's Hospital Foundation Qld (CHFQ) to discuss opportunities to collaborate on seeking more funds for services. CHFQ will assist with the development of a proposal for potential donors. <p>AMYOS</p> <ul style="list-style-type: none"> • Shortlisting for the three Brisbane-based AMYOS teams has been finalised. Interviews will take place on 14 and 15 May. • The AMYOS Model of Service has now been documented. • A service agreement, together with the Model of Service and role descriptions, has been sent to receiving Hospital and Health Services (HHSs) for review and signing. Upon acceptance, recruitment for their AMYOS teams can commence. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> • The Referral Panel Protocol and Pathway have been circulated to the Resi Governance Committee for comment and feedback. • The Residential Rehabilitation Unit has now accepted   <p>Day Program Unit</p> <ul style="list-style-type: none"> • The Qld Government Accommodation Unit is assisting with the identification of a site. Their officer has inspected a number of

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<p>sites during the week commencing 21 April. Awaiting advice regarding a short list of sites to visit.</p> <ul style="list-style-type: none"> Dependent upon the identification of a suitable site, establishment of a day program by 30 June 2014 is looking uncertain. <p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> A Service Agreement, service guidelines, and the Statewide Assessment Panel protocol have been documented and sent to the Mater for review and signing. To date, there have been no referrals to this service.
Budget and Cost Management		<ul style="list-style-type: none"> Project is underspent at this time.
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> A number of pieces of correspondence have been received from the community in regard to new services. They have been referred to the CHQ website for more information.
Project Interdependencies		<ul style="list-style-type: none"> Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:**Critical** – Issue is impacting on project objectives**Serious** – Issue COULD impact on project objectives**On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: May 2014


Project Sponsor: Dr Peter Steer

Signature:	Date:
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Project Manager: Ingrid Adamson

Signature:	Date:
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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<ul style="list-style-type: none"> Work has commenced on a post-project review of the Barrett closure and development of an evaluation framework for the new services established. Scoping papers for both pieces of work are under development. CHQ has met again with the Children's Hospital Foundation (CHF) to discuss opportunities to collaborate on seeking more funds for services. CHF are reviewing the initiative business case to see how best to progress. <p>AMYOS</p> <ul style="list-style-type: none"> Two part-time Child and Youth Psychiatrists have been appointed to support the new AMYOS teams. One psychiatrist will commence in early July and the other in early August 2014. Interviews for the three Brisbane-based AMYOS teams have been conducted and successful applicants are currently being checked. Positions not filled will be re-advertised in June. The interview process is being organised to coincide with the commencement of the psychiatrist in July, so that they can oversight the recruitment process. A service agreement, together with the Model of Service and role descriptions, has been sent to receiving Hospital and Health Services (HHSs). CHQ has received a number of enquiries regarding the term of the agreement and the service pricing, which are now being worked through. These queries have delayed signing of service agreements and the recruitment activities for regionally-based AMYOS teams. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> The Resi currently has [REDACTED] who are progressing well.

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<ul style="list-style-type: none"> • There are a number of potential consumers being considered for referral. • Discussion has been had in regard to increasing the age limit of the YPETRI House. Consideration is being given to lowering the age limit to 15 ½ years, in response to some of the referrals being put forward. • The Referral Panel Protocol and Pathway have been endorsed by the YPETRI Governance Committee and are now published online for clinician access. <p>Day Program Unit</p> <ul style="list-style-type: none"> • The Qld Government Accommodation Unit has been assisting with the identification of a prospective site, and two sites were inspected on 27th May. • A new development at Stafford is most promising and negotiations are now underway to enter into a lease arrangement for the property. • Based on the development and fit out required for the preferred site, and staff recruitment activities, it is anticipated that the day program will not be operational until the third quarter of 2014. <p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> • A Service Agreement, service guidelines, and the Statewide Assessment Panel protocol have been sent to the Mater for review and signing. • To date, there have been no referrals to this service.
Budget and Cost Management		<ul style="list-style-type: none"> • Project is underspent at this time. • Due to the delays in service establishment, a request seeking approval to rollover funds from 2013/14 to 2014/15 is being prepared.
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> • Nil this month
Project Interdependencies		<ul style="list-style-type: none"> • Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> • Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. • Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:**C Critical** – Issue is impacting on project objectives**S Serious** – Issue COULD impact on project objectives**T On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: June 2014

