EXHIBIT 119

In the matter of the *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No.4) 2015
Barrett Adolescent Centre Commission of Inquiry

AFFIDAVIT

Guiseppina (Josie) Rita Sorban of 100 Grey Street, South Brisbane, Director of Psychology Children's Health Queensland Hospital and Health Service, states on oath:

1. I have been provided with a Requirement to Give Information in a Written Statement dated 23 November 2015. **Exhibit A** to this affidavit is a copy of this notice.

Background and experience

2. I am currently employed as the Director of Psychology, Children's Health Queensland Hospital and Health Service (Children's Health Queensland). **Exhibit B** to this affidavit is a copy of my current curriculum vitae outlining my qualifications and memberships.

3. I have held the position of Director of Psychology, Children's Health Queensland since June 2014.

4. My role in this position is to provide professional and strategic leadership of the psychology service within the Child and Youth Mental Health Service, Children's Health Queensland including clinical services as requested. I also provide strategic and professional leadership to other paediatric psychology services within Children's Health Queensland including services within the Lady Cilento Children's Hospital and the Child and Youth Community Health Service. **Exhibit C** to this affidavit is a copy of my current role description.

Deponent

A J.P., C.Dec., Solicitor

AFFIDAVIT

On behalf of the State of Queensland

Crown Solicitor
11th Floor, State Law Building
50 Ann Street
BRISBANE QLD 4000
TEL:
Email:

5. I have worked as a psychologist with children and adolescents since 1975. During this time, specifically between 1975 and 2006, my work involved case managing children and adolescents who presented to the Child and Youth Mental Health Clinics in which I worked. I am unable to state how many of these clients would have been adolescents. My best estimate is around 30-50 percent. The degree of severity of presentation varied between clients and ranged from adjusting to new circumstances and school difficulties to childhood trauma and suicidal ideation and gestures.

6. In my view 'severe mental illness' means life threatening (for example when adolescents are in the suicidal range) and/or complex illness profile such as psychosis or co-morbid presentations of more than one concurrent mental health diagnosis. I am unable to estimate what proportion of my clients who presented to the Child and Youth Mental Health Clinics were classified as 'severe'. The number that I treated up to 1996 would have been consistent with the typical case load of a Child and Youth Mental Health clinician at any given time (approximately 23 clients in total) and from 1996 - 2006 my caseload was considerably less as I was also the team leader of a community clinic (approximately 10 clients).

7. Since 2006 I have held different positions which has reduced my involvement in the direct clinical treatment of adolescents. However these positions, including my current role, require the supervision of treating clinicians with varying levels of experience with adolescent mental illness.

8. My direct clinical service delivery past experience was with adolescents presenting to a community clinic. I had some brief experience in a hospital-based model of care for approximately 2 - 3 months in 2000 whilst on secondment at the Royal Brisbane and Women's Hospital adolescent inpatient unit as part of my work experience requirements for my Masters of Clinical Psychology. My first professional position, in the mid-1970s, was in a youth hospital where the model of care was a locked facility for young people. I was not involved in case management in this facility.

9. My personal experience of what is clinically appropriate for adolescents, based on my own clinical practice and my supervision of other psychologists between 1975 until now, is that care should be provided as close as possible to the adolescent's community and family to minimise disruption to the young person's

Deponent

A J.P., C.Dec., Solicitor

life and development and to enable inclusion of the young person's community supports. This can sometimes require access to hospital-based care when the adolescent's environment cannot provide the conditions they need to keep them safe. Some adolescents also need access to short-term supervised accommodation, for example, youth hostels such as Sandgate House Youth Emergency Service and The Lodge, Northgate.

Expert Clinical Reference Group

10. In late 2012, I was nominated to be a member of the Expert Clinical Reference Group by my line manager, Judi Krause, now the Divisional Director of Child and Youth Mental Health Service, Children's Health Queensland. I cannot recall how Judi informed me of my nomination. **Exhibit D** to this affidavit is a copy of my letter of appointment to the Expert Clinical Reference Group dated 3 December 2012.

11. My appointment commenced on 3 December 2012 and the first meeting of the Expert Clinical Reference Group was held on 7 December 2012. I believe that the last meeting I attended was held on 27 March 2013.

12. I recall that the meetings were initially to be held weekly; after the first three meetings in 2013, the meetings moved to fortnightly meetings. **Exhibit E** to this affidavit is a copy of the draft agendas and minutes of the Expert Clinical Reference Group meetings which I have identified in my records. I do not recall if I attended all of these meetings.

13. The meetings I attended were held at Butterfield Street, Brisbane. Dr Leanne Geppert was Chair and I recall that the minutes were taken by an administrative support officer; I do not recall that person's name.

14. My role in the Expert Clinical Reference Group was to participate as a member with experience and expertise in adolescent mental health. I did not have a formal role description. My responsibilities were to read and comment on documentation tabled during meetings by other members and participate in group discussions. I did not present any documentation to the Expert Clinical Reference Group.

15. The purpose of the Expert Clinical Reference Group was to provide recommendations to the Planning Group regarding an alternative model of care

to the Barrett Adolescent Centre. I understand that the recommendations of the Expert Clinical Reference Group were provided to the Planning Group through the Chair, Dr Leanne Geppert. **Exhibit F** to this affidavit is a copy of the Terms of Reference for the Expert Clinical Reference Group.

16. I do not recall the Expert Clinical Reference Group preparing a formal report and have never seen a copy if one was prepared. I do recall seeing a power-point presentation containing recommendations by the Expert Clinical Reference Group which was provided after one of the meetings; I cannot recall which one. **Exhibit G** to this affidavit is a copy of this power-point presentation.

17. My understanding is that the scope of the Expert Clinical Reference Group was to consider the service needs of adolescents at the more severe end of care, including those who might have been referred to the Barrett Adolescent Centre and develop an alternative model of care. The group was not a decision making body and did not have a budget or specific powers.

18. The constraints on the Expert Clinical Reference Group were that members could not distribute documents to persons outside the group and members could not have any contact with the media. A carer representative attended and participated in meetings and the privacy of the carer representative was protected, at that individual's request.

19. The Expert Clinical Reference Group considered models of care detailed in documents tabled at meetings. These models included –

    (a) The Oslo University Hospital 7-day stay unit which indicated a maximum of 7 day inpatient stay with a preference for identifying and removing obstacles to outpatient care. **Exhibit H** to this affidavit is a copy of the Oslo model brochure provided to the Expert Clinical Reference Group.

    (b) The Mildred Creak Unit, London, which admitted children and adolescents (7 – 14 years) for a six week assessment period and had capacity for longer admissions. The maximum or average duration was not reported in the literature provided. **Exhibit I** to this affidavit is a copy of a leaflet regarding the Mildred Creak Unit.

    (c) The draft proposal of an adolescent (13 – 17 years) extended treatment and rehabilitation centre model of service included attendance at Child

and Youth Mental Health Service day program clinics (Monday to Friday), inpatient beds for conditions that were more severe than could be managed through day programs (level 2) and therapeutic residences (Tier 3) where the adolescent would reside in a group home and continue to attend community and inpatient services as necessary until they could return to their own family and community. **Exhibit J** to this affidavit is a copy of the draft proposal prepared by the Child and Youth Sub Network.

20. The recommendations provided by the Expert Clinical Reference Group were those agreed upon by the group as a whole. I recall being provided with a draft version of the recommendations by way of power-point/overhead which detailed the different levels of services. I refer to **Exhibit G** of this affidavit. I recall that a Tier 3 service was to be a residential model for those children whose mental health illness was such that they could not be contained in a residential care and/or acute bed setting, to be implemented when the funding became available. I recall that there was strong support for such a model of service from the former staff of the Barrett Adolescent Centre and also from the carer representative. I also recall that the consensus amongst the Expert Clinical Reference Group was that there would always be a small number of children/young people who required a higher level of care and treatment than could be provided in a community setting.

21. I cannot locate, and do not recall ever seeing, a copy of a report by the Expert Clinical Reference Group. On or around 8 May 2013, I received a draft copy of a preamble and a draft table of proposed service model elements, copies of which are **Exhibit K** to this affidavit.

22. The Expert Clinical Reference Group considered Tier 3 to be an essential service component because it was recognised that there are always a small proportion of children/young people who continue with severe symptoms of mental illness that cannot be assisted or contained by voluntary clinical services or family and residential support. I recall that there was strong advocacy for this type of service by the former staff of the Barrett Adolescent Centre and the consumer and carer representatives who were part of the Expert Clinical Reference Group.

23. A Tier 3 service was not implemented because there was no extra funding for it and was considered to be a stretch goal. I believe that the Expert Clinical Reference Group were informed by the Chair of the group that the funds available

at that time for the new model of service was the amount that was allocated as the Barrett Adolescent Centre operating budget. I do not now recall, if I was aware at the time, what the figure was, or whether the figure was or was not actually disclosed to the expert clinical reference group. I also understood that the Barrett Adolescent Centre building was substandard and West Moreton Hospital and Health Service could not afford to maintain it. The Redlands project had been abandoned. I cannot now recall for what reason.

24. A Tier 3 service was, and is, part of the plan to be enacted as funding becomes available. My understanding was that this service would be for the whole of the State.

25. Two sub-acute beds were made available and kept in the inpatient unit at the Mater Children's Hospital. Post amalgamation, this arrangement transferred to the Adolescent Mental Health Inpatient Unit at the Lady Cilento Children's Hospital. To my knowledge, these beds are still being held but have not been used.

26. I am not aware that there was a statement by the Expert Clinical Reference Group that there was an unacceptable risk of closing the Barrett Adolescent Centre at a time when a Tier 3 service was not available. I note the minutes of the Expert Clinical Reference Group meeting on 13 March 2013 which state that "an alternative and feasible model needs to be endorsed before BAC can close".

27. My recollection of this is that at the time of the Barrett Adolescent Centre closing there was a nominated psychiatrist, Dr Anne Brennan, who was looking after the needs of the Barrett Adolescent Centre patients. I was not aware of the clinical condition of individual patients and so was not aware if a particular transition was appropriate. My understanding is that the Barrett Adolescent Centre did not cease operating until the last patient had been placed in suitable care. I also recall that there were discussions around the time that the Barrett Adolescent Centre was closing that there was only one remaining patient.

28. As already stated, to my knowledge the sub-acute beds were held, and are still available, for admission until a Tier 3 service becomes available.

Planning Group

29. My understanding is that the Expert Clinical Reference Group was intended to provide clinical advice on an adolescent model of care to the Planning Group. Interaction between the two groups was through the Chair, Dr Leanne Geppert.

30. To my knowledge, the Planning Group did not appear to have a direct influence on the Expert Clinical Reference Group's decision making.

