

Identified Risk	Risk Likelihood (H,M,L)	Impact of Risk (H,M,L)	Strategy to Manage Risk
			<ul style="list-style-type: none"> • Advocate for additional operational funding to support service options • Advocate for new capital funding to implement service options

Corporate Governance and Compliance

The Project Manager will continue to report on milestone achievement and project expenditure for the initiative at fortnightly Steering Committee meetings and monthly Chief Executive and Department of Health Oversight Committee meetings. The endorsed governance framework for the initiative continues to be effective and ensures timely identification and resolution of issues as they arise. The CHQ HHS Board will be kept informed of the progress and outcomes of the initiative.

Management Responsibility

The Executive Director for this initiative is Deborah Miller, A/Executive Director, Office of Strategy Management. Day to day operational management is provided by Judi Krause, Divisional Director, Child and Youth Mental Health Service (CYMHS).

Signing of Board Paper

Health Service Chief Executive

Date

The following people have been involved in the preparation of this board paper:

Name:	Ingrid Adamson
Position:	Project Manager, SW AETRS
Name:	Stephen Stathis
Position:	Clinical Director, CYMHS
Name:	Judi Krause
Position:	Divisional Director, CYMHS

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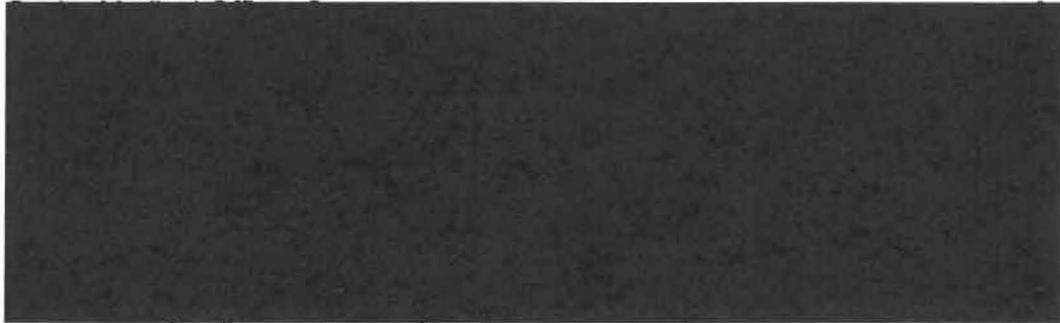
Health Service Chief Executive Report Dr Peter Steer

January 2014

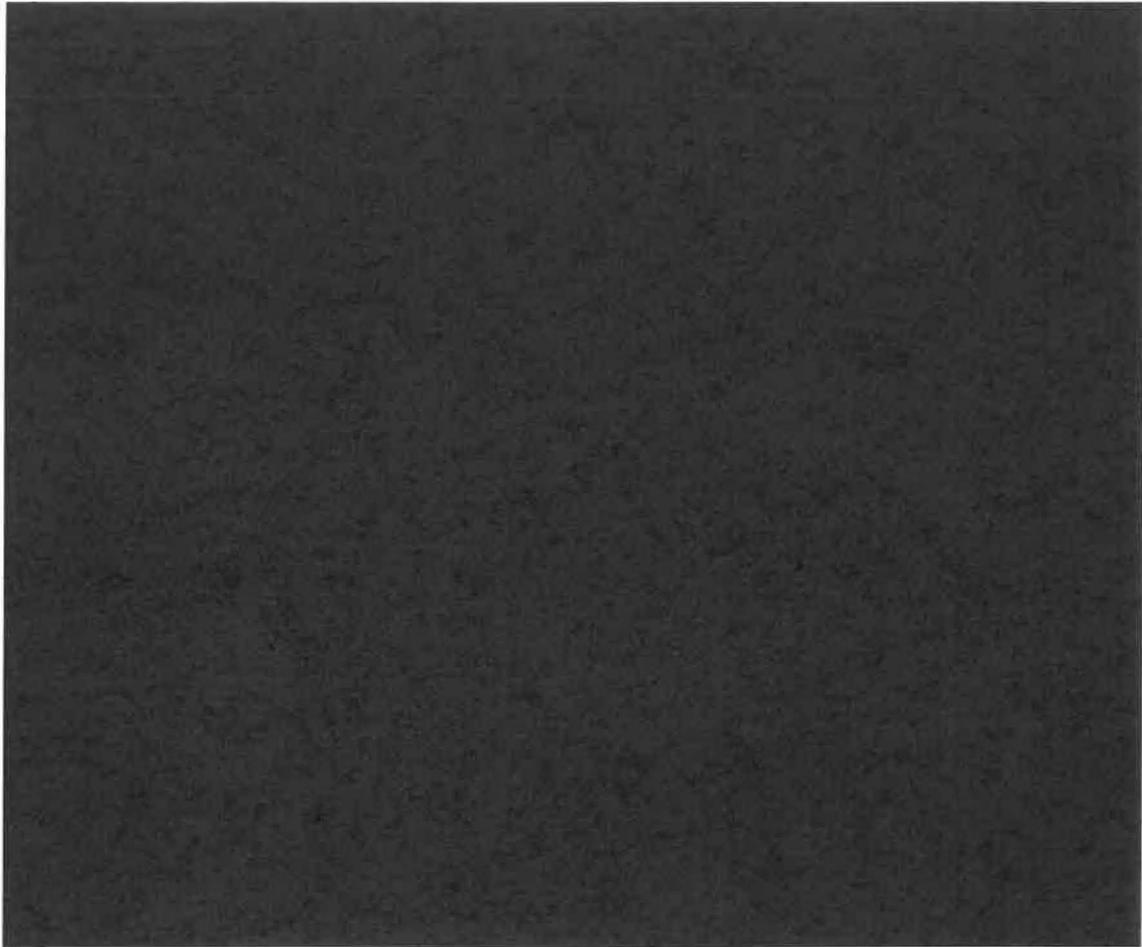


Table of Contents

Table of Contents 2



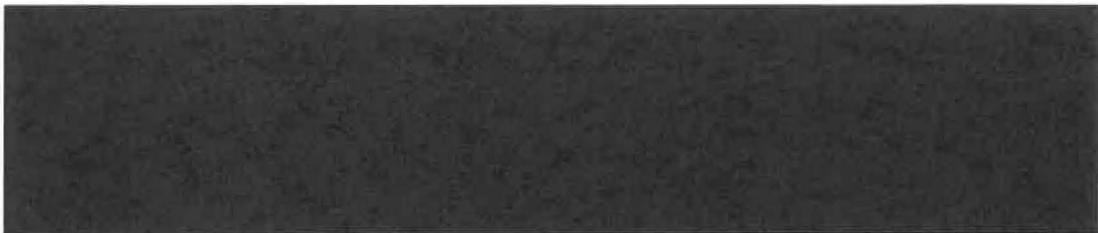
Adolescent Mental Health Extended Treatment Initiative (incorporating the
Barrett Adolescent Centre)..... 6



Adolescent Mental Health Extended Treatment Initiative (incorporating the Barrett Adolescent Centre)

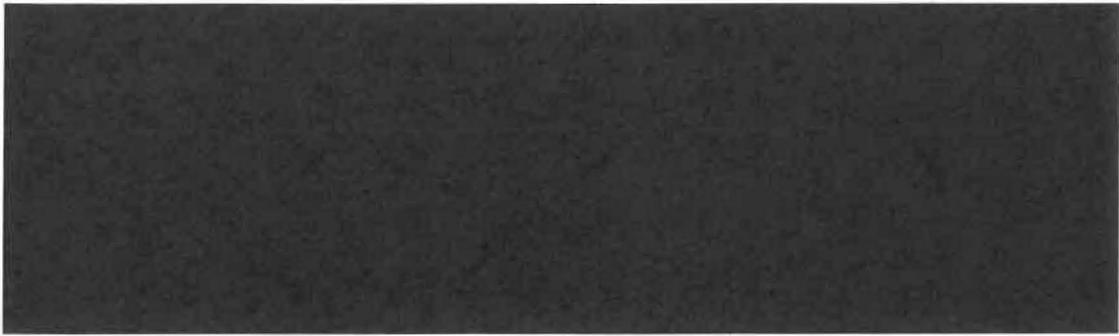
Please refer to the separate Briefing Note discussed previously at agenda item 3.2.