Project Sponsor: Dr Peter Steer

Signature:	Date:
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Project Manager: Ingrid Adamson

Signature:	Date:
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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)	C	<ul style="list-style-type: none"> Work has commenced on a post-project review of the Barrett closure and development of an evaluation framework for the new services established. Scoping papers for both pieces of work are under development and will be circulated to the committee for noting. Children's Hospital Foundation (CHF) has advised that the AMHETI business case would fit in the remit of their major campaign proposal. They are now looking into how this could be incorporated. <p>AMYOS</p> <ul style="list-style-type: none"> Two positions for one of the Brisbane-based AMYOS teams are being re-advertised. The interview process is being organised to coincide with the commencement of the psychiatrist in July, so that they can oversight the recruitment process. Following feedback and comment, a revised service agreement has been sent to receiving Hospital and Health Services (HHSs) for signing. We now await their return. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> The Resi currently has [REDACTED] who are progressing well. There are also a number of potential consumers being considered for referral, although referral documentation is yet to be received. Discussion is now underway about converting the Time Out House Initiative (TOHI) in [REDACTED] into a Resi. The TOHI currently offers short term crisis accommodation for young people aged 18 to 25 years of age.

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<ul style="list-style-type: none"> In addition to the YPETRI Resi, Aftercare operate the TOHI in Cairns. CHQ and the Mental Health, Alcohol, and Other Drugs Branch are working with Aftercare to determine what would be required to transition to a different service model. <p>Day Program Unit</p> <ul style="list-style-type: none"> At last report, a new development at Stafford was identified as a potential site for the Day Program. It has since been learned that this site may be up for sale. Negotiations for a lease have been put on hold until this is confirmed. If the site is sold, CHQ will have to recommence the search for a suitable site. It is anticipated that the day program will not be operational until the third quarter of 2014. <p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> A Service Agreement, service guidelines, and the Statewide Assessment Panel protocol are still with the Mater for review and signing. To date, there have been no referrals to this service.
Budget and Cost Management		<ul style="list-style-type: none"> Project is underspent at this time.
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> Nil this month
Project Interdependencies		<ul style="list-style-type: none"> Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:**C Critical** – Issue is impacting on project objectives**S Serious** – Issue COULD impact on project objectives**T On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: July 2014

Project Sponsor: Dr Peter Steer

Signature:	Date:
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Project Manager: Ingrid Adamson

Signature:	Date:
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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)	C	<ul style="list-style-type: none"> Work continues on the development of the service evaluation approach for the AMHETI services. A joint decision was taken, between West Moreton and Children's Health Queensland (CHQ) Hospital and Health Services (HHS), to put the review of the Barrett closure on hold. <p>AMYOS</p> <ul style="list-style-type: none"> Two positions for the Brisbane-based AMYOS teams have been re-advertised. Recruitment to the HHS-based AMYOS teams will commence upon receipt of signed agreements. Two signed service agreements have been returned from Townsville HHS and Gold Coast HHS. We now await the return of signed agreements from Metro North, Metro South, and the Darling Downs. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> The Resi currently has [REDACTED] who are progressing well. There have been a number of referrals to the Resi, [REDACTED] A decision has been taken to not convert the Time Out House Initiative (TOHI) in Cairns into a Resi. It was determined that the service could not be redesigned and delivered within the available funding. The TOHI will continue in its current service format for the remainder of this financial year. <p>Day Program Unit</p> <ul style="list-style-type: none"> It has been confirmed that the potential site at Stafford has been