31. To my recollection, I did not receive a copy of the Planning Group's recommendations. I do not have a copy of the Expert Clinical Reference Group recommendations in my records other than the power-point presentation of the Expert Clinical Reference Group (**Exhibit G**) and **Exhibits K and L**.

32. Based on the power-point presentation, in my view the Expert Clinical Reference Group sufficiently considered the service delivery model recommended for adolescents.

33. My email dated 22 April 2013 was sent in relation to comments on the final draft table of the proposed service delivery model elements. **Exhibit L** to this affidavit is a copy of this draft table.

34. My comments relate to my view that residential care workers are generally not professionally trained and should not provide therapeutic advice or care. This boundary is sometimes difficult to maintain in practice settings, particularly if the residential care workers do not respect it. This situation is in juxtaposition to the Barrett Adolescent Centre which was staffed by a full suite of professionally trained multi-disciplinary staff.

35. I note that the service delivery model elements reflected that the "residential component" only provides accommodation; it is not the "intervention service provider".

36. I do not recall receiving replies to this email and do not currently have access to my emails from this period.

37. I do not know whether any action was taken as a result of my email. I am aware that my comments were entered on the feedback register along with comments made by others. **Exhibit M** to this affidavit is a copy of the feedback register.

Models of care

38. I do not have the appropriate knowledge or information regarding the day to day operation of the Barrett Adolescent Centre to offer expert comment on the appropriateness and suitability of the facility. For example I am not aware of the types of therapy used, day to day skill and disciplinary mix of the staff, the complexity and risk profiles of the inpatients or the intake process used by the Barrett Adolescent Centre during its operation.

39. As part of the Expert Clinical Reference Group, I received a list of typical patient presentations, submitted I believe by the Director of the Barrett Adolescent Centre, Dr Trevor Sadler, outlining typical patient presentations. None of these descriptions offered information as to the specific nature of the work performed with those patients; I recall they were submitted as examples of the types of cases that were treated in the Barrett Adolescent Centre. **Exhibit N** to this affidavit are copies of these documents, namely, Barrett Adolescent Centre referrals from Mater CYMHS (Child and Youth Mental Health Service) and patient profiles.

40. I do not recall ever having a previous client who was a patient of the Barrett Adolescent Centre, although it is possible that I may have had a client I wanted to refer there. I have no direct experience of the Barrett Adolescent Centre's therapeutic outcomes. My knowledge of the Barrett Adolescent Centre is limited to supervision of my staff members and discussions with them.

41. I was aware that there had been plans to replace the Barrett Adolescent Centre with a similar facility at Redlands which did not go ahead. At the time of closure of the Barrett Adolescent Centre there were two sub-acute beds available for use at the inpatient unit of the Mater Children's Hospital and post amalgamation this arrangement transferred to the Adolescent Mental Health Inpatient Unit at the Lady Cilento Children's Hospital. As stated at paragraph 25 of this affidavit, these beds to my knowledge have not been used.

42. In my view the Expert Clinical Reference Group explained the most appropriate model of care in its recommendations. I note that in these recommendations, there is a Tier 3 recommendation for a type of medium hospital care for the chronically unwell with a recommendation that each individual's care be reviewed if stays in a hospital-based facility exceeds six months.

43. As I do not have knowledge of the therapeutic practices within the Barrett Adolescent Centre, I cannot comment on whether it offered a contemporary model of care. Having children removed from their community for a long period of time in a hospital setting is a practice that contemporary mental health practitioners have moved away from both internationally and nationally (for adults as well) for many years.

44. Modern mental health foci (including the Australian Mental Health Commission recommendations and the Queensland Plan for Mental Health 2007-17) highlight prevention of mental illness, inclusion (keeping people in their communities as far as possible), and recovery (returning people to their normal lives). However, I am aware that there are adolescents whose mental health is so poor that despite being removed from their typical living arrangements to help them cope (e.g. via supported residences), their illness remains somewhat intractable and difficult to treat.

45. In my view, the new service delivery model offers support to such young people by the availability of the beds at the Lady Cilento Children's Hospital and the new youth residence services. That does not mean that if funding was available a new stand-alone service for such young people would not be appropriate. Should funding become available it would be necessary to re-assess the need for such a service, track the identified need against all of the available services at that time and review current literature to identify models of best practice.

46. I have no further information relevant to the Commission's Terms of Reference.

All the facts sworn to in this affidavit are true to my knowledge and belief except as stated otherwise.

Sworn by Guiseppina (Josie) Rita)
Sorban on 11 December 2015 at)
Brisbane in the presence of:)

[redacted]

[redacted]

JUSTICE OF THE PEACE (QUALIFIED) QUEENSLAND GOVERNMENT Reg.No.: 118607 DEPT OF JUSTICE & ATTORNEY-GENERAL

A Justice of the Peace, C.Dec., Solicitor

EXHIBIT 119

In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

CERTIFICATE OF EXHIBIT

Exhibits A - N to the Affidavit of Guiseppina (Josie) Rita Sorban sworn on 11 December 2015.

JUSTICE OF THE PEACE (QUALIFIED) DEPT. OF JUSTICE & ATTORNEY-GENERAL Reg.No: 118609

Deponent

A J.P., C.Dec., Solicitor

EXHIBIT 119

In the matter of the *Commissions of Inquiry Act 1950*

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

INDEX TO EXHIBITS

Exhibit No	Exhibit description	Page numbers
A.	Requirement to give information in a written statement dated 23 November 2015	1 – 4
B.	Curriculum Vitae	5 - 11
C.	Role description – Director of Psychology Services, Children's Health Queensland	12 - 17
D.	Letter from Sharon Kelly to Josie Sorban dated 3 December 2012	18 - 19
E.	Expert Clinical Reference Group: • Minutes – 7 December 2012 • Agenda and minutes – 9 January 2013 • Agenda and minutes – 16 January 2013 • Agenda – 30 January 2013 • Agenda and minutes – 13 February 2013 • Agenda – 27 February 2013 • Minutes – 13 March 2013 • Agenda and minutes – 27 March 2013	20 - 67
F.	Expert Clinical Reference Group Terms of Reference	68 - 69
G.	Power-Point Presentation: Proposed Service Model, Adolescent Extended Treatment and Rehabilitation Services	70 - 111
H.	Oslo model brochure provided to the Expert Clinical Reference Group	112
I.	Leaflet regarding the Mildred Creak Unit provided to the Expert Clinical Reference Group	113 - 120
J.	Draft proposal of an adolescent extended treatment and rehabilitation centre model of service	121 - 149
K.	Draft preamble and a draft table of proposed service model elements	150 - 163
L.	Draft proposed service model elements table (with tracked changes)	164 - 165

EXHIBIT 119

M.	Expert Clinical Reference Group feedback register	166 - 179
N.	Barrett Adolescent Centre referrals from Mater CYMHS (Child and Youth Mental Health Service) and patient profiles	180 - 191

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950
Section 5(1)(d)

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Ms Josie Sorban

Of: c/- Crown Solicitor, by email to [redacted]

I, the Honourable MARGARET WILSON QC, Commissioner, appointed pursuant to Commissions of Inquiry Order (No. 4) 2015 to inquire into certain matters pertaining to the Barrett Adolescent Centre ("the Commission") require you to give a written statement to the Commission pursuant to sections 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission on or before **4:00pm on Monday 7 December 2015**, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at mail@barrettinquiry.qld.gov.au (in the subject line please include "Requirement for Written Statement"); or via the Commission's website at www.barrettinquiry.qld.gov.au (confidential information should be provided via the Commission's secure website).

If you believe that you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2)(b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 23rd **day of** November **2015**

[redacted]

The Hon Margaret Wilson QC
Commissioner
Barrett Adolescent Centre Commission of Inquiry

SCHEDULE

Background and experience

1. Outline you current professional role/s, qualifications and memberships. Please provide a copy of your most recent curriculum vitae.

2. We understand that you hold (or have held) the position of Director of Psychology, with the Community Youth Mental Health Service at the Children's Health Queensland Hospital Health Service.

    a. State the period during which you have held this position;

    b. Outline your key roles and responsibilities in this position;

    c. Provide a copy of your job description.

3. Provide an overview of your practice and experience in the area of adolescent psychology, specifically in relation to adolescents with severe mental illness.

4. Outline and explain the nature and extent of your experience (if any) in relation to alternative models of care for adolescent mental health and clinically appropriate models of care for adolescents with severe mental illness.

The Expert Clinical Reference Group

5. The Commission understands that you were appointed as a member of the Expert Clinical Reference Group ('**ECRG**') with respect to the Barrett Adolescent Centre ('**BAC**'). In regards to this appointment, provide details as to:

    a. The circumstances in which you came to be appointed;

    b. The period of your appointment;

    c. Your role and responsibilities as a member of the ECRG; and

    d. The role and function of the ECRG and, in particular:

        i. The purpose of the report to be prepared by the ECRG and the recommendations within the report; and

        ii. Any constraints placed on the scope and/ or function of the ECRG and the content of the report and/ or recommendations.

6. A copy of the Terms of Reference for the ECRG have been produced to the Commission. The Terms of Reference state, in part, that the ECRG will *"consider that the model(s) of care will replace the existing statewide services provided by the BAC"*. Explain whether

the ECRG considered and/or determined a model of care to replace the BAC, and if so, explain that model.

7. The ECRG report found inpatient extended treatment and rehabilitation care (Tier 3) to be an essential service component and reported that *"interim service provision if BAC closes and Tier 3 is not available is associated with risk"*. The ECRG recommended (in part) that *"safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed"*. With respect to these findings:

   a. elaborate on the reason(s) why you and/ or the ECRG considered a Tier 3 service to be an essential service component;
   b. explain the reason(s) why, given the recommendation of the ECRG, a Tier 3 service was not developed and implemented in Queensland; and
   c. explain what (if any) *"safe, high quality services"* for *"adolescents requiring extended treatment and rehabilitation"* have been implemented as a Tier 3 service alternative (and when, by whom and where).

8. In relation to the following propositions,
   a. That there was an unacceptable risk of closing the BAC at a time when a Tier 3 service was not available;
   b. That any such risk could be managed; and
   c. That the ECRG's statement that not providing a Tier 3 service carried a risk, was not, of itself, persuasive;

   explain whether you agree that these are an accurate representation of what the ECRG recommended? Explain why/ why not.

Planning Group

9. The Commission understands that a Planning Group had oversight over the ECRG. Outline:

   a. the nature of the relationship between the ECRG and the Planning Group, and any interactions between the two groups;
   b. in the event that the Planning Group provided any advice/views/input to the ECRG, how influential was that advice/views/input in the ECRG's decision making;
   c. whether you received a copy of the Planning Group recommendations (and when, from whom, by what means and for what purpose); and
   d. your views in respect of each of the recommendations made by the Planning Group, in particular:
      i. Were you satisfied that the recommendations made by the ECRG were sufficiently considered; and

ii. If not, what are your views about the ultimate recommendations that were made by the Planning Group, including whether you consider that they were inconsistent with the recommendations made by the ECRG.