KEY MEETINGS

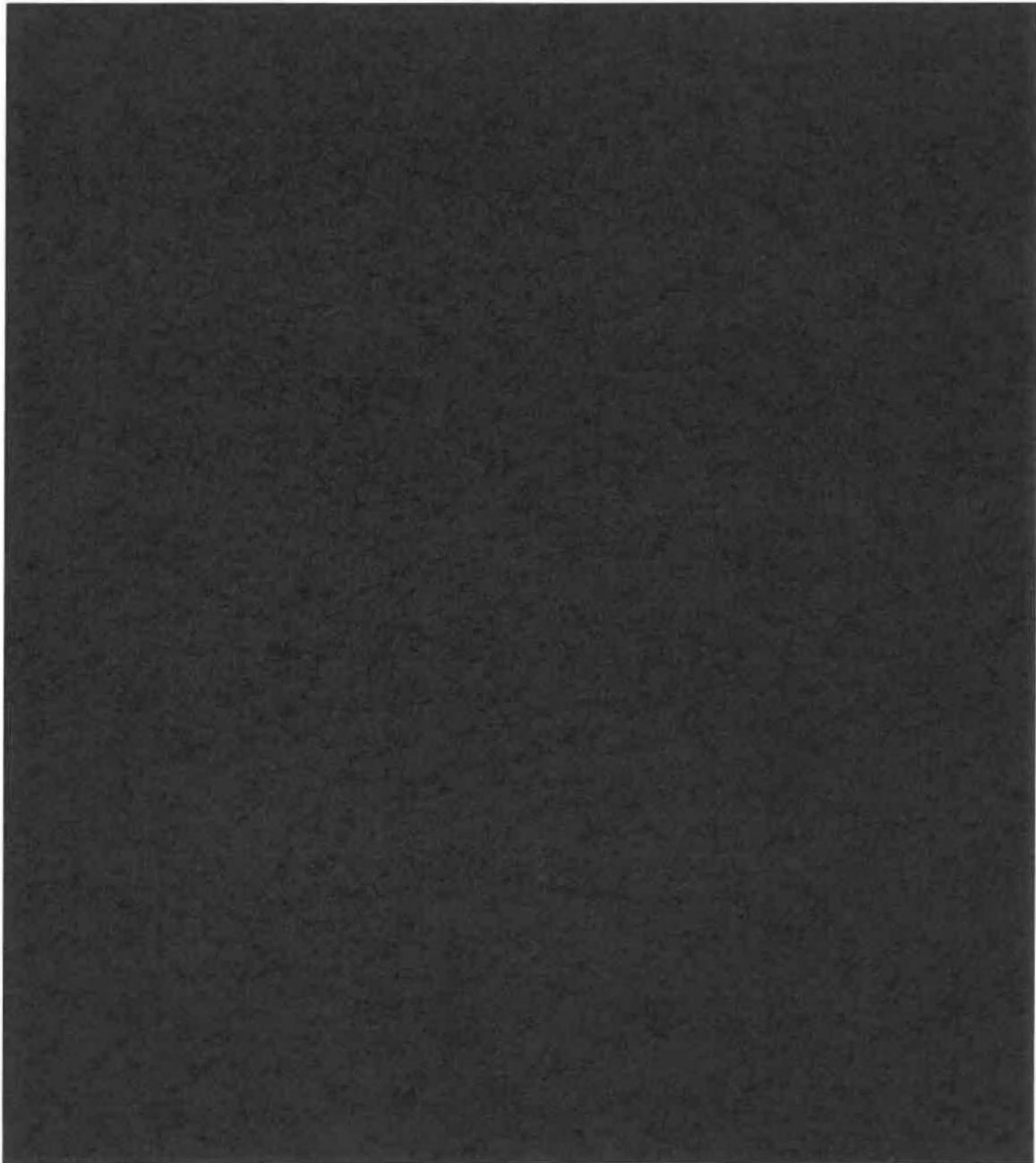


25 November – Meeting with West Moreton Hospital and Health Service regarding Barrett Adolescent Centre





2 December – Met with Board Chair and Minister for Health regarding the National Efficient Price and the Barrett Adolescent Centre



Minutes of the Children's Health Queensland Hospital and Health Board Meeting

Boardroom, Level 5 – Woolworths Building, Royal Children's Hospital

30 January 2014

Meeting Open: 9:30am

Present: Board Chair: Susan Johnston

Board Members: Jane Yacopetti (Deputy Chair), Andrea O'Shea, Dr David Wood, Dr Leanne Johnston, Eileen Jones, Georgie Somerset, Paul Cooper

In Attendance: Dr Peter Steer (Health Service, Chief Executive (HSCE)), Sue McKee (General Manager, Operations (GMO)), Loretta Seamer (Chief Finance Officer (CFO)), Deborah Miller (A/Board Secretary), Nikki Marriott (Executive Support Officer & Meeting Secretariat)

Apologies: David Gow (Board Member)

Guests: Agenda Item 3.2 – Dr Stephen Stathis (Clinical Director, CYMHS) and Ingrid Adamson (Project Manager, OSM)





3.2 – Adolescent Mental Health Extended Treatment Initiative (AMHETI)

The Board received confirmation that the Barrett Adolescent Centre (BAC) had officially closed that morning. The Board agreed a holding media statement regarding the BAC closure was required for CHQ. Funding and staffing positions were discussed and an overview of upcoming recruitment process provided.

The need to drive communication both formally and informally with other Hospital and Health Services (HHSs) was emphasised. The Chair noted the upcoming Board Chairs' Forum on 5 March and suggested it may be an appropriate platform to raise AMHETI. Upcoming meetings with key Department of Health contacts were identified as additional avenues to discuss AMHETI.

Communication options were discussed in detail and the Board reiterated the following:

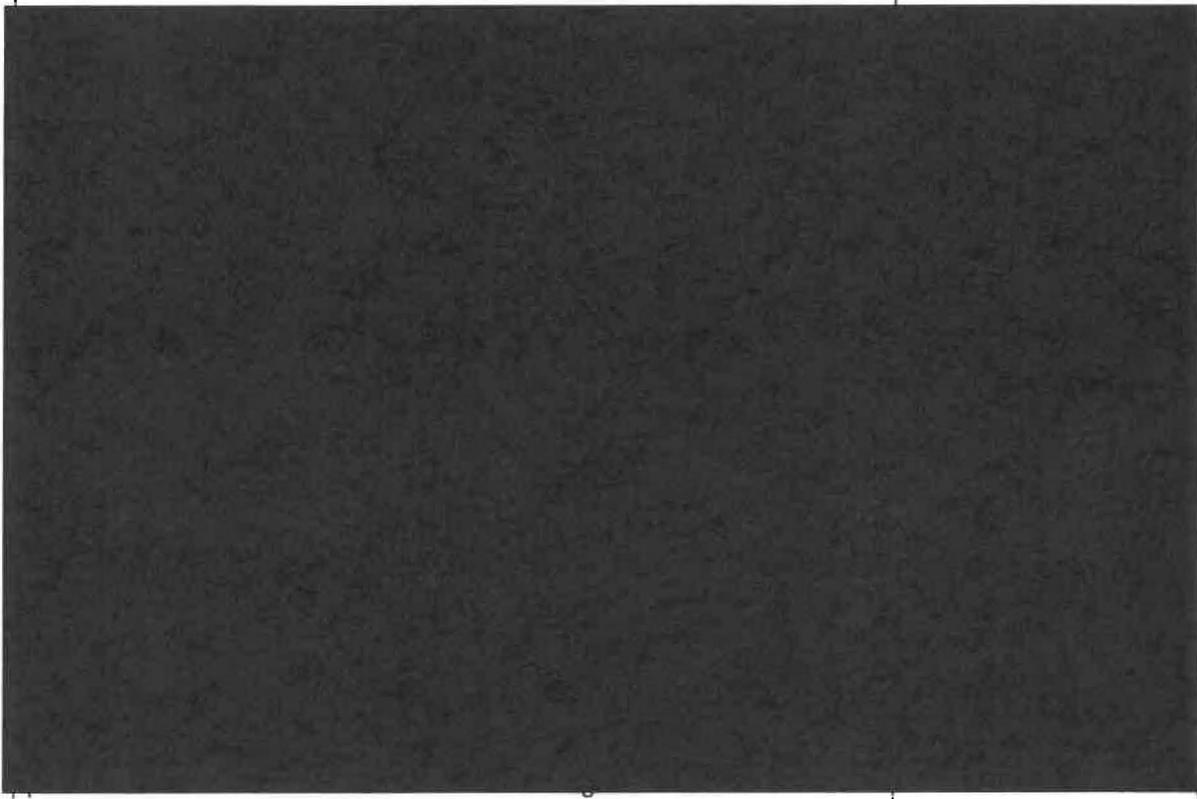
- The need for a clear understanding of what support AMHETI requires, what gaps have been identified and value adding opportunities; and
- A confirmed date as to when the Board can commence communications regarding AMHETI.

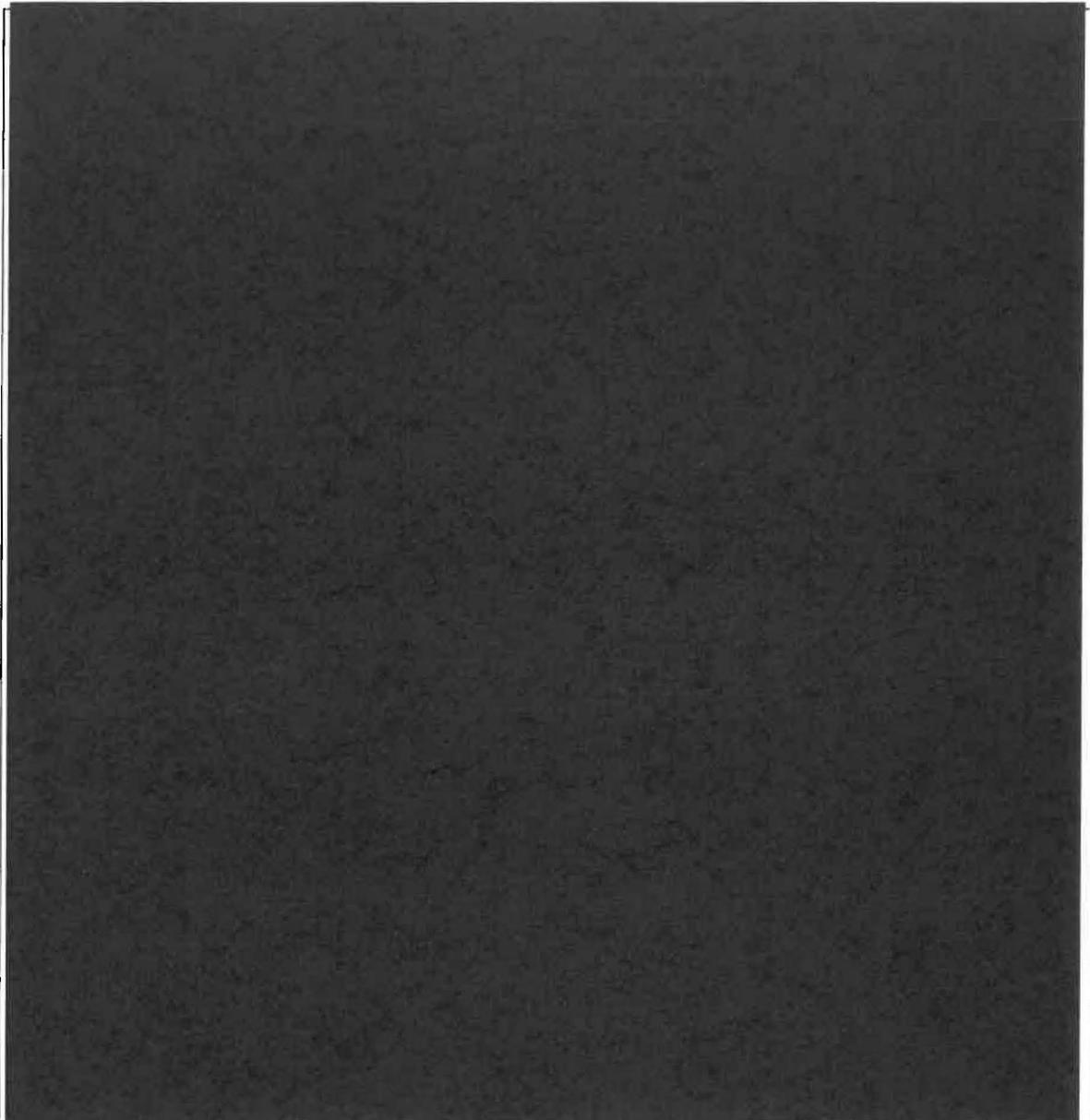
Following the Relationship Management Group (RMG) meeting on 14 February, the Chair will meet with the Ms Georgie Somerset, HSCE, Dr Stathis and Ingrid Adamson to discuss outcomes of this meeting, advocacy and additional funding methods.