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<p>sold and is no longer an option for the day program.</p> <ul style="list-style-type: none"> • CHQ resumed the search for a suitable site and have identified a possible location in Kedron. This site would require rezoning from industrial to community zoning in order for the day program to operate there. CHQ have been advised that this process could take up to 3 months to finalise. • With this in mind, CHQ will continue to look for alternative sites in the event the Kedron site is unsuccessfully rezoned. Unfortunately there are limited suitable properties in the market. • It is now anticipated that the day program will not be operational until late 2014/early 2015. <p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> • CHQ still await a signed service agreement from the Mater. • To date, there have been no referrals into this service.
Budget and Cost Management		<ul style="list-style-type: none"> • Project is underspent at this time.
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> • Nil this month
Project Interdependencies		<ul style="list-style-type: none"> • Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> • Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. • Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:**C Critical** – Issue is impacting on project objectives**S Serious** – Issue COULD impact on project objectives**T On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: August 2014


Project Sponsor: Dr Peter Steer

Signature:	Date:
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Project Manager: Ingrid Adamson

Signature:	Date:
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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>AMYOS</p> <ul style="list-style-type: none"> Three signed service agreements have been returned from Townsville HHS, Gold Coast HHS, and Darling Downs HHS. We now await the return of signed agreements from Metro North and Metro South. Recruitment to the HHS-based AMYOS teams has commenced. CHQ-based teams have commenced assessing and treating consumers. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> The Resi is now at full capacity with [REDACTED] More referrals to the service are being received as knowledge and awareness increases. The Resi has received a number of enquiries from Pine Rivers, Caboolture, Sunshine Coast, Gold Coast and Ipswich but these have not converted to referrals due to the distance from the treating team to Greenslopes. This illustrates the need for a Resi on the far north side of Brisbane and another in the Gold Coast/Logan/Ipswich corridor. A site visit to the Cairns TOHI has identified that the cohort being treated are more severe and complex than first understood. CHQ believe an increase in staff numbers and skills are required to continue to provide safe and appropriate care. CHQ will use some of the service underspend from 2014/15 to fund the difference between current operational funds provided by the Mental Health Branch and cost required to increase staffing at the TOHI. It is intended that the TOHI will then be in a position to adopt services and processes similar to those at the Greenslopes Resi.

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<ul style="list-style-type: none"> Additional, recurrent funding will need to be identified if the TOHI is to continue past June 2015. <p>Day Program Unit</p> <ul style="list-style-type: none"> It has been confirmed that the potential site at Kedron is no longer an option, due to zoning issues. CHQ has resumed the search for a suitable site but unfortunately there are limited suitable properties in the market. There is potential to establish the Day Program at the Child and Family Therapy Unit (CAFTU) on the Royal Children's Campus at Herston. CHQ retains ownership of this site until June 2015. It will serve as an interim site, to operationalise the service, until a longer term option can be secured. It is now anticipated that the day program will be operational by January 2015. <p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> CHQ still await a signed service agreement from the Mater, despite numerous follow ups. This service accepted [REDACTED] [REDACTED] To date, there have been no other referrals into this service. <p>Service Evaluation</p> <ul style="list-style-type: none"> Feedback from the AMHETI Steering Committee is being sought on the Resi Service Evaluation Plan.
Budget and Cost Management	T	<ul style="list-style-type: none"> Project is underspent at this time.
Stakeholder Engagement and Participation	T	<ul style="list-style-type: none"> CHQ have met with the Department of Education to provide an update on service establishment. The LCCH Principal will be appointed by October 2015. It is envisaged that this principal will work with the Day Program Team Leader to develop an appropriate education model for Day Program consumers.
Project Interdependencies	T	<ul style="list-style-type: none"> Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)	C	<ul style="list-style-type: none"> Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:

-  **Critical** – Issue is impacting on project objectives
-  **Serious** – Issue COULD impact on project objectives
-  **On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: September 2014

Project Sponsor: Dr Peter Steer

Signature:



Date:

Project Manager: Ingrid Adamson





Signature:

Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>AMYOS</p> <ul style="list-style-type: none"> Signed service agreements have now been returned from Metro South HHS, Townsville HHS, Gold Coast HHS, and Darling Downs HHS. We are addressing some queries from Metro North in order to finalise their agreement. Recruitment to four of the HHS-based AMYOS teams has commenced. CHQ-based teams have now been finalised and are assessing and treating consumers. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> The Resi is now at full capacity.  CHQ continues to work with the Mental Health, Alcohol and Other Drugs Branch (MHAODB) and Aftercare to increase staffing at the Cairns Time Out House Initiative (TOHI). Increasing the staffing and skill set will enable the TOHI to adopt services and processes similar to those at the Greenslopes Resi. Additional, recurrent funding will need to be identified if the TOHI is to continue past June 2015. <p>Day Program Unit</p> <ul style="list-style-type: none"> CHQ has resumed the search for a suitable site and have visited more sites at Ashgrove and Alderley. Unfortunately there are limited suitable properties in the market. In the meantime, work has commenced on identifying the

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<p>required modifications to use the Child and Family Therapy Unit (CAFTU) as an interim site, until a longer term option can be secured.</p> <ul style="list-style-type: none"> It is still anticipated that the day program will be operational by January 2015. <p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> CHQ has received a signed service agreement from the Mater. This service accepted its [REDACTED] who has now been successfully discharged back home. To date, there have been no other referrals into this service. <p>Service Evaluation</p> <ul style="list-style-type: none"> Feedback from two members of the AMHETI Steering Committee has been received, and will now be incorporated into the Resi Service Evaluation Plan.
Budget and Cost Management		<ul style="list-style-type: none"> Project is underspent at this time.
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> AMHETI web content has been updated – awaiting publishing by the Communications and Engagement Unit.
Project Interdependencies		<ul style="list-style-type: none"> Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:**Critical** – Issue is impacting on project objectives**Serious** – Issue could impact on project objectives**On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: October 2014


Project Sponsor: Dr Peter Steer

Signature:	Date:
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Project Manager: Ingrid Adamson

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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>AMYOS</p> <ul style="list-style-type: none"> remaining agreement to be finalised with Metro North. Recruitment to all HHS-based AMYOS teams has commenced. CHQ-based teams have now been appointed, and are assessing and treating consumers. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> The Resi is continues to be at full capacity. There are [redacted] on a waitlist and [redacted] pending review by the Panel. CHQ continues to work with the Mental Health, Alcohol and Other Drugs Branch (MHAODB) and Aftercare to finalise an agreement to increase staffing at the Cairns Time Out House Initiative (TOHI). The TOHI will be rebranded to the Youth Resi – Cairns, in recognition of the service alignment with the Youth Resi at Greenslopes. Additional, recurrent funding still needs to be identified if the Resi is to continue past June 2015. <p>Day Program Unit</p> <ul style="list-style-type: none"> CHQ continues the search for a suitable site and have visited another site at Chermside, without success. In the meantime, work has commenced on scoping the building modifications required to utilise the Child and Family Therapy Unit (CAFTU) as an interim site, until a longer term option can be secured. It is still anticipated that the day program will be operational by the commencement of the school term in January 2015.