10. The Commission is in possession of an email which you sent to the other members of the ECRG on 22 April 2013 in which you state that you *'remain concerned about the quality and capacity of the non-govt* (sic) *accommodation where minders are minimally trained- a far cry from the health-trained service in acute settings and BAC.'* With respect to this email:

a. Explain the circumstances in which it was sent; and

b. Detail any response(s) you received (and from whom and when); and

c. Any action(s) taken as a result.

Models of care

11. Having regard to your expertise in the field of child and adolescent psychology:

a. Was the BAC an appropriate and suitable facility for the care of the patients at the BAC? Explain the reasons why/ why not;

b. When the BAC closed in January 2014, was it appropriate to replace it with another similar facility Tier 3 facility? Explain the reasons why/ why not; and

c. Explain the most appropriate model of care for the BAC cohort.

12. The Commission has received information that the BAC model of care was considered by some not to be contemporary. Having regard to your expertise in the field of child and adolescent psychology, do you agree or disagree with that statement? Explain the reasons why/ why not.

13. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission's Terms of Reference.

14. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

EXHIBIT 119

JOSIE SORBAN

PROFESSIONAL EXPERIENCE

Management & Clinical

5 June 2014 - Present

Director of Psychology, CHQ
Child & Youth Mental Health Service (CYMHS)
Children's Health Queensland Hospital & Health Service

Key Deliverables:

Strategic Leadership for Psychologists CHQHHS

Integration of CHQ &MCH areas

Embed psychology in LCCH

Senior Management Team CYMHS

Responsibilities

Provide professional and strategic leadership in the development and implementation of a large and complex Psychology service within the Child and Youth Mental Health Service (CYMHS CHQ HHS), in alignment with State and National frameworks and directions in relation to Paediatric Mental Health services. This role will also provide strategic and professional leadership to other paediatric Psychology services within Children's Health Queensland Hospital and Health Service (CHQ HHS) including services within the Queensland Children's Hospital (QCH) and profession specific clinical consultancy and advocacy across the State.

- Strategically plan, develop and implement new and progressive standards of performance, safety and patient care within paediatric Psychology services within CYMHS, and facilitate coordination of services across government and non-government agencies to achieve this.
- Provide strategic and professional leadership for primary and secondary paediatric Psychology services operating across CHQ HHS to contribute to the shaping of current and future paediatric health services across Queensland
- Lead in establishing broad criteria and networks for the development of professional standards, education and research in paediatric Psychology services on a state and national basis, reflecting best practice.
- Provide joint leadership with respective service managers for the development and implementation of service delivery models for the Psychology profession across CHQ HHS.
- Lead in the identification, management and escalation of professional psychology risks and issues across CHQ HHS.
- Work with the Executive Director of CYMHS to jointly lead the Psychology workforce within CYMHS through establishment of, and rigorous adherence to, clinical and corporate governance principles and activities which support safe, effective, patient-focussed and outcomes-driven service delivery, within the framework of Queensland Health vision and planning.
- Provide authoritative counsel and support to managers within other service areas of CHQ HHS (including Department of Paediatric Rehabilitation and CYCHS) to meet clinical and corporate governance principles as above.
- Be accountable for all aspects of professional management and development of staff and facilities within the Psychology services of the CHQ HHS, including performance appraisal and professional supervision, to ensure effective and efficient delivery of high quality Psychology services
- Jointly lead with QCH service managers the delivery of efficient and effective Psychology services against the nationally efficient price as per Activity
- Be accountable for the effects of all policy generated from within the position's jurisdiction and provide associated professional counsel to relevant stakeholders.
- Apply high level knowledge of Queensland services and networks, to identify and review complex workflow problems and lead collaborative multi-agency initiatives, which improve service outcomes for paediatric Psychology services within the CHQ HHS and state-wide.

EXHIBIT 119

3 Sept 2006 – 5 June 2014

Director of Psychology, CHS
Child and Youth Mental Health Service (CYMHS).
Children's Health Services

In the time I have held this position it changed breadth of influence, commencing as the Principal Psychologist CYMHS, RCH district (2006), then the role was expanded to include the whole district, incorporating CYMHS, CYCHS and RCH when the position became known as Director of Psychology, Children's Health Services (2012).

Key Deliverables:

- Provide strategic direction, clinical leadership and authoritative consultation in clinical and psychology practice across multi-disciplinary specialist units and service areas in inpatient, ambulatory and community programs of Children's Health Queensland.
- Accountable for all aspects of psychology professional development, supervision and clinical governance including service and workforce issues; and recruitment and performance management across the continuum of care of paediatric and adolescent psychology services for the Children's Health Service Hospital and Health Service.
- Deliver expert consultation in the development of policies and programs for service delivery, quality improvement activities and research.
- Apply expert clinical knowledge, skills and expertise to set contemporary professional standards in the provision of complex clinical services and the strategic management of psychology services within the Child and Youth Mental Health Service for the District, Health Area, State and/or Nationally, as required.
- Identify and lead development and management of clinical policies, models of service delivery and clinical partnerships between CYMHS internal and external stakeholders to enhance creative care frameworks and service improvement opportunities across the continuum of care.
- Provide authoritative counsel regarding psychology practice in child and youth mental health service delivery through contributing at district, area and state forums to advise and inform policy development, and strategic managerial and professional matters.
- Advocate effectively at all levels of service delivery to achieve outcomes promoting, developing, supporting and expanding child and youth mental health services and paediatric/adolescent psychology services.

Strategic leadership

Clinical Integration

Workforce development

Policy Development

Clinical expertise

Key Achievements

Led unification of psychology under CHQ District, bringing together diverse psychology specialities and services to create a common identity; leading current discipline transition to Queensland Children's Hospital.

- Represented the discipline of Psychology at the CHQ Allied Health meetings where previously Psychology was not specifically represented.
- Advocated successfully for the recognition of independent Psychology specific services in inpatient services for the Lady Cilento Children's Hospital.
- Established a Psychology quality register and developed information sharing and professional development for Psychology across the district.
- Developed Psychology action plans for reporting to divisional director as part of CYMHS strategic plan.
- Developed new links with Department of Defence Mental health team through providing training and supervision to psychology interns.
- Led Psychology workforce growth with the achievement of highest number of clinical placements across the state for the CHQ Psychology clinical education programme.
- Facilitated the design and establishment of multi-disciplinary group programs

including Anxiety groups, Mindfulness-based interventions and dialectical behaviour therapy

- Developed preliminary Model of Care for Psychology moving to integration into the Lady Cilento Children's Hospital.
- Selected to contribute as an advanced clinician for Complex Care reviews at district and state-wide level (Barrett Adolescent cases). Membership by invitation.
- Invited to join the Member Expert Clinical Reference Group for adolescent extended care (state and part national level).
- Invited to join the Member Adolescent Extended Treatment Steering Committee.
- Designed and led a review of the psychology service within RCH and provided a final report and recommendations to the Executive Director of Allied Health to facilitate psychology service design and planning as part of clinical re-design.
- Maintained the Workforce Portfolio for the CYMHS service across all disciplines and service lines.
- Developed policies and procedures as part of the CYMHS Discipline Leads and management group including the lead role in initiatives such as the Practice Standards for CYMHS clinicians, PAD templates and Work-shadowing program.
- Contribute directly to psychology expertise and professional linkages and identity through specialist clinical and educational and developmental supervision of psychologists at each level of expertise.
- Forged links, as a founding member, with the Combined South-East Queensland Universities Consortium and developed partnerships to create and expand training initiatives in paediatric and adolescent psychology.
- Maintained strong inter-sectoral links with university postgraduate clinical program coordinators through direction of Clinical Educator and direct liaison with Queensland University of Technology and University of Queensland.
- Provided input into the content of the clinical program for Psychology workforce development as a member of the QUT School of Psychology & Counseling Clinical Psychology Advisory Group.

1 June 1996 – 2 Sept 2007

Team Leader
Child and Youth Mental Health Service (CYMHS), Nundah
Children's Health Queensland Hospital and Health Service, Queensland Health

Responsibilities

Key deliverables:

- Provide leadership to the Nundah CYMHS team of approximately 14 staff including medical, nursing, allied health and administrative streams.
- Responsible for management of financial, administrative and clinical services.
- Responsible for the quality of service delivery by the multi-disciplinary team including community interface and reporting on outcomes.
- Participate in the CYMHS Management group and contribute to overall service planning, policy development and outcome. reporting
- Provide direct psychology services, including assessment and treatment of children and adolescents 0-18 yrs who present to the Child and Youth Mental Health service.

Unit leadership
Service targets met
Workforce management
Resource and asset management
Clinical case-load
Efficient time management

Key Achievements

- Led and managed the team through transition to a different service focus and unit amalgamations which resulted in recognition of the Nundah CYMHS team as the unit that best negotiated the change management process.
- Invited to review two state services (Toowoomba and Caboolture CYMHS); invited a number of times to give expert opinion of matters of clinical significance

in relation to work conducted by other clinicians in different districts.

- Led and guided the team through ACHS and Equip national reviews.
- Selected and successfully managed the fulfillment of three senior positions concurrently (Team leader, SAHPL, and Principal Psychologist) over a period of around 18 months in recognition of strong management competencies and expertise
- Promoted to *Acting Executive Manager* for three week period in September 2005 to fulfill the role and duties of Executive Manager of the RCH CYMHS service whilst incumbent was on leave.
- Developed strong links with other key government services as a member of the Brisbane North Interagency Group.

15 May 2006 – 30 Nov 2007

Statewide Allied Health Professional Leader
Child and Youth Mental Health Service (CYMHS)
Queensland Health, .

10 Jan 2005 – 10 April 2005

- Responsible for ensuring compliance with and setting standards of clinical practice supervision of Queensland Health CYMHS Allied Health staff throughout Queensland.
- Develop and present modules of supervision training throughout the state.

Key Deliverables

Practice Supervision access for Allied Health
Supervision training provided
Reported on IRM compliance at state level

Key Achievements

- Chair of the State-wide Evolve TS Professional Development Coordinators.
- Developed the position paper for supervision of Evolve staff state-wide.
- Represented the needs of Child and Youth Mental Health Allied Health across the state as a member of the Allied Health Mental Health Steering Committee.
- Maintained data-base of supervisors and facilitated allocation of Allied Health supervisors across districts.
- Led, collated and reported on supervision compliance audits on a state-wide basis.
- Developed the role description and contributed to planning for the new scope of practice for the Statewide Allied Health Professional Leaders as the service transitioned to include Allied Health professional practice leaders. Advocated successfully for the Adult position to be made permanent and given parity with the Child and Youth position.