Action: The Board noted the progress of AMHETI.

Action: A holding media statement regarding the BAC closure is required.

Action: A meeting will be organised between the Chair, Ms Somerset, HSCE, Dr Stathis and Ms Adamson following the 14 February 2014 RMG meeting.





<p><u>Meeting Finalisation</u></p> <p>The meeting evaluation was circulated via email on 01/02/2014.</p> <p>The January Board meeting closed at 3.30pm.</p>	
<p>Next Board Meeting Date</p> <p>Thursday, 27 February 2014 and the meeting venue is Inala Community Health Centre. An updated appointment with appropriate details will be circulated.</p>	
<p>Signed by the Board Chair: _____ Dated: ____/____/____</p>	



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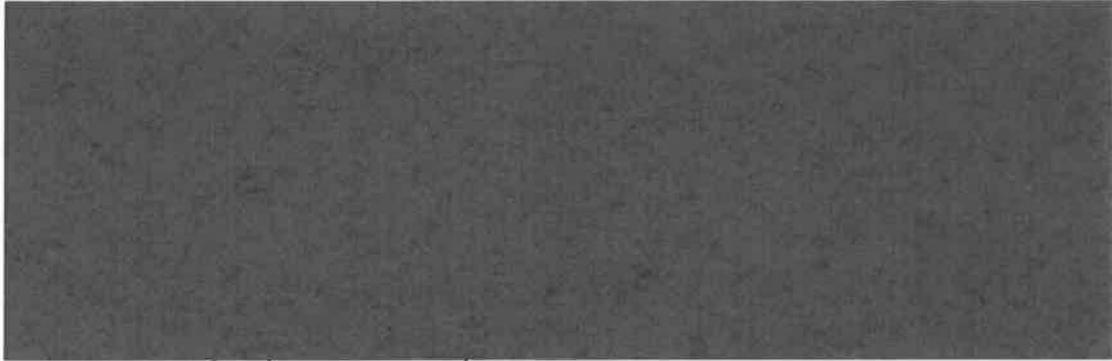
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Health Service Chief Executive Report Dr Peter Steer

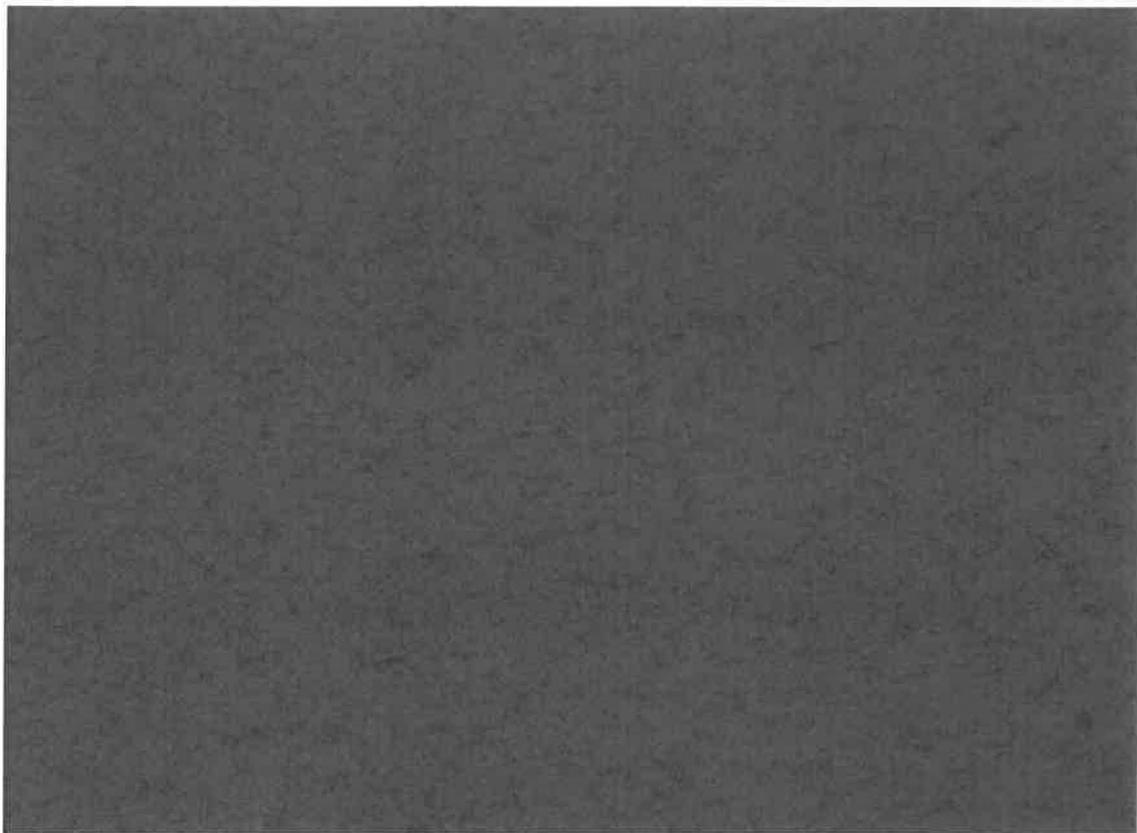
February 2014

Table of Contents

Table of Contents 2



Adolescent Mental Health Extended Treatment Initiative 7



Adolescent Mental Health Extended Treatment Initiative

Please refer to the separate Briefing Note to be discussed next at agenda item 4.3.

BOARD PAPER**FEBRUARY 2014**

Agenda Item: 4.3
Agenda Title: Adolescent Mental Health Extended Treatment Initiative
Sponsor: Deborah Miller, A/Executive Director, Office of Strategy Management

Resolution: **The Board to note progress of the adolescent mental health extended treatment initiative.**

Executive Summary:

This paper provides an update on the implementation of an enhanced model of care for statewide adolescent mental health extended treatment and rehabilitation.

Background:

The Barrett Adolescent Centre (BAC) officially closed on the 31st January 2014 without incident. Feedback from treating clinicians indicates that previous BAC consumers, who have transitioned to alternative care arrangements, are progressing well. Oversight of these consumers will continue to be maintained by the lead psychiatrist from BAC, under the governance of Children's Hospital Queensland Hospital and Health Service (CHQ HHS).

A Ministerial Brief, developed in partnership with West Moreton HHS, advising of the closure of the BAC and the proposed services in the future model of care, has been submitted to the Minister. The Minister has been invited to participate in a media announcement with the CHQ HHS Board Chair and we await his response.

In regard to new adolescent mental health services, a 5-bed residential rehabilitation unit at Greenslopes and an interim subacute bed-based unit at the Mater are being operationalised. Recruitment processes for the Statewide Panel, AMYOS Teams, and psychiatrists has commenced. In addition, the Divisional and Clinical Directors of the Child and Youth Mental Health Service (CYMHS) inspected a venue at Stafford as a prospective site for an Adolescent Day Program Unit. Initial thoughts are that the venue would be suitable for the unit subject to some minor modifications. Discussions are underway to determine if this venue can be secured with a view to opening the Day Program by June 2014.

Concurrently, a Business Case was submitted to the Department of Health Service Agreement Unit through the Relationship Management Group Meeting on the 14th February 2014 for their consideration. A verbal update regarding progress will be provided at the Board Meeting.

The next steps for this initiative are:

- Continue recruiting to positions for new services;
- Finalise the Communication Strategy for new services, including media announcement;
- Progress the transfer of existing 2013/14 operational funds, from the BAC and the ceased Redlands Project, through the next amendment window; and
- Advocate for the AMEHTI Business Case through another meeting with the Department of Health Service Agreement Unit tentatively scheduled for late February 2014.

Recommendation:

It is recommended that the Board note the progress of the adolescent mental health extended treatment initiative.

Issues:*Strategy Implications*

This initiative is aligned to the CHQ HHS Strategic Direction: *Leading the provision of quality health care for children and young people*, and the CHQ HHS Pillar of Quality and Safety, through the provision of an evidence-informed model of care for statewide adolescent extended treatment and rehabilitation services.

Financial Implications

Additional recurrent operational and capital funding will be required to implement the full proposed model of care, and to realise the benefits and outcomes that an enhanced continuum of services could provide. As mentioned previously,

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Children's Health Queensland Hospital and Health Service

a business case seeking new recurrent operational funding, has been submitted to the Department of Health Service Agreement Unit for further consideration.

Risk Analysis

Identified Risk	Risk Likelihood (H,M,L)	Impact of Risk (H,M,L)	Strategy to Manage Risk
Critical incident with an adolescent prior to availability of new or enhanced service options	H	H	<ul style="list-style-type: none"> • Appropriate Consumer Clinical Care Plans • Clear communication strategies with service providers regarding the development and rollout of service options • Develop an escalation process for referral of consumers whose needs fall outside of existing service options
Reputational and political implications from any adverse incidents or media	H	H	<ul style="list-style-type: none"> • Clear communication strategies regarding impact of change and benefits • Proactive workforce and community engagement • Regular communication to Premier, Minister, Mental Health Commissioner and Chief Executives regarding initiative, to keep fully informed of progress and issues • Activities undertaken as per CHQ Communications Plan
Availability of skilled resources to provide future services	H	H	<ul style="list-style-type: none"> • Develop a recruitment strategy appropriate for the sector
Absence of capital and growth funding to support services	H	H	<ul style="list-style-type: none"> • Utilise existing operational funds • Explore operational expenditure options versus capital intensive options • Advocate for additional operational funding to support service options • Advocate for new capital funding to implement service options

Corporate Governance and Compliance

The Project Manager will continue to report on milestone achievement and project expenditure for the initiative at fortnightly Steering Committee meetings and monthly Chief Executive and Department of Health Oversight Committee meetings. The endorsed governance framework for the initiative continues to be effective and ensures timely identification and resolution of issues as they arise. The CHQ HHS Board will be kept informed of the progress and outcomes of the initiative.