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> This service continues to support a consumer who was first admitted to the service in late August, and readmitted in October. To date, there have been no other referrals into this service. <p>Service Evaluation</p> <ul style="list-style-type: none"> Due to competing priorities with the move to the Lady Cilento Hospital, there has been nil action on service evaluation activities this month.
Budget and Cost Management		<ul style="list-style-type: none"> Project is underspent at this time.
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> AMHETI web content has been updated and is available at: http://www.childrens.health.qld.gov.au/mental-health/adolescent-mental-health-extended-treatment-initiative/
Project Interdependencies		<ul style="list-style-type: none"> Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:**Critical** – Issue is impacting on project objectives**Serious** – Issue could impact on project objectives**On track** – Issue able to be managed to maintain project objectives

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: November 2014


Project Sponsor: Dr Peter Steer

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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>AMYOS</p> <ul style="list-style-type: none"> • Still awaiting finalisation of the Metro North Service Agreement – this is still with their Legal Team. • Recruitment to all HHS-based AMYOS teams has commenced, and the current status is as follows: <ul style="list-style-type: none"> ○ Townsville: one AMYOS clinician has commenced and recruitment is underway for the second clinical position. ○ Darling Downs: two clinicians have commenced in the positions temporarily while a formal recruitment process is undertaken. Applications close at the end of December with the recruitment process concluding mid to late January 2015. ○ Logan: interviews have concluded with panel to confirm successful applicants. ○ Gold Coast: positions have been created and positions are about to be advertised. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> • The Resi continues to be at full capacity, [REDACTED] • CHQ is working with the Cairns HHS, the Mental Health, Alcohol and Other Drugs Branch (MHAODB), and Aftercare to convert the Cairns TOHI into a Youth Resi. Currently working through the Model of Care and referral process. • Additional, recurrent funding still needs to be identified if the Resi is to continue past June 2015. <p>Day Program Unit</p> <ul style="list-style-type: none"> • CHQ continues to search for a suitable site, with negotiations




Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<p>underway for a site at Chermerside.</p> <ul style="list-style-type: none"> In the meantime, work continues on scoping the building modifications required to utilise the Child and Family Therapy Unit (CAFTU) as an interim site, until a longer term option can be secured. It is still anticipated that the day program will be operational by the commencement of the school term in January 2015. <p>Subacute Beds</p> <ul style="list-style-type: none"> The subacute beds have now transitioned across to the Lady Cilento Children's Hospital (LCCH). This service [REDACTED] Another referral, which is currently being assessed for admission. <p>Service Evaluation</p> <ul style="list-style-type: none"> Due to competing priorities with the move to the LCCH, there has been nil action on service evaluation activities this month.
Budget and Cost Management	T	<ul style="list-style-type: none"> Project is underspent at this time.
Stakeholder Engagement and Participation	T	<ul style="list-style-type: none"> The AMHETI web content has again been updated, since the move to the LCCH, and is available at: http://www.childrens.health.qld.gov.au/mental-health/adolescent-mental-health-extended-treatment-initiative/ In August, the Department of Health appointed an external health service investigator to review the transition and care planning process for the young people who resided at the Barrett Adolescent Centre (Barrett). This investigation culminated in a report, titled <i>Transitional Care for Adolescent Patients of the Barrett Adolescent Centre</i>. The report concluded that the Barrett clinical team "undertook an exhaustive and meticulous process of clinical review and care planning with each individual young person's best interests at the core of the process." A public copy of the report is available online at: https://publications.qld.gov.au/dataset/report-transitional-care-for-adolescent-patients-of-the-barrett-adolescent-centre In response to increased correspondence from ex-Barrett families and the community, the Director General, Department of Health, together with Dr Stephen Stathis, met with parents of ex-Barrett consumers on 26 November. At this meeting, parents were provided an opportunity to speak about the impact of the Barrett closure and current concerns with services. The Director General is now formulating a response to this meeting, including consideration of: <ul style="list-style-type: none"> A multidisciplinary review of young people who transitioned from the Barrett; A review of policy regarding the upper age limit in accessing an acute mental health bed for adolescents; and A wider range of supports for parents of young people with mental health problems; and engagement in consultation processes regarding adolescent mental health service development.

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
Project Interdependencies		<ul style="list-style-type: none"> • Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> • Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. • Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:

-  **Critical** – Issue is impacting on project objectives
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