Teaching, Training & Supervision

Jan 2005 – Present

Clinic Supervisor – Masters & Doctorate Clinical Psychology interns
School of Psychology and Counselling
Queensland University of Technology, Brisbane

Key deliverables

Inter-sectoral links with universities
Developing psychology workforce.

- Provide individual and group supervision to post-graduate clinical psychology students as part of student internship placement experience.
- Ensure compliance of intern practice consistent with Psychologists Board registration requirements.
- Evaluate interns practice and suitability for field placement.

Key Achievements

- Developed inter-sectoral alliances and contributed to training in applied skills for psychology workforce readiness.
- Presented as guest lecturer on topics of Psychology practices, including Cognitive-behavioural applications and Projective Assessment tools.
- Fostered inter-sectoral and trans-disciplinary links with the university and the

QUT School of Social Work through representation on the Eating Disorders Treatment Program.

Jan 2008 – Dec 2009

Clinic Supervisor – Masters of Educational & Developmental Psychology students
School of Psychology and Counselling
Queensland University of Technology, Brisbane

- Provide individual supervision to post-graduate education and developmental psychologists as part of students' internship placement experience.

Clinical Practice

Jan 2013 – Present

Clinical Psychologist (Part-time)
Josie Sorban Psychology Services
Private Practice Psychology Clinic, Samford Village Family Practice | Go2 Human Performance, Everton Park | Northside Child & Youth Psychiatry, Strathpine

Key deliverables

Consultant level psychology expertise

- Provide direct psychology to a diverse range of clients for two private practice clinics.

Key Achievement

- Development of a more diverse clinical lens to contribute to the Psychology Leadership portfolio and maintenance of superior clinical competencies and clinical supervision practices. .

11 Sept 2000 – 24 Nov 2000

Senior Clinical Psychologist
Valley Integrated Adult Mental Health Service - Adolescent Inpatient Unit
Royal Brisbane & Women's Hospital, Brisbane

- Provide psychology services, including assessment and treatment to a case-load of adult clients.

21 Aug 1995 – 4 June 1996

Senior Psychologist / Principal Psychologist
Child and Adolescent Mental Health Service
Royal Children's Hospital & Health Service District, Brisbane

- Supervise other psychologists, lead and direct the discipline within the service, provide clinical services to the Service client population group.

1994 - 1996

Psychologist (Part-time)
Private Practice Psychology Clinic, Enoggera

- Private psychology practice shared with two colleagues.

1990 - 2005

Clinic Director
Child and Adolescent Mental Health Service
Royal Children's Hospital & HSD, Brisbane

- Lead and direct the administrative and clinical running of the Nundah clinic.

1976 - 1990

Psychologist
Child and Adolescent Mental Health Service

EXHIBIT 119

Royal Children's Hospital & HSD, Brisbane

- Provide direct clinical psychology services to children, young people, their families and associated stakeholders.

1975 - 1976

Psychologist
Division of Youth Welfare and Guidance, Brisbane

- Provide direct clinical psychology services to children, young people, their families and associated stakeholders.

PUBLICATIONS

- *Suicidal Behaviour, Posttraumatic Stress Disorder and Comorbid Disorders in an Adolescent with a Prior History of Severe Corporal Punishment.* (2005) Josie Sorban. University of Queensland.
- *Contrasting views and experiences of Health Professionals on the Management of Comorbid Substance Misuse and Mental Disorders.* D. Kavanagh, L. Greenaway, L Jenner, J.B. Saunders, A White, J. Sorban & G Hamilton. Aust N Z J Psychiatry, April 2000, vol. 34 no. 2, 279-289.

EDUCATIONAL QUALIFICATIONS

Master of Clinical Psychology
University of Queensland, 2005

- Dissertation: Suicidal Behaviour, PTSD and Co-morbid Disorders in an Adolescent with a History of Severe Corporal Punishment.

Diploma in Psychology
University of Queensland, 1975

- Thesis: Relationships between Self-Gratification and Altruism under differing Affect States

Bachelor of Arts – Majors in Psychology and Economics
University of Queensland, 1974

Post-Graduate Studies in Counselling and Psychology
University of Queensland, 1976, 1977, 1980

APPOINTMENTS

- Adjunct Senior Lecturer in School of Psychology, University of Queensland. July 2009 – Current.
- Clinical Psychology Advisory Group, Queensland University of Technology. 2013 – Current.
- Clinical Psychology Postgraduate Program Advisory Committee, Queensland University of Technology. 2009 – 2013.
- Recognised by the Queensland Psychology Board as a clinician experienced and qualified to give expert advice. 2010.
- Current application submitted for membership to the Queensland Board of the Psychology Board of Australia. February 2014.

MEMBERSHIPS

Current Government Committees

- State-wide Psychology Workforce and Governance Group, Queensland Health
- State-wide Child and Youth Mental Health Alcohol and other Drugs Clinical Group
- Central Mental Health Clinical Cluster
- CHQ Psychology Professional Group – Chair and Director

EXHIBIT 119

- AH Leadership Group (CHQ)
- AH Workforce Development Group (CHQ)
- CYMHS Committees:
  - Strategic Operational Management Team
  - Discipline Leaders Group (Chair)

Professional Associations

- Psychologists Registration Board | Registration No. 800719
  - Clinical Psychologist endorsement
  - Educational and Developmental psychologist endorsement
- Australian Psychological Society (APS) | Continuous membership from 1975
  - Member of College of Clinical Psychologists
  - Member of College of Educational and Developmental Psychologists
- Registered with the Psychologists Board as an Accredited Supervisor (STAP trained) since Jan 2009

TRAINING DELIVERED

- Regular presentations at Psychology Discipline meetings which are held monthly.
- Externship and internship supervision and training to provisional Psychology students as part of QUT training program.
- Practice Supervision Training for Supervision and Supervisors delivered to different services and multi-disciplinary groups – currently in collaboration with QCMHL.

PROFESSIONAL DEVELOPMENT

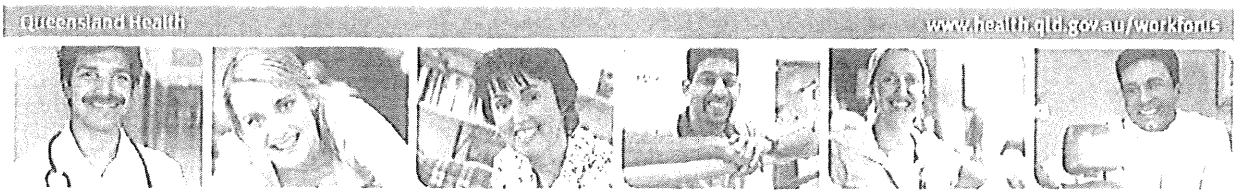
- Training in leadership, management and clinical matters through Queensland Health, including Certificate IV in Workplace Training, QH management training and Emerging Leaders Program (2013) and Studer Group Hardwiring Leadership Excellence Training (2013).
- Meets and exceeds annual Professional Development requirements in line with PD register for Psychology Board of Australia and Australian Psychological Society. Records tabled electronically on the APS website and available on request.

REFERENCES

- **Ms Judi Krause**
  Executive Director
  Child & Youth Mental Health Service
  Children's Health Service, Queensland Health
  Phone:
  Email:
- **Dr Kate Sofranoff**
  School of Psychology
  University of Queensland
  Phone:
- Email:
- **Dr Lydia Rusch**
  Consultant Psychiatrist
  EvolveTherapeutic Services
  Mater Hospitals
  Phone:
  Email:
- **Mr Esben Strodl**
  QUT Lecturer and Clinic coordinator
  Queensland University of Technology, Kelvin Grove
  Phone:
  Email:
- **Dr Stephen Stathis**
  A/Divisional Director
  Child and Youth Mental Health Service
  Children's Health Service, Queensland Health
  Phone:
  Email:

Queensland Government

Type Name of Hospital and Health Service/Division/ Branch/Unit here (optional)



Job ad reference:	
Role title:	Director of Psychology Services CHQ HHS
Status: (Permanent/Temporary) (Full-time/ Part-Time) (Casual)	Full-Time
Unit/Branch:	Division of Child and Youth Mental Health Services
Hospital and Health Service:	Children's Health Queensland
Location:	Brisbane *Note: Please refer to 'About Children's Health Queensland' section of this document for further information regarding the location of this role.*
Classification level:	HP7
Salary level:	$132,648 to $142,155 per annum
Closing date:	
Contact:	Judi Krause
Telephone:	
Online applications:	www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au
Fax application:	
Post application:	
Deliver application:	

About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Our behaviour is guided by Queensland Health's commitment to high levels of ethics and integrity and the following **five core values**:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

EXHIBIT 119

Purpose

To provide professional and strategic leadership in the development and implementation of a large and complex Psychology service within the Child and Youth Mental Health Service (CYMHS CHQ HHS), in alignment with State and National frameworks and directions in relation to Paediatric Mental Health services. This role will also provide strategic and professional leadership to other paediatric Psychology services within Children's Health Queensland Hospital and Health Service (CHQ HHS) including services within the Queensland Children's Hospital (QCH) and profession specific clinical consultancy and advocacy across the State.

Your key responsibilities

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.

Strategic Leadership

- Strategically plan, develop and implement new and progressive standards of performance, safety and patient care within paediatric Psychology services within CYMHS, and facilitate coordination of services across government and non-government agencies to achieve this.
- Provide strategic and professional leadership for primary and secondary paediatric Psychology services operating across CHQ HHS to contribute to the shaping of current and future paediatric health services across Queensland
- Lead in establishing broad criteria and networks for the development of professional standards, education and research in paediatric Psychology services on a state and national basis, reflecting best practice.
- Provide joint leadership with respective service managers for the development and implementation of service delivery models for the Psychology profession across CHQ HHS.
- Lead in the identification, management and escalation of professional psychology risks and issues across CHQ HHS.

Work Unit Management

- Work with the Executive Director of CYMHS to jointly lead the Psychology workforce within CYMHS through establishment of, and rigorous adherence to, clinical and corporate governance principles and activities which support safe, effective, patient-focussed and outcomes-driven service delivery, within the framework of Queensland Health vision and planning.
- Provide authoritative counsel and support to managers within other service areas of CHQ HHS (including Department of Paediatric Rehabilitation and CYCHS) to meet clinical and corporate governance principles as above.
- Be accountable for all aspects of professional management and development of staff and facilities within the Psychology services of the CHQ HHS, including performance appraisal and professional supervision, to ensure effective and efficient delivery of high quality Psychology services
- Jointly lead with QCH service managers the delivery of efficient and effective Psychology services against the nationally efficient price as per Activity Based Funding guidelines and local HHS requirements.

Communication / Team Participation

- Be accountable for the effects of all policy generated from within the position's jurisdiction and provide associated professional counsel to relevant stakeholders.
- Apply high level knowledge of Queensland services and networks, to identify and review complex workflow problems and lead collaborative multi-agency initiatives, which improve service outcomes for paediatric Psychology services within the CHQ HHS and state-wide.