Management Responsibility

The Executive Director for this initiative is Deborah Miller, A/Executive Director, Office of Strategy Management. Day to day operational management is provided by Judi Krause, Divisional Director, Child and Youth Mental Health Service (CYMHS).

Signing of B


18.2.14

Health Service Chief Executive

Date

The following people have been involved in the preparation of this board paper:

Name:	Ingrid Adamson
Position:	Project Manager, SW AETRS
Name:	Stephen Stathis
Position:	Clinical Director, CYMHS
Name:	Judi Krause
Position:	Divisional Director, CYMHS

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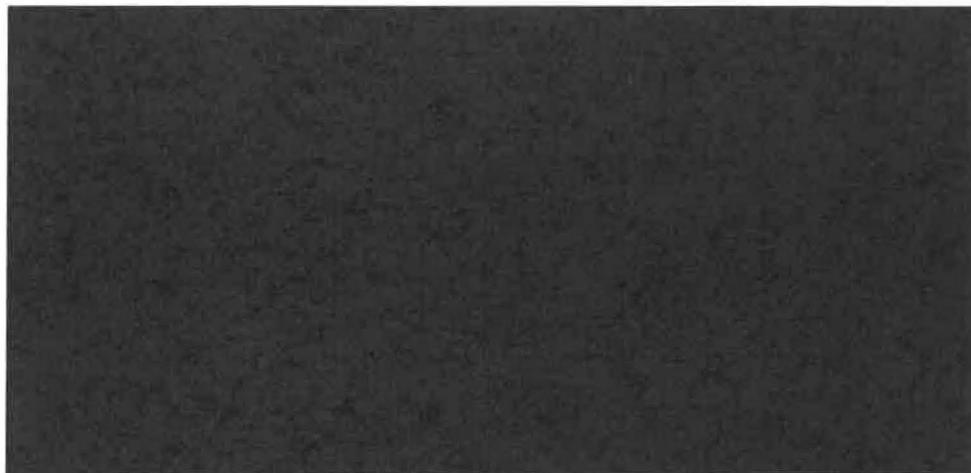
Minutes of the Children's Health Queensland Hospital and Health Board Meeting

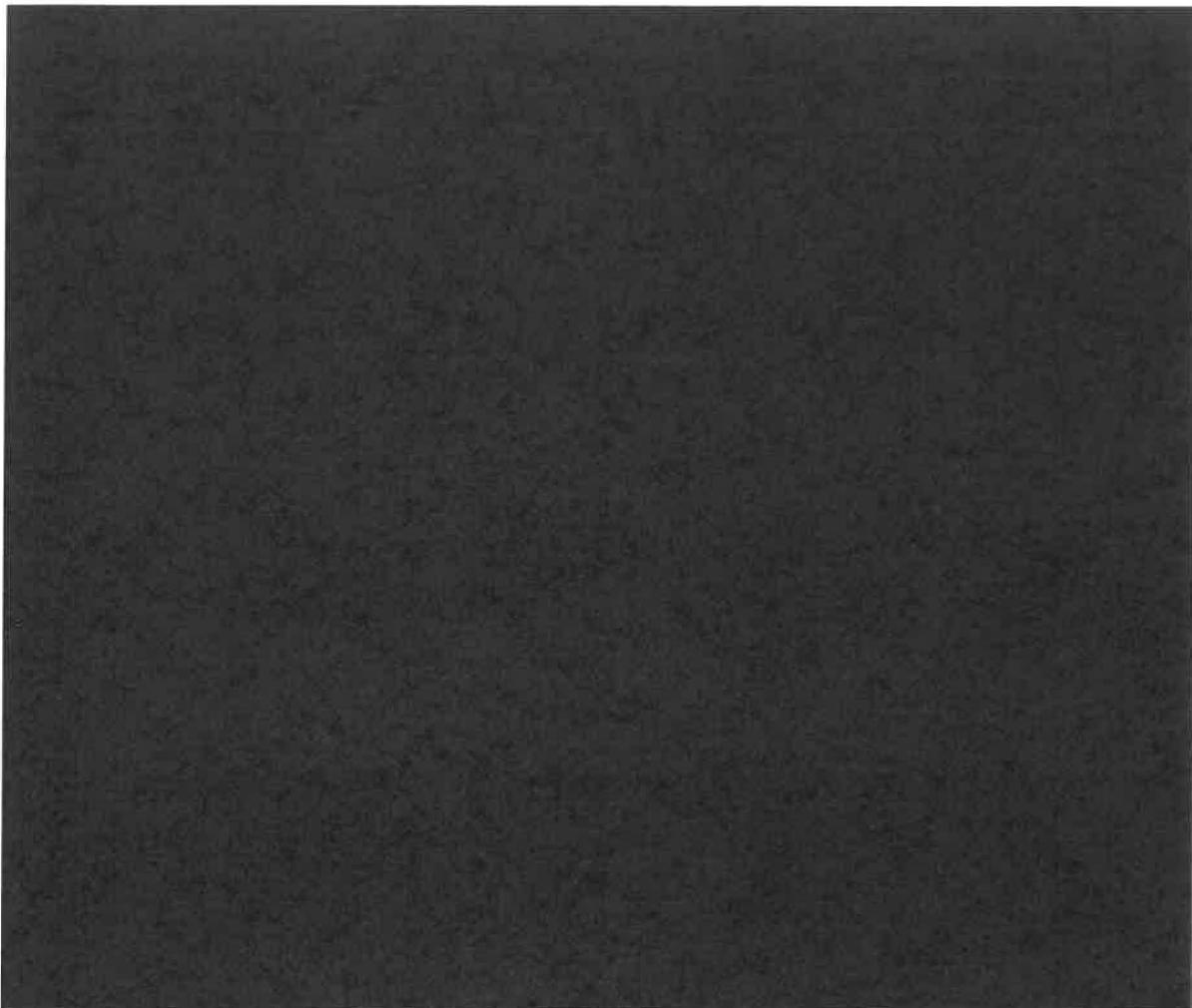
Conference Room, Ground Floor – Inala Community Health Centre

27 February 2014

Meeting Open: 9:30am**Present:** Board Chair: Susan Johnston

Board Members: Jane Yacopetti (Deputy Chair), Andrea O'Shea, David Gow, Dr David Wood, Dr Leanne Johnston, Eileen Jones (11.15am arrival), Georgie Somerset, Paul Cooper

In Attendance: Dr Peter Steer (Health Service, Chief Executive (HSCE)), Sue McKee (General Manager, Operations (GMO)), Loretta Seamer (Chief Finance Officer (CFO)), Deborah Miller (A/Board Secretary), Nikki Marriott (Executive Support Officer & Meeting Secretariat)**Guests:**



<u>Matters for Discussion</u>	
	
The Hospital and Health Board Chairs' Forum on 5 March 2014 was discussed and the Chair indicated that CHQ is on the agenda to speak about the Adolescent Mental Health Extended Treatment Initiative (AMHETI).	
	

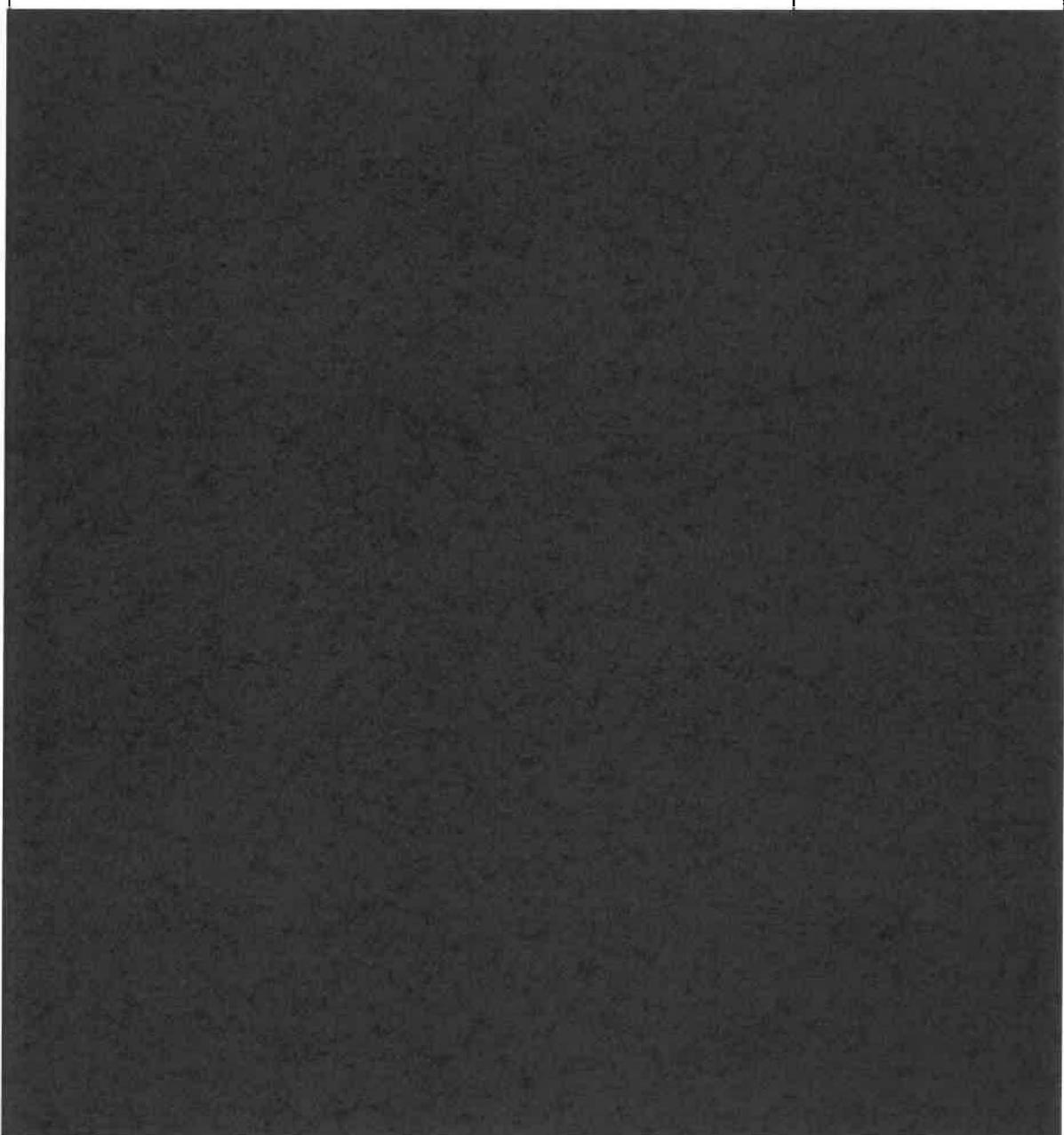


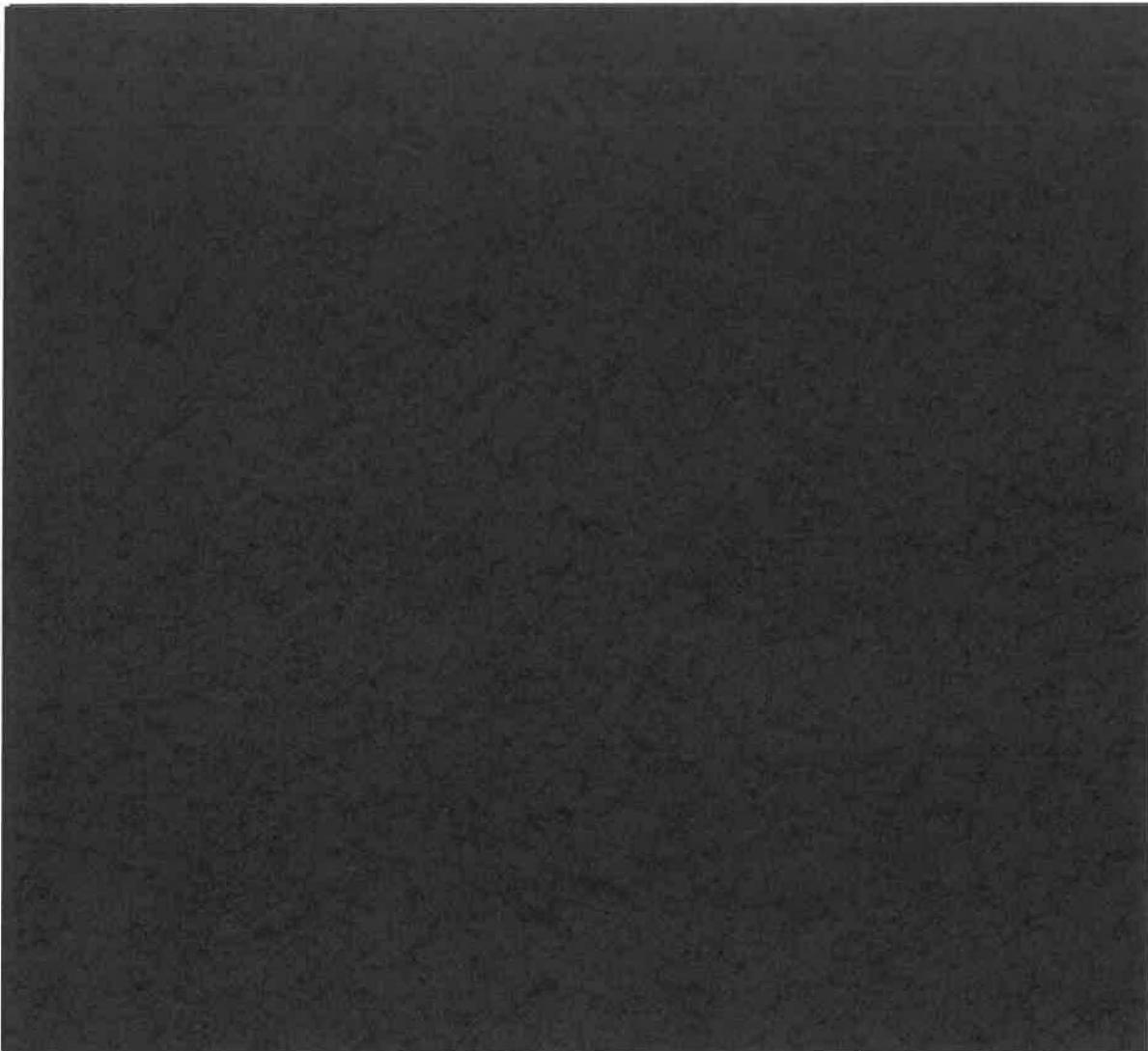
4.3 – Adolescent Mental Health Extended Treatment Initiative

The short term issue facing AMHETI is finalising the transfer of previously committed funds to CHQ. The Business Case was discussed with the focus on the mid-long term funding requirements. The Board discussed potential opportunities to package future regional funding requirements and seek alternative funding donors. It was acknowledged that communication with the CHFQ, Medicare Locals, local consumer groups and other stakeholders would be required. A paper will be brought back to the Board advising of the final outcome from DoH discussions; it will include strategies for sourcing funds through alternative sources.

Action: The Board noted the progress of AMHETI.

Action: An AHMETI paper will be tabled at the March Board meeting advising of the final funding outcome and proposed initiatives to source alternative funding.





<p><u>Meeting Finalisation</u></p> <p>The meeting concluded at 4.30pm.</p>	
<p>Next Board Meeting Date</p> <p>Thursday, 27 March 2014 – Royal Children's Hospital</p>	
<p>Signed by the Board Chair: _____</p>	<p>Dated: ____/____/____</p>



Attachment 4.2.1 – HSCE Report

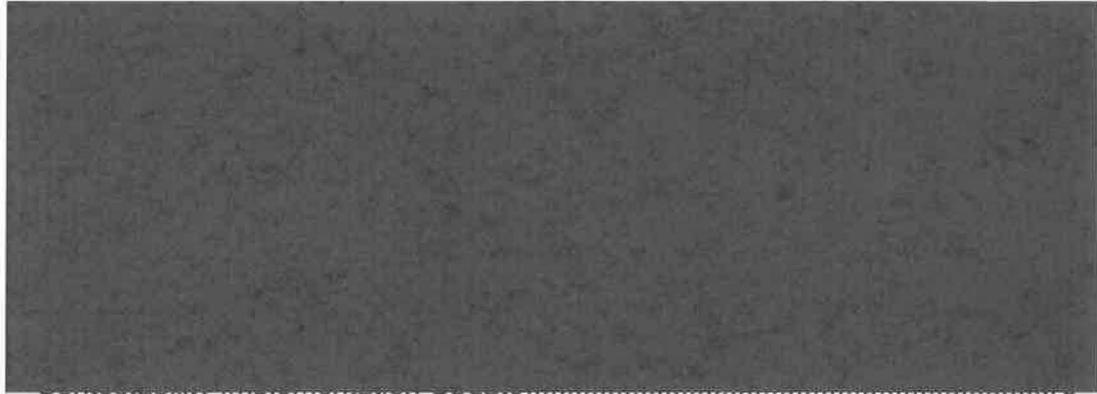
Health Service Chief Executive Report Dr Peter Steer

March 2014

Attachment 4.2.1 – HSCE Report

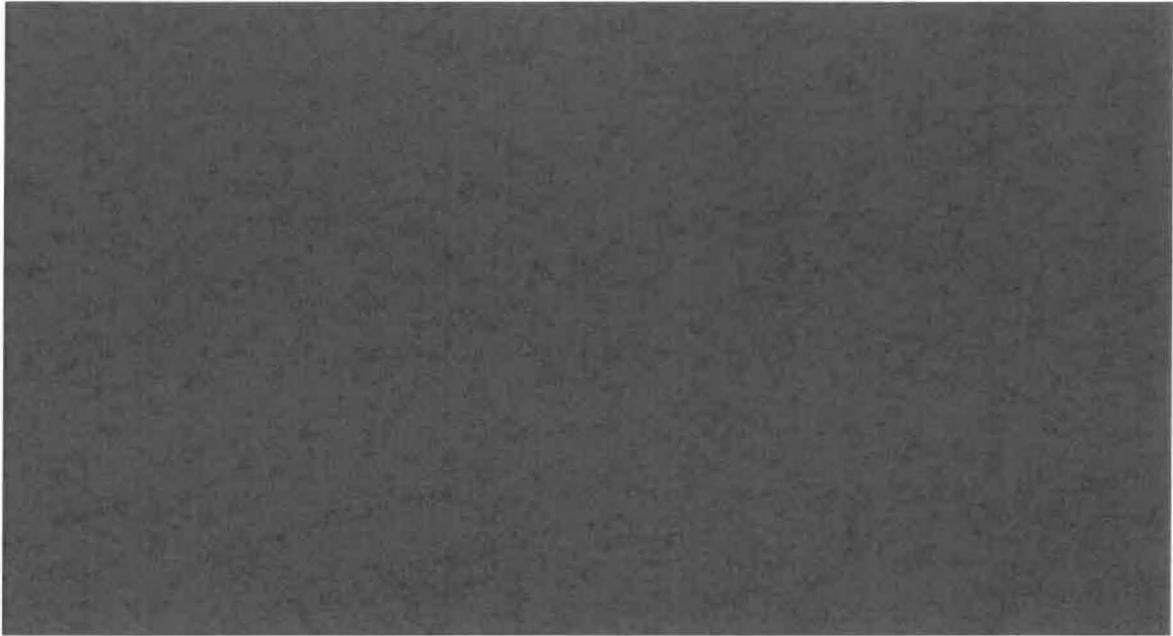
Table of Contents

Table of Contents 2



Adolescent Mental Health Extended Treatment Initiative 8

Attachment 4.2.1 – HSCE Report



Adolescent Mental Health Extended Treatment Initiative
Please refer to the separate Briefing Note provided at agenda item 4.5.