Qualifications/Professional registration/Other requirements

- A tertiary degree (or equivalent) qualification in Psychology as recognised by the Australian Psychology Council
- Registration with the Psychology Board of Australia (AHPRA).
- A post-graduate qualification in public health management or equivalent, or demonstrated ability to pursue this, would be highly desirable.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Leadership

Demonstrated ability to –

- Provide strategic direction within a large mental health facility or across multiple facilities at a Hospital and Health Service / Area or State-wide level; and
- Lead the development of professional standards on a State-wide basis.

Management

Demonstrated ability to -

- Apply advanced skills and effective management experience to facilitate service enhancement initiatives within the multi specialty area
- Provide professional leadership within a multidisciplinary health care service including ability to develop policy relevant to the position.

Clinical

- Proven high level paediatric mental health clinical expertise and demonstrated ability to develop and implement innovative, evidenced based solutions to complex clinical practice.

Communication

- Demonstrated expert level oral and written communication skills and ability to convey strategic initiatives to a broad range of stakeholders.

How to apply

Please provide the following information to the panel to assess your suitability:

- Your current CV or resume, including referees. You must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.

About the Hospital and Health Service/Division/Branch/Unit

South East Queensland is Australia's fastest-growing region, attracting an average of 55,000 new residents each year over the past two decades. As population grows, so too does the demand for health services. The development of CHQ is responding to this increasing demand by providing a statewide network of children's services.

Children's Health Queensland provides:

- Paediatric services to its local community
- Tertiary paediatric services at the Royal Children's Hospital (Brisbane)
- Child and Youth Mental Health Services
- Community Child, Youth and Family Health Service
- Outreach children's specialist services across Queensland
- Implementation and support for new and enhanced emergency, inpatient and ambulatory children's services in Greater Metropolitan Brisbane
- Paediatric education and research

At the heart of the philosophy for CHQ is the recognition that the family is the constant in a child or youth's life. The concept of family-centred care has been embraced. Family-centred care is about building partnerships between families and health professionals. This partnership trusts and values the role families play in ensuring the health and well being of the child or youth and that emotional, social and developmental support are integral components of care.

The Community Child, Youth and Family Health Service has a geographic spread across the greater metropolitan Brisbane area from Kilcoy and Bribie Island in the north, south to Beaudesert and east to include the Moreton Bay islands. Child health, primary and school based youth health services, child development and child protection services are provided, as well as various specialised and statewide services such as Ellen Barron Family Centre, Deadly Ears and Early Years initiative.

As part of CHQ, a new purpose-designed Queensland Children's Hospital (www.health.qld.gov.au/childrenshospital) is being built at South Brisbane and is expected to open in late 2014. The hospital will bring together existing specialist paediatric services of the Royal Children's Hospital and the Mater Children's Hospital (www.mater.org.au) and will be the central point of a statewide paediatric network, designed to cater for the future health care needs of children and youth.

The position of District Director Psychology Services may officially relocate to the new Queensland Children's Hospital when the new children's hospital is commissioned, which is expected to occur late 2014.

For further information about Children's Health Queensland please visit http://www.health.qld.gov.au/rch/

EXHIBIT 119

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment. In addition, any factors which could prevent the recommended applicant complying with the requirements of the role are to be declared.

Roles providing health, counselling and support services mainly to children will require a Blue Card, unless otherwise exempt. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and youth

All relevant health professional (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.
All relevant health professional are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Salary Packaging

To find out whether or not your work unit is eligible for the Public Hospital Fringe Benefits Tax (FBT) Exemption Cap please refer to the Salary Packaging Information Booklet for Queensland Health employees available from the Queensland Health Salary Packaging Bureau Service Provider – RemServ at http://www.remserv.com.au. For further queries regarding salary packaging RemServ's Customer Care Centre may be contacted via telephone on 1300 30 40 10.

Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf.

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-197.pdf.

EXHIBIT 119

Organisational Chart

Insert Organisational Chart here

EXHIBIT 119 D

Enquiries to: Sharon Kelly
Executive Director Mental Health & Specialised Services
Telephone:
Facsimile:
Our Ref: CT:KA

Ms J Sorban
Director of Psychology
Child Youth & Mental Health Service
Children's Health Qld Hospital & Health Service

Dear Ms Sorban

I would like to formally invite you and to thank you for agreeing to be a member of the Expert Clinical Reference Group that has been established to recommend a model of care that will meet the needs of adolescents requiring sub-acute mental health care in Queensland.

As you maybe aware, West Moreton Hospital and Health Service in partnership with Mental Health Alcohol and Other Drugs Branch, wants to consider alternative model(s) of care to the current model at Barrett Adolescent Centre (BAC). You have been nominated to be a part of this group due to your specialist skills and expertise in this area.

It is proposed that the Expert Clinical Reference Group consist of:

- Dr Michelle Fryer, Faculty Child and Adolescent Psychiatry
- Dr James Scott, Consultant Psychiatrist Early Psychosis, Metro North HHS
- Dr David Hartman, Clinical Director, CYMHS, Townsville HHS
- Dr Trevor Sadler, Clinical Director, BAC, West Moreton HHS
- Dr Ray Cash, Consultant Psychiatrist, CYMHS, Children's Health Qld HHS
- Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts
- Ms Josie Sorban, Director of Psychology, CYMHS, Children's Health Qld HHS
- Ms Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital
- Ms Amelia Callaghan, State Manager Qld NT and WA, Headspace.
- Ms Emma Hart, Team Leader, Adolescent Inpatient Unit and Day Service, Townsville HHS
- Mr Kevin Rogers, Principal, BAC School

.../2

Office
Division of Mental Health & Specialised Services
West Moreton Health
Ipswich Hospital
Chelmsford Avenue
Ipswich Qld 4305

Postal
PO Box 73
Ipswich Qld 4305

Phone

Fax

EXHIBIT 119

It is also proposed that the Chair of the Expert Clinical Reference Group will be Dr Leanne Geppert, Director Planning and Partnerships Unit, Mental Health Alcohol & Other Drugs Branch.

The Chair, through the Expert Clinical Reference Group, will invite additional nominated National experts on an as needs basis to provide further input into the development of a contemporary evidence based model of care.

The Chair will be in contact with you in the near future regarding the first meeting time. Given the expected short duration of this forum, it is anticipated that the Expert Clinical Reference Group will meet initially on at least a fortnightly basis (in person or tele/videoconference).

I would like to thank you in anticipation of your contribution to the model of care that will meet the needs of adolescents requiring sub-acute mental health care in Queensland.

Yours sincerely

Sharon Kelly
Executive Director Mental Health & Specialised Services
03/12/2012

Barrett Adolescent Strategy

Expert Clinical Reference Group

MINUTES

Chair:	Dr Leanne Geppert	**Date:**	Friday 07 December 2012
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Emma Foreman/Vaoita Turituri		
Venue:	Butterfield St Level 2 Conference Room (Room 2.2 LMR)		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Attendees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Dr Cary Breakey, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service (Proxy for Dr Sadler) ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit ,QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		
Guests			
Apologies:	▪ Dr James Scott Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Teleconference	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service – *joined the meeting at 10.00am* ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Professor Philip Hazel, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts,		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Welcome and introduction of invited members brought together for their particular expertise and specialist areas in adolescent mental health. ▪ Chair provided brief background and historical context to events leading to the establishment of the reference group – o Noted cancellation of Redlands capital works project, the redirection of capital funds to other capital projects and the hope that operational funds will remain for the use of child and youth mental health purposes. o Noted the condition of the current facility and its co-location with adult secure and forensic service. o Noted the *Queensland Plan for Mental Health 2007-2017* (QPMH) and clear policy direction to ensure that young people are treated close to their homes in the least restrictive environment with the minimum possible disruption to their families, educational, social and community networks. **Where to from here?** ▪ Task of the ECRG is to recommend a statewide model of care for adolescents requiring longer term mental health care. This means identifying the cohort of adolescents that access BAC and identifying options for service models. ▪ Governance is provided by the Barrett Adolescent Strategy Planning Group. The Planning Group has developed a Project Plan under which the ECRG is identified. This project plan was tabled for the ECRG. ▪ West Moreton Hospital and Health Service (WMHHS) will be responsible for responding to consumers and their families and ensure that they are kept informed of plans and developments. WMHHS will work closely with the Director General, Queensland Health and Minister for Health. **Housekeeping** 1. Members present noted the short time frames between invitation and the first meeting. Despite this, members are keen to participate and contribute to this undertaking. 2. Noted that Dr Ray Cash has not responded to the invitation to participate. 3. Agreement that **meetings will be weekly and 1.5 hours in duration**. 4. Proxies will not be acceptable due to the time limited nature of the group and a risk of loss of consistency and continuity. 5. **There will be no further meetings before Christmas.** Actions 1. Follow up with Dr Ray Cash. 2. Confirm and send out scheduled dates and times for 2013.	ECRG Secretariat	
2.0	**Business arising**		
2.1 **Action Sheet**	▪ Will be used to track tasks and actions of the group		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
3.0	**Standing agenda**		
3.1 Communication Log	▪ Noted the log of letters to the Minister for Health raising concerns about the possible closure of the BAC. ▪ Need to note the salient points in these communications and ensure that they are addressed or considered where appropriate.		
4.0	**New Business**		
4.1 Introduction of purpose and parameters	• Of the highest priority are the current consumers of BAC (and any future consumers) and what is planned for them in the interim while decisions and plans are being made. ▪ Risk of dispersal of clinical expertise and possible loss of this expertise to Queensland with possible BAC closure. Noted that this has already begun to happen due to uncertain future of BAC. Erosion of confidence of consumers with staff due to lack of consistency and boundaries provided by inexperienced casual staff. ▪ ECRG members agreed that any model that is recommended will **retain** the **education component**. The challenge is ensuring how this will be incorporated. ▪ ECRG noted the endorsed **Terms of Reference** for the group and provided the following feedback to the Planning Group for consideration: o The TOR does not clearly articulate the complexity and severity of the consumer group being addressed. o Noted that the scope does not articulate alignment with current state models of service and frameworks. o Any model of care that is recommended will need to 'fit' closely with state models of service and national mental health planning frameworks as future funding will be determined by these. o Noted that the timeframes identified in the Project Plan are ambitious. Action: 3. Chair to forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference. ▪ Concern was raised regarding an assumption that the current BAC model of care is not contemporary. o It was noted that the current BAC model has been refined over many years to meet the needs of this cohort. Further that the model is robust and comparable to international models. o Suggestion that rather than re-developing a new model, group should identify gaps and recommend innovative strategies to address these. o Chair noted that there have been a number of attempts to re-develop the current BAC model *however* the difference now is BAC cannot continue on the current site and there is no funding to build another BAC. ▪ ERCG noted that this was an opportunity to start afresh with respect to model development. o It provides an opportunity to look at innovative strategies and models such as using the Non government sector and developing partnerships and opportunities with other stakeholders. o Provides an opportunity to address service gaps for adolescents on the waiting list for BAC and for those young	ECRG Chair	