BOARD PAPER**MARCH 2014**

Agenda Item: 4.5
Agenda Title: Adolescent Mental Health Extended Treatment Initiative
Sponsor: Deborah Miller, A/Executive Director, Office of Strategy Management

Resolution: The Board to note progress of the adolescent mental health extended treatment Initiative.

Executive Summary:

This paper provides an update on the implementation of an enhanced model of care for statewide adolescent mental health extended treatment.

Background:

This paper refers to previous information provided to the Board from August 2013 to February 2014.

In February 2014, a Ministerial Brief, developed in partnership with West Moreton Hospital and Health Service (HHS) advising of the closure of the Barrett Adolescent Centre and the proposed services in the future model of care, was submitted to the Minister for Health. The Minister has been invited to participate in a media announcement with the Board Chair, Children's Health Queensland (CHQ) HHS, and we still await his response.

In regard to the establishment of new adolescent mental health services:

- The Service Agreement with Aftercare to deliver the 5-bed residential rehabilitation unit at Greenslopes has now been finalised. The unit is now operational and has accepted their first consumer.
- The Mater have confirmed the provision of interim subacute beds, which are now available should they be required. This arrangement will be formalised through a service agreement which is currently under development.
- Recruitment processes for the Statewide Panel, Assertive Mobile Youth Outreach Service (AMYOS) Teams, and psychiatrists is underway with positions being established and due to be advertised shortly.
- Lease discussions are underway with the Salvation Army to accommodate a Day Program Unit at Stafford, with a view to opening the unit by June 2014.

On 13th February 2014, a memo from the Chief Executive, CHQ, was sent to all HHS Chief Executives advising them of the new model of care, including details of services to be established utilising existing operational funds. Those HHSs receiving new services (such as an AMYOS team) were asked to nominate a representative to participate in recruitment and establishment activities. Each of these representatives has since been contacted regarding next steps for service establishment.

The remaining HHSs were advised that new services in their catchments would be established when new recurrent funding could be secured. Further information about service implementation will be provided to HHSs as it becomes available. In the meantime, regular updates on the model of care and service establishment are being provided to the Statewide Child and Youth Mental Health, Alcohol and Other Drugs Clinical Reference Group and the Queensland Branch of the Faculty of Child and Adolescent Psychiatrists.

Also in February, the AMHETI Business Case was submitted to the Department of Health Service Agreement Unit. Advice received is there will be no new funding in 2014/15. A revised business case, seeking new funding from 2015/16, has been requested. Alternative funding sources are now being explored and a verbal update regarding progress will be provided at the Board Meeting.

On request of the Board, a mapping process has been undertaken to identify existing services currently in place in each HHS catchment against services proposed from 2014, utilising existing operational funding, and services proposed should new funding become available (refer Attachment 4.5.1).

The next steps for this initiative are:

- Continue establishment activities for new services;
- Finalise the Communication Strategy for new services, including media announcement; and
- Continue exploration of alternative funding sources.

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Children's Health Queensland Hospital and Health Service

Recommendation:

It is recommended the Board note the progress of the adolescent mental health extended treatment initiative.

Issues:*Strategy Implications*

This initiative is aligned to CHQ HHS Strategic Direction: *Leading the provision of quality health care for children and young people*, and the CHQ HHS Pillar of Quality and Safety, through the provision of an evidence-informed model of care for statewide adolescent extended treatment and rehabilitation services.

Financial Implications

Additional recurrent operational and capital funding will be required to implement the full proposed model of care, and to realise the benefits and outcomes that an enhanced continuum of services could provide. The Department of Health has advised that there will be no new funding for 2014/15. Additional services are now dependent upon alternative funding sources which are currently being explored.

Risk Analysis

Identified Risk	Impact of Risk – description – category – level	Risk Likelihood	Rating	Strategy to Manage Risk
Critical incident with an adolescent prior to availability of new or enhanced service options	Includes negative impact on consumer wellbeing or life; poor clinical outcomes; negative media Category = Safe Services (Clinical) Level = Extreme	Possible	High	Current • Appropriate Consumer Clinical Care Plans Planned • Clear communication strategies with service providers regarding the development and rollout of service options • Develop an escalation process for referral of consumers whose needs fall outside of existing service options
Reputational and political implications from any adverse incidents or media	Impact includes negative media; low staff morale; and loss of confidence in Minister, Qld Health and/or CHQ HHS Category = Reputation Level = Major	Possible	High	Current and Planned • Clear communication strategies regarding impact of change and benefits • Proactive workforce and community engagement • Regular communication to Premier, Minister, Mental Health Commissioner and Chief Executives regarding initiative, to keep fully informed of progress and issues • Activities undertaken as per CHQ Communications Plan
Availability of skilled resources to provide future services	Impact includes an inability to deliver quality services; gaps in service provision; negative impact on consumer wellbeing or life; and poor clinical outcomes Category = Health Service Delivery Level = Moderate	Likely	High	Current • Develop a recruitment strategy appropriate for the sector
Absence of capital and growth funding to support services	Impact includes inability to deliver quality services; gaps in service provision; negative	Almost Certain	Very High	Current • Utilise existing operational funds Planned

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Children's Health Queensland Hospital and Health Service

Identified Risk	Impact of Risk – description – category - level	Risk Likelihood	Rating	Strategy to Manage Risk
	impact on consumer wellbeing or life; and poor clinical outcomes Category = Financial Level = Major			<ul style="list-style-type: none"> • Explore operational expenditure options versus capital intensive options • Advocate for additional operational funding to support service options • Advocate for new capital funding to implement service options

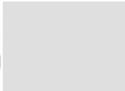
Corporate Governance and Compliance

The Project Manager will continue to report on milestone achievement and project expenditure for the initiative at fortnightly Steering Committee meetings and monthly Chief Executive and Department of Health Oversight Committee meetings. The endorsed governance framework for the initiative continues to be effective and ensures timely identification and resolution of issues as they arise. The CHQ HHS Board will be kept informed of the progress and outcomes of the initiative.

Management Responsibility

The Executive Director for this initiative is Deborah Miller, A/Executive Director, Office of Strategy Management. Day to day operational management is provided by Judi Krause, Divisional Director, Child and Youth Mental Health Service (CYMHS).

Signing of Board Paper



20.3.16

Health Service Chief Executive

Date

The following people have been involved in the preparation of this Board paper:

Name:	Ingrid Adamson
Position:	Project Manager, AMHETI
Name:	Stephen Stathis
Position:	Medical Director, CYMHS
Name:	Judi Krause
Position:	Divisional Director, CYMHS

Attachment 4.5.1: AMHETI Service Mapping

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Adolescent Population*	(from 2014)											(201	
	CYMHS	Day Program	Acute Inpatient Unit	Non-Qld Health Services**	Dedicated alcohol & other drug services	AMYOS	Day Program	Resi Rehab	Step Up/ Step Down	Sub-acute Beds***	Headspace (non-Qld Health)	AMYOS	Day Progr
	Yes	1 unit	12 beds		ADAWS								
81,309	Yes		10 beds	Headspace Woolloongabba and Inala Headspace School Support Eagleby		1 team					Logan	1 team	1 uni
42,809	Yes		8 beds	Headspace Southport		1 team						1 team	1 uni
26,067	Yes	1 unit	8 beds	Headspace Warwick QPASST Toowoomba		1 team					Toowoomba		
14,056	Yes			Headspace Ipswich								1 team	
1,779	Yes											0.5 team	
43,958	Yes		CFTU	Brisbane MIND (suicide prevention) Headspace Nundah	Hot House	1 team	1 unit	1 Resi		1 unit		2 teams	
	Yes		12 beds			1 team					Indooroopilly		
23,095	Yes			Headspace Redcliffe		1 team							
27,842	Yes			Headspace Maroochydore								1 team	
18,657	Yes			Headspace Rockhampton								1 team	
16,199	Yes			Headspace Hervey Bay								1 team	
796	Yes											0.5 team	
19,745	Yes			Headspace Cairns								1 team	
18,501	Yes	1 unit	8 beds	Headspace Townsville Headspace School Support		1 team							
13,776	Yes			Headspace Mackay								1 team	
1,358	Yes											0.5 team	
495	Yes			Headspace Mt Isa								0.5 team	
CES	e-CYMHS			Kids Helpline Medicare Local ATAPS Living is for Everyone QPASTT									
						\$2,809,342	\$1,423,272	\$1,476,844	\$0	\$153,626		\$4,133,100	\$2,988,

s Data

ensland Health Services has shown that the sector is very fragmented and information about services is difficult to find. There are very few adolescent-specific ment

provided by the Mater Hospital until November 2014

cent Drug and Alcohol Withdrawal Service

te Allied Psychological Services

re Youth Mental Health Service

rogram Assistance for Survivors of Torture and Trauma (for refugees and asylum seekers only)

Hospital and Health Services by Queensland Health Facilities



Prepared by: Statistical Output, Health Statistics Centre, 26 June 2012
Hospital and Health Services by Facilities as at 1 July 2012

Minutes of the Children's Health Queensland Hospital and Health Board Meeting**Boardroom, Level 5 – Woolworths Building, Royal Children's Hospital****27 March 2014****Meeting Open:** 9:30am**Present:** Board Chair: Susan Johnston

Board Members: Jane Yacopetti (Deputy Chair), Andrea O'Shea, David Gow, Dr David Wood, Dr Leanne Johnston, Eileen Jones, Georgie Somerset, Paul Cooper

In Attendance: Dr Peter Steer (Health Service, Chief Executive (HSCE)), Sue McKee (General Manager, Operations (GMO)), Loretta Seamer (Chief Finance Officer (CFO)), Deborah Miller (A/Board Secretary), Nikki Marriott (Meeting Secretariat)**Guests:**

Agenda Items 4.2, 4.4 & 4.5: Ingrid Adamson (Project Manager, OSM)

[Redacted]

Matters for Discussion

A productive discussion was held at the March Board Chairs' Forum on the Adolescent Mental Health Extended Treatment Initiative (AMHETI).