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	people that currently don't 'fit' such as those with developing chronic psychiatric disorders and intellectual disabilities etc. o ECRG acknowledged that there is a lot to learn from BAC model. The BAC day program has been drawn on heavily to model the day program for adolescents at Townsville Child and Youth Mental Health Service hence the ECRG should consider what components of the BAC model to take forward.		
4.2 Definitions	▪ The profile of consumers accessing BAC has changed and the service is not dealing with the same group or type of consumer as in the past. This may be as a result of increased access to child and youth acute units. ▪ In order to better understand the target client group, ECGR agreed that members needed to inform themselves about the following: 1. Service models for adolescents that have been developed including; o Barrett Adolescent Centre Model of Service (MOS) o Draft Adolescent Extended Treatment and Rehabilitation MOS o Draft Acute Adolescent Inpatient Unit MOS o The Walker Unit MOS, Concord Centre for Mental Health, NSW 2. Profile of current BAC consumers. 3. Cumulative demographic profile of consumers in BAC over a period of 1-2 years. 4. Client profile of possible consumers that services would like to refer to BAC. 5. Any BAC consumer or carer satisfaction surveys. 6. Any investigations of reports by students etc on longer term outcomes of BAC consumers. Actions: 4. Members will contribute to the package and forward identified documentation to the ECRG secretariat 5. The ECRG secretariat will disseminate these documents by 14/12/2012 Discussion to determine the consumer profile was initiated using the following domains: 1. Age range 2. Diagnostic profile 3. Referral sources and pathway 4. Complexities of presentation **Age range** ▪ The current age criterion is 13-17 years old. This is seen as an artificial divide. The recommendation is to consider the conceptual developmental age i.e. when the individual begins to deal with adolescent issues. ▪ ECRG agreed that the lower age range should be retained at 13 years but upper age limit should be flexible. ▪ Average age range now seen at BAC is 15-16 year olds which has an impact on the type of curriculum offered at the BAC school. ▪ Agreement in principle that the presenting issue rather than the age range flexibility should be the determinant at the higher age range. Further, that the developmental age of the young person rather than chronological age should be considered. ▪ Noted a higher ratio of females to males at BAC. ▪ Sexuality and gender issues need to be addressed both in the	ECRG members (see action sheet for detail)	14/12/2012.

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	recommended model and at this stage of development.		
	Other discussion points: ▪ Noted again that any model of care that is recommended will need to 'fit' closely with state models of service and national mental health planning frameworks as future funding will be linked to these. ▪ Possible scenarios for distribution of this service could include: o One specific HHS funded to provide statewide service o Stand alone statewide service o Individual flexible funding packages within the Non government sector o Day program places ▪ A cost benefit analysis would be required for each proposed model. This is a high service user group. Noted that there is no highly visible system cost to the population of adolescents and young people that are house bound, invisible and hard to find. There is however, a 'huge cost to society'. Note also the impact of adolescent suicide on families. ▪ % population that the service will meet needs to be defined.		
5.0	**Forward Agenda Items**		
5.1	1. Target group/Client profile 2. Service analysis across adolescent mental health continuum ▪ Existing services ▪ Gap analysis		
Next Meeting:	**Date:** 9 January 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Expert Clinical Reference Group: Action Table – 2012 - 2013

Item	Actions	Accountable Officer/s	Due Date	Status
1.	Follow up and confirm with Dr Ray Cash acceptance of invitation to participate in the ECRG.	Vaoita Turituri		Invitation letter was forwarded to Dr Cash's private practice email and message left with reception requesting a response on 5.12.2012. Follow up phone call and message left with reception. Message also left with Dr Cash's support officer, Child & Youth MHS.
2	Confirm and send out scheduled dates and times for 2013	Vaoita Turituri	14/12/12	Dates for 2013 have been scheduled and sent out to members.
3	Forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference.	Leanne Geppert		
4	Examples of adolescent mental health service models to be forwarded to the secretariat for compilation. ▪ Barrett Adolescent Centre Model of Service (MOS) ▪ Draft Adolescent Extended Treatment and Rehabilitation MOS ▪ Draft Acute Adolescent Inpatient Unit MOS ▪ The Walker Unit MOS, Concord Centre for Mental Health, NSW	Cary Breakey Vaoita Turituri Vaoita Turituri Philip Hazel	14/12/2012	Walker Unit MOS received Draft Adolescent Extended Treatment & Rehabilitation MOS received Draft Acute Adolescent Inpatient Unit MOS received
5	▪ Profile of current BAC consumers. ▪ Cumulative demographic profile of consumers in BAC over a period of 1-2 years. ▪ Any BAC consumer or carer satisfaction surveys. ▪ Any investigations of reports by students etc on longer term outcomes of BAC consumers.	Cary Breakey Kevin Rodgers	14/12/2012	
6	▪ Client profile of possible consumers that services would like to refer to BAC.	Amanda Tilse	14/12/2012	Received

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda

Chair:	Dr Leanne Geppert	**Date:**	Wednesday 09 January 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Emma Foreman/Vaoita Turituri		
Venue:	Level 2 Conference Room (Room 2.2 LMR),Butterfield St, Herston		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Invitees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Dr James Scott Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit ,QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts ▪ Dr Trevor Sadler / Dr Cary Breakey, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Guests			
Apologies:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (FCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome**	Leanne Geppert	
1.2	**Previous minutes**  Minutes 07.12.12_ BAC ECRG_FINAL.doc		
2.0	**Business arising**		
2.1	**Action Sheet** ▪ See attached sheet  Action Sheet_Master copy.doc	Members	
3.0	**Standing agenda**		
3.1	**Communication** ▪ ECRG media protocol  BAC Media Protocol Dec 2012 final.pdf ▪ Communication log  Communications Log_Master copy.doc		
3.2	**Updates**	Leanne Geppert	
4.0	**New Business**		
4.1	**Target group/ Client profile continued**  Service Elements_Master 201	Members	
4.3	**Service analysis across the adolescent mental health continuum** ▪ **Existing services** ▪ **Gap analysis**  **BAC Service Analysis.vsd**  Service analysis_Jan 2013.pdf	Members	
5.0	**Forward Agenda Items**		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
5.1	1. Service Model Options 2. Budget & Staffing profile		
Next Meeting:	**Date:** 16 January 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

MINUTES

Chair:	Dr Leanne Geppert	**Date:**	09 January 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Emma Foreman/Vaoita Turituri		
Venue:	Butterfield St Level 2 Conference Room (Room 2.2 LMR)		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Attendees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Dr James Scott, Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Teleconference:	▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Professor Philip Hazel, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts,		
Guests:			
Apologies:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		

EXHIBIT 119

Queensland Health

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Welcome to reference group members. Special welcome to Drs Trevor Sadler and James Scott who are attending for the first time.	Leanne Geppert	
1.2	**Previous minutes** ▪ The minutes of the previous meeting held on 07.12.12 were accepted as an accurate record. ▪ Minutes were endorsed by Josie Sorban and Amanda Tilse.		
2.0	**Business arising**		
2.1 **Action Sheet**	**Outstanding actions to be addressed:** ▪ Feedback on ECRG TOR to be considered by the Planning Group at their next meeting on 18.01.2013 ▪ Dr Sadler to forward consumer vignettes and profiles	Leanne Geppert Trevor Sadler	18/01/2013 Due
3.0	**Standing agenda**		
3.1 **Communication**	**ECRG Media Protocol** ▪ Members were reminded of the media protocol developed by West Moreton HHS (WMHHS). Furthermore, a request had been made for the names of reference group members to be made publicly available. All members present agreed for their names to be publicly available. Acknowledgement and acceptance is still to be confirmed by some members. ▪ Clarification was sought regarding the duration of the media protocol. An ad infinitum request is not acceptable to the group; agreement that members will abide by the media protocol until the conclusion of the ECRG. ▪ It was acknowledged that each member was present as an individual expert in their discipline and a leader in their particular field. To some extent though, they also represent their particular Hospital & Health Service (HHS) or organisation and with that may come certain pressures and expectations. ▪ Members therefore agreed that each individual will forward a Declaration of Interest to the Secretariat for noting to avoid any potential conflict of interest. Action: 7. Members to confirm acceptance of media protocol and for their names to be publicly available. 8. Declaration of Interest document will be developed by the Secretariat for use by members. *Please see attached draft* declaration of interest template_ad 9. Chair to report back to the Planning Group that the members will abide by the media protocol until the conclusion of the ECRG. **Communication Log** ▪ Reference was made to communications received by West Moreton HHS (WMHHS) from Child and Youth Mental Health experts. ▪ A summary of these is collated in the Communications Log. Hard	Group members Secretariat Leanne Geppert Group members	18/01/2013 asap 18/01/2013 Each

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	copies are available for ECRG members to read in detail if required. ▪ ECRG members are asked to read the Communications Log prior to each meeting as it is a requirement of the ECRG to consider this communication in the development of a future service model.		meeting
3.2 **Updates**	▪ An update from the Planning Group will be provided at the next meeting.	Leanne Geppert	
4.0	**New Business**		
4.1 **Consumer and Carer Representation**	▪ Reference was made to inclusion of consumer and carer representation in the ECRG. ▪ General consensus is that this is appropriate and integral to service planning. Furthermore, this is the internationally accepted practice in mental health. ▪ Questions about whom and whether it should be a former consumer of Barrett Adolescent Centre (BAC) or whether a general consumer would suffice was debated. Noted that it was important that the consumer representative have an appreciation of the degree of unwellness and severity that this consumer group experience. Such a representative would provide invaluable input and insight. ▪ Noted that the consumer representative will need to be linked to or understand the experience and severity of the target group and service type but is not necessarily limited to those who are past or present consumers of BAC.The target group and service type was yet to be determined. ▪ Decision to nominate a consumer or carer rep. should be based on the target group and service profile. Action: 10. Chair to forward to the Planning Group a recommendation for the inclusion of a consumer and carer representative on the ECRG membership.	Leanne Geppert	18/01/2013
4.2 **Target group/Client profile**	1. The ECRG used a structured approach to address the service elements to be considered in developing a service model and determining the client profile. A template was developed to assist in this process. 2. The following was discussed: o The acuity of some consumers in BAC was compared in relation to those in adolescent acute units. The severity of issues for some clients is persistent and from a young age, leading to deficits and impacts both at home and later on at school and into adulthood. By this point, there is a broad spectrum of persistent and severe symptomatology. o Consensus that a feature of the target group was that adolescent consumers have **persistent and severe symptomatology.** o Noted that the ERCG need to consider existing national frameworks and use language and terms consistent with these in determining a proposed model. o Models need to be consistent with national frameworks to ensure that funding is not at risk; also need to remember Activity Based Funding (ABF) in these discussions. o Noted that the Walker Unit in Sydney is designated as a non acute and non severe service however the funding model is acute based. The challenge is to provide the context within		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	which to develop the rationale. o Noted that there was varying degrees of knowledge of current adolescent services whether private, non government or public available across the state. Current knowledge seems to be localised and specific to district Child & Youth Mental Health Services (CYMHS). Agreement to commence a mapping exercise. The mapping exercise will assist in identifying current gaps. o A draft adolescent mental health continuum service analysis has been developed and will indicate at which point of the spectrum these services and gaps, identified from the mapping exercise, are located. Action: 11. Secretariat to commence mapping of current adolescent mental health services available. *Please refer to Agenda Item 4.3* **A question was raised as to what could be offered in the absence of the BAC and possible solutions included:** o Management of possible BAC consumers would be devolved to the current adolescent acute units as a default position. o Or alternatively, all services would need to develop and acquire the capacity and capability to manage these and current consumers across the state. o Alternatively, **Day Programs** could be developed across services. **Day Programs** ▪ Noted that for day programs to be successful for this client group the following was essential in ensuring consumers were supported. o Accessible for young people with residential support available if required. May be difficult to access day programs even within the Brisbane metropolitan area due to travel distance. If well funded and well staffed, a day program can manage this client group. After hours support and therapy needs to continue for some at risk clients. o Family support is essential – families need to be stable, committed and 'non-toxic'. Families may be required to transport the adolescent and help with their treatment at home. o Cater for adolescents that are 'unsafe' at night and at risk of suicide. Management outside hours of the day program may be required. ▪ A possible day program model may include partnership with an acute inpatient unit or with a Non Government (NGO) residential provider or both. ▪ A possible configuration could thus be: o Consumer attends day program and goes home o Consumer attends day program and goes to a residential facility provided by a NGO provider and spends the weekends at home o Consumer attends day program and stays in an acute inpatient facility. ▪ Noted that the current Draft Acute Adolescent Inpatient Unit MOS allows for short admissions only. This model will need to be changed	Secretariat	16/01/2013

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	if a decision is made to utilise adolescent acute units in this way. Further, queried the feasibility of doing this. ▪ Experience from New South Wales and overseas has shown that a mix of acute and persistent presentations within an acute unit was destabilising and often to the detriment of consumers with severe and persistent symptomatology. Further, it was noted that in 12 such units across the UK; acute patients received better treatment. The programs were repetitive and there were neither targeted programs nor intensive rehabilitation for long stay patients. ▪ The physical environment was deemed important with units located on a significant amount of land. ▪ There was a question concerning the need to provide this high level of service to regional areas. A comparison was made with liver transplants where there is low prevalence and high severity and an acceptance that such a highly specialised service would not be available regionally. ▪ The demographic profile of BAC clients indicate that in the past 10 years, there have been only a small percentage of referrals from North Queensland and few from Toowoomba and the south west. The majority have been from south east Queensland. ▪ *Please note the attached demographic data for BAC from January 2011 – December 2012 provided by Dr Sadler.* Demographics_BAC_ TSadler_Jan13.doc ▪ Noted that there may be in fact **two target groups.** 1. High intensity, severe needs group requiring long term therapeutic care which is currently catered for by BAC. (Accessed mainly by Southern QLD although available statewide). ▪ The group requiring step down sub acute adolescent mental health supported day program and not requiring 24 hour residential support but still high intensity. ▪ Further noted that there are **three main gaps** related to accessibility o lack of access to BAC services o lack of access to step down, sub acute mental health program. o lack of access to both programs. ▪ Further discussion ensued regarding persistent and severe disorders and treatment within a day program model. From Dr Sadler's experience of the current BAC day program the following issues were noted: o Many adolescent consumers have not attended school on a regular basis. o Most do not have contact with adolescents of their own age group. o Disruption of social networks. o Ongoing continuing longer term care with evening		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	supervision to maintain health in a therapeutic residential facility. o Severity of impact from severe anxiety disorders and avoidant personality disorders can account for a significant number of adolescents not accessing services or accessing them too late in adulthood. ▪ With reference to the domains identified in the draft service elements table, the BAC is identified as a sub acute service. It was suggested that BAC would 'fit' under an intensive care sub acute service. Such a service would provide medium term treatment and rehabilitation. Consumers would receive specialist behavioural and symptom management programs, individualised and group rehabilitation programs aimed at improving individual functioning. There would also be planned transition back into the community. ▪ Due to time constraint it was agreed that the draft template would be populated by the secretariat using the information discussed and linked to the national frameworks. Action: 12. Draft service elements template to be populated and sent to ECRG members for comment out of session. *Please see attached document* Service Elements_V1.doc	Secretariat Members	11/01/2013
4.3 Service analysis across the adolescent mental health continuum	▪ Please see above discussion related to the mapping exercise. **BAC Service Analysis.vsd** BAC Service Analysis 2.vsd.pdf		
.0	**Forward Agenda Items**		
5.1	1. Service model options 2. Budget and staffing profile		
Next Meeting:	**Date:** 30January 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Expert Clinical Reference Group: Action Table – 2012 - 2013				
Item	**Actions**	**Accountable Officer/s**	**Due Date**	**Status**
3	Forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference.	Leanne Geppert	18/1/2013	Recommendations have been forwarded. Planning Group to consider at meeting on 18/1/2013.
4	Examples of adolescent mental health service models to be forwarded to the secretariat for compilation. ▪ Barrett Adolescent Centre Model of Service (MOS) ▪ Draft Adolescent Extended Treatment and Rehabilitation MOS ▪ Draft Acute Adolescent Inpatient Unit MOS ▪ The Walker Unit MOS, Concord Centre for Mental Health, NSW	Cary Breakey/Trevor Sadler Vaoita Turituri Vaoita Turituri Philip Hazell	14/12/2012	▪ Walker Unit MOS received ▪ Draft Adolescent Extended Treatment & Rehabilitation MOS received ▪ Draft Acute Adolescent Inpatient Unit MOS to be sent ▪ Barrett Adolescent MOS to be sent
5	▪ Profile of current BAC consumers. ▪ Cumulative demographic profile of consumers in BAC over a period of 1-2 years. ▪ Any BAC consumer or carer satisfaction surveys. ▪ Any investigations or reports by students etc on longer term outcomes of BAC consumers.	Cary Breakey Kevin Rodgers	14/12/2012	Demographic data received for January 2011 – December 2012 from Dr Sadler.
7	Members to confirm acceptance of media protocol and for their names to be publicly available.	Group members	18/01/2013	
8	Declaration of Interest document will be developed by the Secretariat for use by members.	Secretariat.	asap	Draft document developed and forwarded to the Planning Group for approval
9	Chair to report back to the Planning Group that the members will abide by the media protocol until the conclusion of the ECRG.	Leanne Geppert	18/1/2013	
10	Chair to forward to the Planning Group a recommendation for the inclusion of a consumer and carer representative on the ECRG membership.	Leanne Geppert	18/1/2013	
11	Secretariat to commence mapping of current adolescent mental health services available	Secretariat	16/1/2013	Draft document developed and disseminated with the minutes.
12	Draft service elements template to be populated and sent to ECRG members for comment out of session.	Leanne Geppert & Secretariat	16/1/2013	Draft document has been developed and dissminated with the minutes.

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda			
Chair:	Dr Leanne Geppert	**Date:**	Wednesday 16 January 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Emma Foreman/Vaoita Turituri		
Venue:	Level 2 Conference Room (Room 2.2 LMR),Butterfield St, Herston		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Invitees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Dr James Scott Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit ,QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (FCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP) ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts ▪ Dr Trevor Sadler / Dr Cary Breakey, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Guests			
Apologies:	▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service		

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome**	Leanne Geppert	
1.2	**Previous minutes**		
2.0	**Business arising**		
2.1	**Action Sheet** Action sheet_master 2013.doc	Members	
2.2	**Declaration of Interest** Please see attached draft document		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	declaration of interest template_ad		
3.0	**Standing agenda**		
3.1	**Communication** Communications Log_Master copy.doc		
3.2	**Updates**	Leanne Geppert	
4.0	**New Business**		
4.1	**Target group/ Client profile continued** ▪ Please see attached document for further discussion Service Elements_16.01.13.d	Members	
4.3	**Service analysis across the adolescent mental health continuum continued** ▪ **Existing services** ▪ **Gap analysis** ▪ Please see attached document for further discussion **BAC Service Analysis_16.01.13.vs** BAC Service Analysis 3.pdf	Members	
5.0	**Forward Agenda Items**		
5.1	1. Service Model Options 2. Budget & Staffing profile		
Next Meeting:	**Date:** 23 January 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

MINUTES			
Chair:	Dr Leanne Geppert	**Date:**	16 January 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Vaoita Turituri/Rachael Brown		
Venue:	Butterfield St Level 2 Conference Room (Room 2.2 LMR)		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Attendees	▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB)		
Teleconference:	▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts. ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		
Guests:			
Apologies:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Dr James Scott, Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Leanne opened by welcoming reference group members.	Leanne Geppert	
1.2	**Previous minutes** ▪ Leanne requested that members peruse the draft minutes from the previous meeting held on 9 January 2013. It was acknowledged that due to the short timeframe members' may not have had the opportunity to review the minutes. ▪ The draft minutes were endorsed by Dr Sadler as an accurate record.		
2.0	**Business arising**		
2.1 **Action Sheet**	**Outstanding actions to be addressed:** ▪ Feedback on ECRG TOR to be considered by the Planning Group at their next meeting on 18.01.2013. ▪ Feedback on recommendation to include a consumer or carer representative in the membership of the ECRG. ▪ Declaration of Interest template to be forwarded to West Moreton HHS for approval. ▪ All members to indicate their agreement for their names to be made publicly available.	Leanne Geppert Leanne Geppert Leanne Geppert All members	18/01/13 18/01/13 18/01/13 ASAP
3.0	**Standing agenda**		
3.1 **Communication**	**ECRG Media Protocol** ▪ Confirmation of individual names to be made publicly available is still to be confirmed by some members. ▪ A Declaration of Interest document has been developed. This document needs approval from West Moreton HHS before it can be used. ▪ It was acknowledged that each member was present as an individual expert in their discipline and a leader in their particular field. To some extent though, they also represent their particular Hospital & Health Service (HHS) or organisation and with that may come certain pressures and expectations. ▪ Members therefore agreed that each individual will forward a Declaration of Interest to the Secretariat for noting to avoid any potential conflict of interest. Action: 13. Secretariat to send a reminder email to those members that have not sent back a response. 14. Declaration of Interest document to be forwarded to West Moreton HHS for approval. **Communication Log** ▪ No further communication received	Members Secretariat Leanne Geppert	ASAP ASAP 18/01/13
3.2 **Updates**	▪ An update from the Planning Group will be provided at the next meeting. ▪ Confirmation from Dr Trevor Sadler that permission to distribute material he has provided to the Secretariat for distribution is implicitly understood by contributors. ▪ The Acute Adolescent Inpatient Unit MOS will not be distributed to	Leanne Geppert	30/01/13