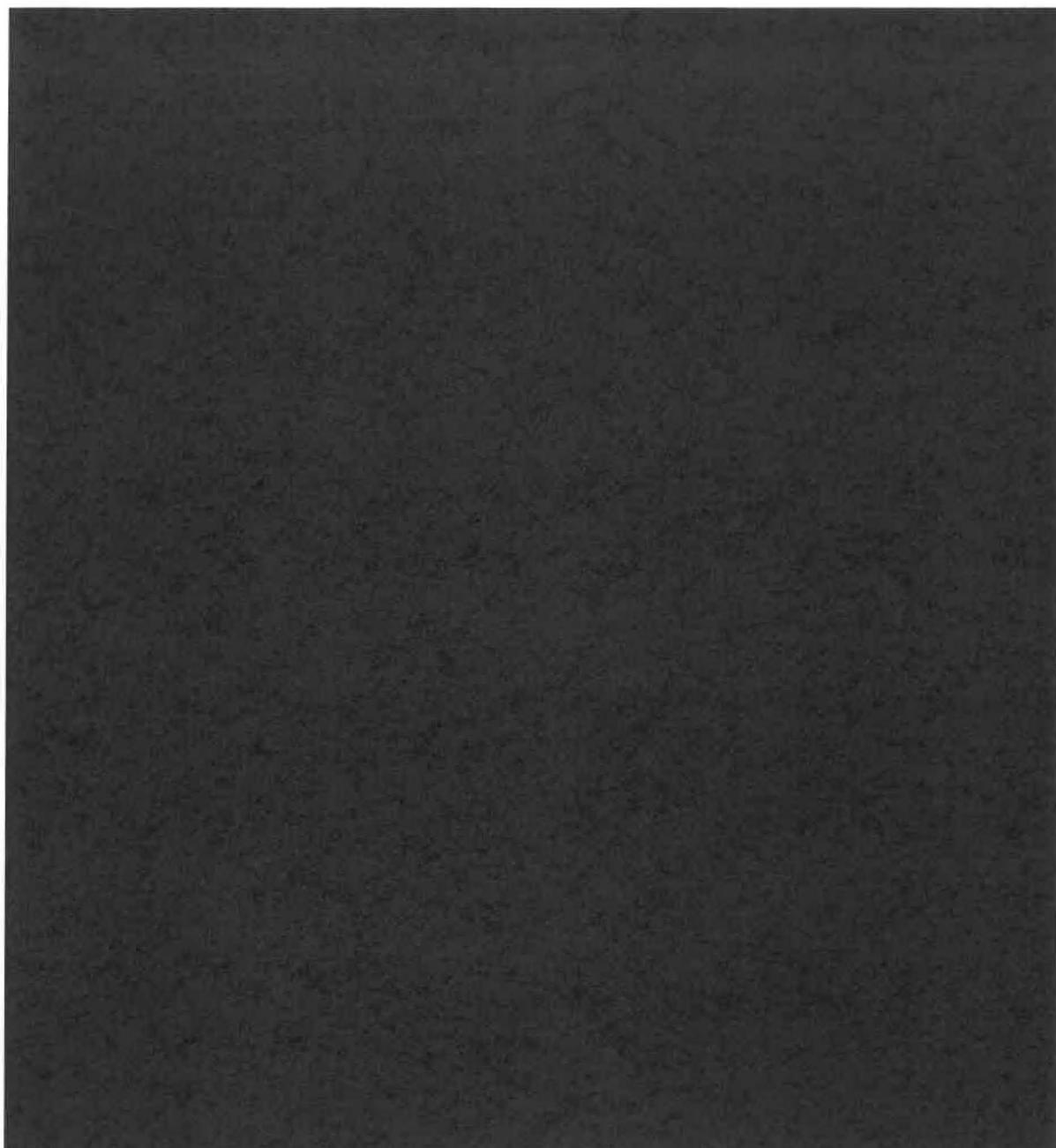
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4.5 – Adolescent Mental Health Extended Treatment Initiative

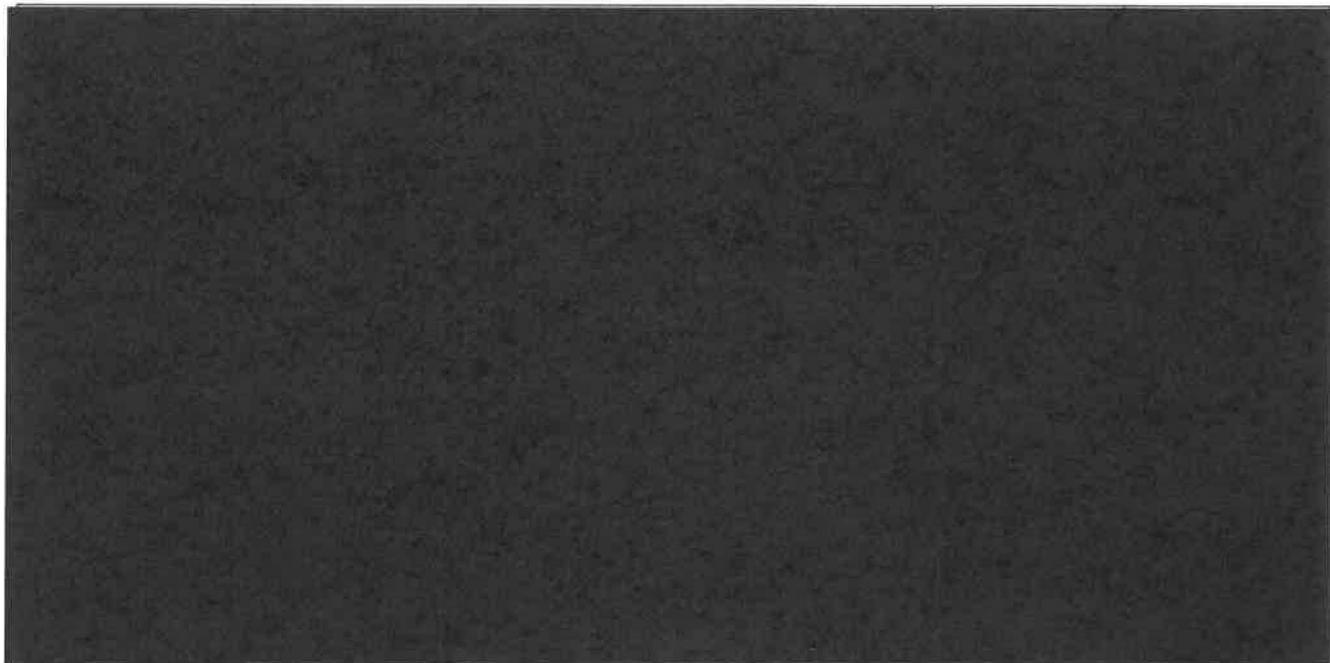
Alternative models of funding and scope have been explored, with further work required on the not-for-profit sector. Discussion was held around the need for statewide mapping in conjunction with other HHSs. The Board suggested including Medicare Locals within the scope and requested a greater level of specificity be provided at the next Board meeting. The paper will outline what in each HHS area is working well, what activities interact with others and where gaps exist.

Action: The Board noted the progress of AHMETI.

Action: The April Board meeting AMHETI update will include a one page mapping summary of each HHS identifying existing services and gaps.



<p><u>Meeting Finalisation</u></p> <p>Meeting concluded at 4.00pm.</p>	
<p><u>Next Board Meeting Date</u></p> <p>Please note, the April Board meeting is scheduled for a Wednesday due to the Easter and Anzac public holidays – 30 April 2014.</p>	
<p>Signed by the Board Chair: _____ Dated: ____/____/____</p>	



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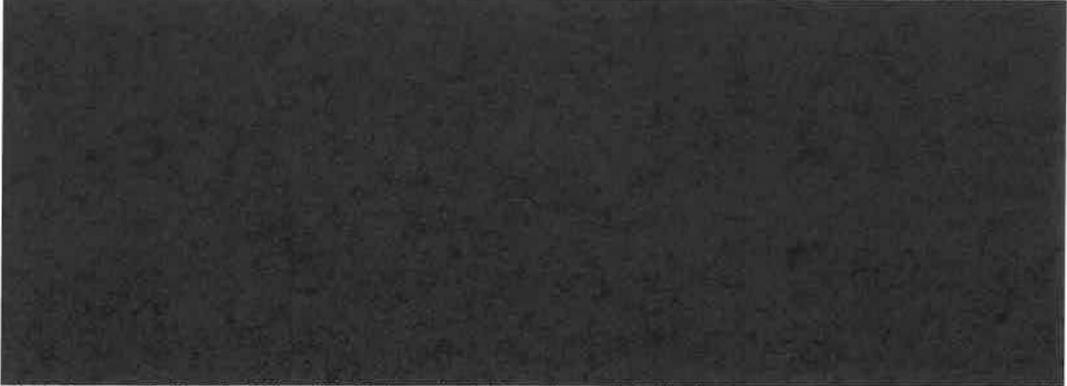
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Health Service Chief Executive Report Dr Peter Steer

April 2014

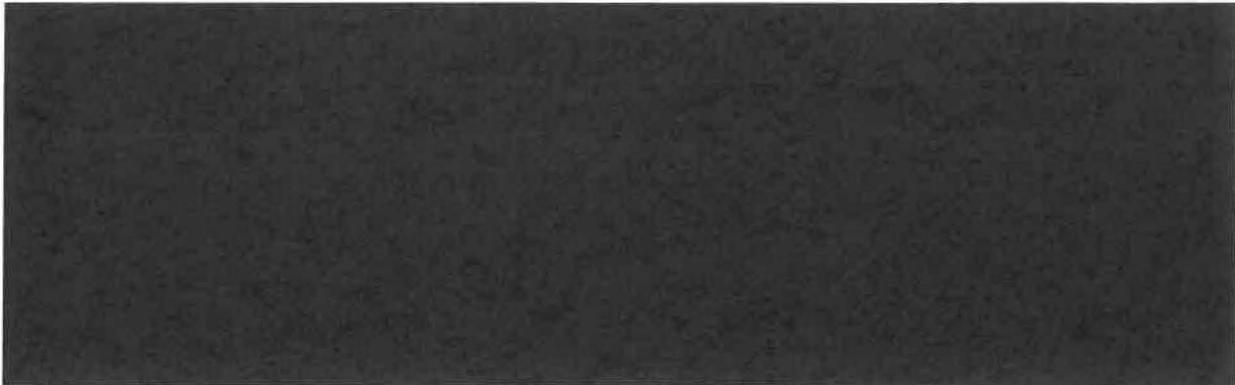
Table of Contents

Table of Contents 2



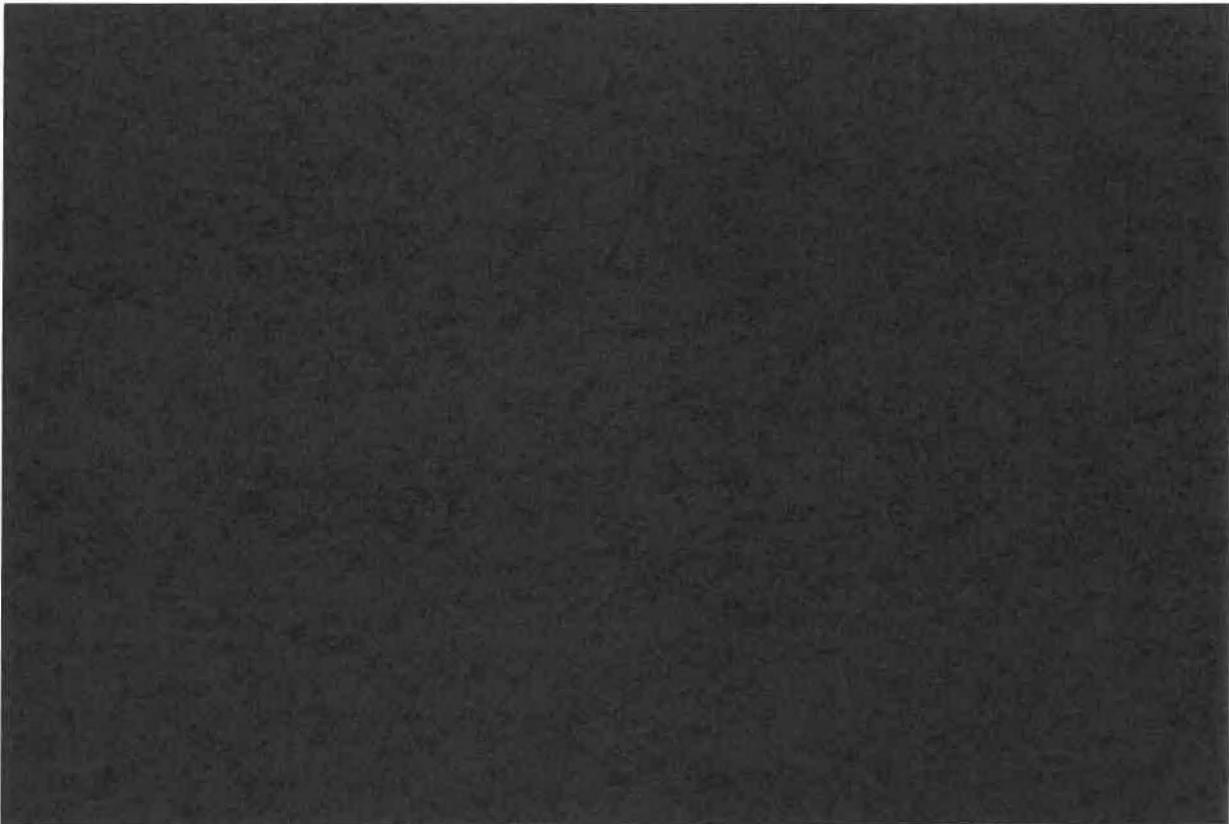
Adolescent Mental Health Extended Treatment Initiative 6





Adolescent Mental Health Extended Treatment Initiative

Please refer to Agenda Item 5.3 Adolescent Mental Health Extended Treatment Initiative, and accompanying Briefing Note.



BOARD PAPER**MARCH 2014**

Agenda Item: 5.3
Agenda Title: Adolescent Mental Health Extended Treatment Initiative
Sponsor: Deborah Miller, A/Executive Director, Office of Strategy Management

Resolution: The Board to note progress of the adolescent mental health extended treatment initiative (AMHETI).

The Board to approve development of donor proposals, in collaboration with the Children's Hospital Foundation Qld, seeking funds for new AMHETI services.

The Board to note that there has been a sentinel event involving an ex-Barrett inpatient.

Executive Summary:

This paper provides an update on the implementation of an enhanced model of care for statewide adolescent mental health extended treatment.

Background:

This paper refers to previous information provided to the Board from August 2013 to March 2014.

In February 2014, a Ministerial Brief, developed in partnership with West Moreton Hospital and Health Service (HHS) advising of the closure of the Barrett Adolescent Centre and the proposed services in the future model of care, was submitted to the Minister for Health. The Minister was invited to participate in a media announcement with the Board Chair, Children's Health Queensland (CHQ) HHS but has declined given the current political environment.

In the meantime, CHQ has launched information regarding the new and enhanced services via the public website: <http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp>

In regard to the establishment of new adolescent mental health services:

- The Service Agreement with Aftercare to deliver the 5-bed residential rehabilitation unit at Greenslopes has now been finalised. The unit is now operational and has accepted their [REDACTED]
- The Mater have confirmed the provision of interim subacute beds, which are now available should they be required. This arrangement will be formalised through a service agreement which is currently under development.
- Recruitment processes for the Statewide Panel, Assertive Mobile Youth Outreach Service (AMYOS) Teams, and psychiatrists is underway. Brisbane-based positions closed in early April and interviews will be undertaken in early May. AMYOS teams in other Hospital and Health Services are currently being formalised through service agreements, with recruitment for clinicians commencing upon finalisation of these agreements.
- Lengthy lease discussions with the Salvation Army have been unsuccessful due to public access issues within the proposed area of the facility. Alternative accommodation options for the Day Program are currently being explored, including leasing options. CHQ conducted a site visit to a stand-alone, CHQ-owned facility in Ferny Hills; however, the site is not easily accessible to the target market for this service and would require significant refurbishment to be returned to an occupiable condition. The Queensland Government Accommodation Office, within the Department of Housing and Public Works, is actively working with CHQ to identify other potential sites. It should be noted that the ability to meet the timeframe of opening the unit by June 2014 is now uncertain.

A revised business case, seeking new funding from 2015/16, has been submitted to the Department of Health Service Agreement Unit. Concurrently, exploration of alternative funding sources continues, including discussions with the Children's Hospital Foundation Qld (CHFQ). During a recent meeting with CHFQ, it was identified that they have the requisite skills and expertise to assist with the development of funding proposals for distribution to donors. CHFQ have indicated a willingness to work with the AMHETI project team in the development of a proposal, and subsequent promotion, of the AMHETI services. This proposal would also be available for use by the CHQ Board in their

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Children's Health Queensland Hospital and Health Service

discussions with potential donors. Consultation is now underway regarding the actions required to prepare this proposal.

Following on from the March Board Paper, the Board requested a more detailed service mapping process of existing mental health services, by HHS catchment, and identification of gaps in service provision. In meeting this request, it is important to clarify the spectrum of mental health problems being treated by service providers across Queensland.

- Primary health care providers, such as general practitioners, counsellors and other private practitioners, typically address the *prevention* of mental illness, treatment of *mild to moderate* mental health problems, and *early identification* of more serious mental health problems.
- Non-government organisations and other targeted service providers, such as *headspace*, typically address *mild to moderate* mental health problems, which include young people who are feeling down, stressed, anxious, bullied or harassed, with low self-esteem, and having difficulties with friendships and/or relationships.
- Both primary health care and targeted service providers will refer more complex and severe mental health cases to the Child and Youth Mental Health Service (CYMHS) for assessment, treatment, and management.
- CYMHS provides services for 0-18 year olds with severe and/or complex mental health problems that create significant decline across multiple domains, including family and peer relationships and academic performance. These problems are of the type that cannot be adequately managed by another clinician or service in the community, and require the input of a specialised, multi-disciplinary mental health team. CYMHS is the only provider of multi-specialist, multi-disciplinary services in the state.
- Within the cohort of young people referred to CYMHS, the AMHETI continuum of care focuses on young people who require extended treatment and intervention beyond what can be provided in a community CYMHS setting.

A series of case scenarios have been provided in Attachment 5.3.1 to help further clarify the types of mental health problems addressed by the AMHETI services. Apart from adolescent mental health services provided through existing Day Program Units and Acute Inpatient Units, as per Attachment 5.3.2, there are no other public or private service providers in the state providing this level of mental health care. It is broadly acknowledged that there are significant gaps in services for young people with severe and complex mental health problems across the state, and the proposed model of care recommends the establishment of new services to fill these gaps.

The next steps for this initiative are:

- Continue establishment activities for new services through existing recurrent operational funds; and
- Continue exploration of alternative funding sources in collaboration with the Children's Hospital Foundation, Queensland.

The Board is also asked to note that there has been a sentinel event which involved an ex-Barrett inpatient. This event has resulted in significant interest and correspondence from concerned parties addressed to Parliamentary Members, the Premier, the Minister for Health, the Director General of Health, the Mental Health Commissioner, and respective Boards of CHQ and West Moreton. CHQ has subsequently met with the Minister's Advisors and Senior Departmental Liaison Officers from the Office of the Director General regarding the increased correspondence activity and, in addition to preparing responses, have also provided a factsheet for distribution to Government Members of Parliament (Attachment 5.3.3).

Recommendation:

It is recommended the Board:

- Note the progress of the adolescent mental health extended treatment initiative.
- Approve development of donor proposals, in collaboration with the Children's Hospital Foundation Qld, seeking funds for new AMHETI services.
- Note that there has been a sentinel event involving an ex-Barrett inpatient.

Issues:

Strategy Implications

This initiative is aligned to CHQ HHS Strategic Direction: *Leading the provision of quality health care for children and young people*, and the CHQ HHS Pillar of Quality and Safety, through the provision of an evidence-informed model of care for statewide adolescent extended treatment and rehabilitation services.

Financial Implications

Additional recurrent operational and capital funding will be required to implement the full proposed model of care, and to realise the benefits and outcomes that an enhanced continuum of services could provide. The Department of

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