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	the reference group members as this document is still in draft from and is not significant to the current discussions. ▪ Agreement to change meeting schedule to **fortnightly** to allow members to 'digest' reading material and for the secretariat to progress actions arising out of meetings. Action: 15. Secretariat to forward updated schedule of meetings	Secretariat	ASAP
4.0	**New Business**		
4.1 Target group/Client profile cont'd	▪ There was further discussion concerning the service elements table which was populated by the Secretariat based on the discussion from the previous meeting. ▪ Dr Sadler forwarded to the Secretariat patient profiles examples of some of the BAC consumers. o It was felt that the service elements table does not capture the complexity or severity of this client group; a simple diagnosis does not indicate the persistence and level of impairment that may be present. o The profiles forwarded by Dr Sadler try to encapsulate this and includes identification of the individuals unique strengths which is important to build on as a component of the therapeutic mix. Further, it attempts to encapsulate the complexity and interaction of a number of variables that make for change and highlight that clinical treatment is not linear in progression. o Dr Sadler was keen to receive feedback from group members as how this could be presented better. o It was suggested that the use of quantitative and qualitative data would be useful to address this. Further, looking at the length of stay (LOS), the services being utilised by adolescents and the type of treatment they were receiving. o It was further noted that this should be considered also for those consumers that have not accessed BAC. Moreover, it was questioned whether there was indeed another group of adolescents that are missing out and not getting their needs met. ▪ A question was raised regarding whether evidence or research exists that links the achievement of optimal therapeutic treatment to LOS. o Members present were not aware of any research indicating an optimal LOS to achieve optimal therapeutic treatment. o Noted that in the Walker Unit[1] the LOS is identified as up to 6 months, however, they have had people for longer. Similar units in the United Kingdom have had LOS of 2 years. o For BAC, time seems to be a factor in the improvement of an adolescent. It is not clear what particular factors have really worked; whether it be the therapeutic milieu, that the adolescent is kept alive long enough for them to be able to reflect and contemplate other options or being in the		

1 Walker brochure.pdf Walker Unit brochure The Walker Unit.pdf The Walker Unit

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	company of their peers who are going through similar situations. ○ What is clear however, is that not having anywhere to go after discharge from BAC or other step down facility has a detrimental effect and leads to a deterioration in the progress made by an adolescent. ○ Acknowledgement that there will be a small group ('outliers') that would require more time. ▪ A suggestion was put forward for consideration by the group of a smaller residential bed based unit (8 beds) with a limited time frame (up to 6 months). The step up/step down component would be undertaken by the relevant adolescent acute unit. ▪ Suggested that the ECRG should define the young people that need the service first and the coordination of services required at different levels. ▪ Furthermore, flexibility in the duration of service should be determined by focusing on factors necessary for the young person to progress and the barriers that must be overcome to continue or move towards discharge. ▪ Need to look at barriers to shortening LOS; one of these as mentioned is lack of alternative and appropriate accommodation for adolescents once discharged. ▪ It may be that the LOS is identified as 6 months as this fits with national frameworks however that there is flexibility to allow the barriers identified to be addressed. ▪ Noted inclusion of 'emotions' in the draft service descriptor. Agreed that adolescents have difficulty in articulating and expressing emotions. Moreover, there is difficulty in recognising and understanding emotions. After further discussion regarding the service element content, it was agreed that the revised version would be sent to the members for further thought and perusal. Members were requested to use track changes if possible to add, amend or edit the current content and forward back to the Secretariat. Please see attached draft table Service Elements_4_16.01.1: **Action**		
	16. Secretariat to forward revised draft service elements to ECRG members	Secretariat	ASAP
	17. Members to review the draft service elements table using track changes and forward to the Secretariat for collating.	ECRG members	30/01/13

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
4.3 **Service analysis across the adolescent mental health continuum**	▪ No further discussion ▪ Please note the updated draft adolescent mental health service continuum. BAC Service Analysis 4.pdf **BAC Service Analysis 4.vsd** NGO Adolescent MH services_2.doc		
5.0	**Forward Agenda Items**		
5.1	1. Service model options 2. Budget and staffing profile		
Next Meeting:	**Date:** 30January 2013 **Time:** 9.30 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Expert Clinical Reference Group: Action Table – 2012 - 2013				
Item	**Actions**	**Accountable Officer/s**	**Due Date**	**Status**
3	Forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference.	Leanne Geppert	18/1/2013	Recommendations have been forwarded. Planning Group to consider at meeting on 18/1/2013.
5	▪ Profile of current BAC consumers. ▪ Cumulative demographic profile of consumers in BAC over a period of 1-2 years. ▪ Any BAC consumer or carer satisfaction surveys. ▪ Any investigations or reports by students etc on longer term outcomes of BAC consumers.	Trevor Sadler Kevin Rodgers	14/12/2012	Demographic data received for January 2011 – December 2012 from Dr Sadler.
7	Members to confirm acceptance of media protocol and for their names to be publicly available.	Group members	18/01/2013	Reminder email sent 18/01/13 to those members that have not responded.
9	Chair to report back to the Planning Group that the members will abide by the media protocol until the conclusion of the ECRG.	Leanne Geppert	18/1/2013	
10	Chair to forward to the Planning Group a recommendation for the inclusion of a consumer and carer representative on the ECRG membership.	Leanne Geppert	18/1/2013	
14	Declaration of Interest document to be forwarded to West Moreton HHS for approval.	Leanne Geppert		
16	Secretariat to forward revised draft service elements to ECRG members for review and comment	Secretariat		
17	Members to review the draft service elements table using track changes and forward to the Secretariat for collating	ECRG members		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda			
Chair:	Dr Leanne Geppert	**Date:**	Wednesday 30January 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.30 – 11.00am
Secretariat:	Emma Foreman/Vaoita Turituri		
Venue:	Level 2 Conference Room (Room 2.2 LMR),Butterfield St, Herston		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Invitees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Dr James Scott Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit ,QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (FCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP) ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts ▪ Dr Trevor Sadler ,Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Guests			
Apologies:			

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome**	Leanne Geppert	
1.2	**Previous minutes** Draft minutes 16.01.13_BAC ECRG.		
2.0	**Business arising**		
2.1	**Action Sheet** Action sheet_master 2013.doc	Members	

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
3.0	**Standing agenda**		
3.1	**Communication** Communications Log_Master copy.doc		
3.2	**Updates** ▪ Planning Group meeting 18.01.13	Leanne Geppert	
4.0	**New Business**		
4.1	**Target group/ Client profile continued** ▪ **Service Elements table discussion** Please see attached table with all feedback and comments thus received: Service Elements_4_collated.	Members	
4.2	**Service analysis across the adolescent mental health continuum continued** ▪ **Existing services** ▪ **Gap analysis**	Members	
5.0	**Forward Agenda Items**		
5.1	1. Service Model Options 2. Budget & Staffing profile		
Next Meeting:	**Date:** 13 February 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda			
Chair:	Dr Leanne Geppert	**Date:**	Wednesday 13 February 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.30 – 11.00am
Secretariat:	Emma Foreman/Vaoita Turituri		
Venue:	Level 2 Conference Room (Room 2.2 LMR), Butterfield St, Herston		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Invitees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Dr James Scott Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit ,QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Trevor Sadler ,Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Guests			
Apologies:	▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (FCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome**	Leanne Geppert	
1.2	**Previous minutes**		
2.0	**Business arising**		
2.1	**Action Sheet** Action sheet_master 2013.doc	Members	
3.0	**Standing agenda**		
3.1	**Communication**		

EXHIBIT 119

Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	Communications Log_Master copy.doc		
3.2	**Updates**	Leanne Geppert	
4.0	**New Business**		
4.1	**Target group/ Client profile continued** ▪ Further discussion on service elements document; collated responses from members Service Elements_4_collated ▪	Members	
4.3	**Service analysis across the adolescent mental health continuum continued** ▪ **Existing services** ▪ **Gap analysis**	Members	
4.4	**Service Model options**		
5.0	**Forward Agenda Items**		
5.1	1. Service Model Options 2. Budget & Staffing profile		
Next Meeting:	**Date:** 27 February 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

MINUTES

Chair:	Dr Leanne Geppert	**Date:**	13 February 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Vaoita Turituri		
Venue:	Level 2 Conference Room (Room 2.2 LMR), 15 Butterfield St, Herston		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Attendees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Dr James Scott, Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health ▪ Service		
Teleconference:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service		
Guests:			
Apologies:	▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts. ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		

EXHIBIT 119

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Members present and on teleconference were welcomed by the Chair	Leanne Geppert	
1.2	**Previous minutes** ▪ The draft minutes of the last meeting (16.01.2013) were endorsed by Dr Sadler and Josie Sorban as an accurate record.		
2.0	**Business arising**		
2.1 **\ction Sheet**	**Outstanding actions to be addressed:** ▪ Awaiting response back from the Planning Group regarding the amendments to the ERCG terms of reference. ▪ The Planning Group has endorsed the inclusion of a consumer and carer representative. West Moreton HHS will develop a process for the support and debrief of these individuals as required. ▪ Declaration of Interest template has been approved. All members to indicate their agreement for their names to be made publicly available.		
3.0	**Standing agenda**		
3.1 **Communication**	**Communication Log** ▪ No further communication received		
3.2 **Updates**	▪ Nil noted		
4.0	**New Business**		
4.1 **Consumer and carer representation**	▪ West Moreton HHS has approved the inclusion of a consumer and a carer representative on the ECRG. However, there is an unclear commitment from them in regards to remuneration for these representatives. ▪ The ECRG recognise the need to provide adequate support for the prospective consumer and carer representative and identified the following : **Up brief** o To support the consumer and carer rep. by providing background information and context for the meeting; processes and responsibilities of members etc. This will be a responsibility of the Chair and secretariat. **De-brief** o To support the representatives with issues such as obstacles, dilemmas etc that may arise during the course of meetings. **Remuneration** o It is standard practice to remunerate consumer and carer representatives for meeting, reading time and travel. ▪ The ECRG will seek clarification from West Moreton HHS regarding commitment to remuneration of these representatives. ▪ The ECRG have agreed on **Cheryl-Anne Wilson** and **Kelly Bucknall** as suitable carer and consumer representatives; their names will be forwarded to West Moreton HHS for invitation to the group. ▪ Further, ECRG members agreed that **Kerry Geraghty**, carer		