

and appropriately. The misunderstandings arose, for example, in circumstances of unopened emails by parents/carers or unexpected emerging clinical need requiring immediate action by the BAC clinical team, with communication following as time permitted. There is evidence of parent information sessions, letters to parents, individual email responses to parents and phone calls to support timely communication. Fact Sheets, FAQ sheets and the Executive Review Committee recommendations were also provided to parents/carers and made publicly available on the WMHHS website.

- The transition plans, without exception, were thorough and comprehensive. In some instances it was not possible to identify a variety of options for each care domain for each client, but in each case at least 1 reasonable option was able to be identified matched to a particular care domain. At times there was considerable delay in settling on the final option – but this reflected the considerable work involved in identifying a range of suitable options and working through processes of negotiation with receiving agencies.
- In a number of instances the young people had psychiatric disorders that on their own did not cross the threshold to service in the community mental health system. It is noteworthy that there were examples of successful negotiations that led to services accepting the referrals by exception. The investigators did not find any example where it was not possible to organize a reasonable system of care for an individual.
- The inevitable challenges arose during this process, such as the changes in established long-term relationships between the clinicians of BAC and the young people; the differences between the culture and approach to care provided in services provided for adolescents and the culture and approach to care in adult services and the impact of the young person's developmental stage and maturity on their health-seeking attitudes and behaviors; and, adolescent's resistance to transfer from a service where they felt safe and 'connected' in a relatively closed environment to a community system of care and, in the case of transfer to an adult system, the different expectations of their maturity and health-seeking behaviour and the different expectations of involvement of their family.
- Whilst there was some drop-out from some aspects of the care organized, the investigators did not identify any examples where a young person was completely lost to care, nor where a core component of care was completely missing. Where, for example, [REDACTED] did drop out of ongoing care with [REDACTED] it would appear that [REDACTED] did remain under the care of a case manager from [REDACTED] and there was also contact from [REDACTED] with a [REDACTED] from another [REDACTED].
- There were numerous examples of the BAC staff working in a collaborative way with receiving agencies, as evidenced by the number of times young people were escorted to the other agencies, the detailed discussions in relation to risk management, maintaining contact post-transfer of care and joint working by staff

across the agencies. These activities would be considered best-practice in transitional care and in the main appear to have been implemented. The investigators note however, that in the case of [REDACTED]

- There were [REDACTED] examples where brokerage funding was very necessary and secured from Health to facilitate a high quality transition.
- The investigators confirm that:
 - the health care transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
 - the transition plans for individual patients were appropriate and took into consideration patient care, patient support, patient safety, and service quality.
- Further the investigators commend the work of the transition team for the quality and comprehensiveness of the plans and for their efforts that included 'going the extra mile' to secure the range of services required by the young people.
- The investigators confirm that:
 - The governance model put in place within Queensland Health to manage the oversight of the health care transition plans was appropriate. The investigators noted examples of good flow in communication about transitional processes across governance groups. The investigators noted that some transitional planning documentation was incomplete/missing and there was a delay in the appointment of the Project Officer, however it is the view of the investigators that these were minor issues and did not have a material impact on the planning for or transition of the patients.
- The investigators make a general mental health system recommendation. Transitional mental health care for young people is internationally recognized as a complex and often difficult process and poor outcomes such as disengagement from care are well-documented. The BAC process demonstrates positive learnings in relation to good quality transitional planning. It is recommended that these learnings be considered for distillation into the development of a state policy (or review of the current transfer policy) that supports mental health transition for vulnerable young people.

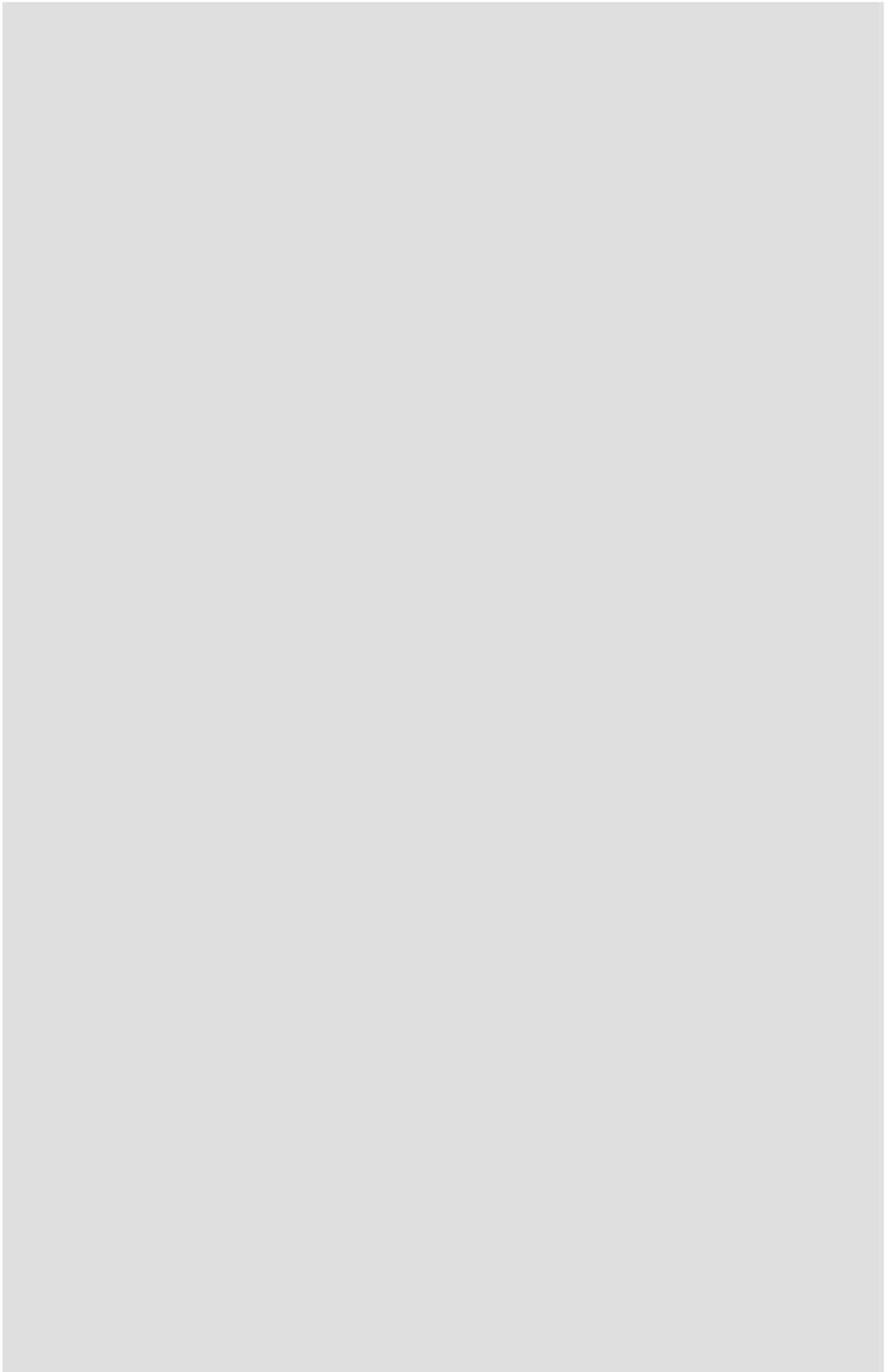
Client profiles and transition evidence summary

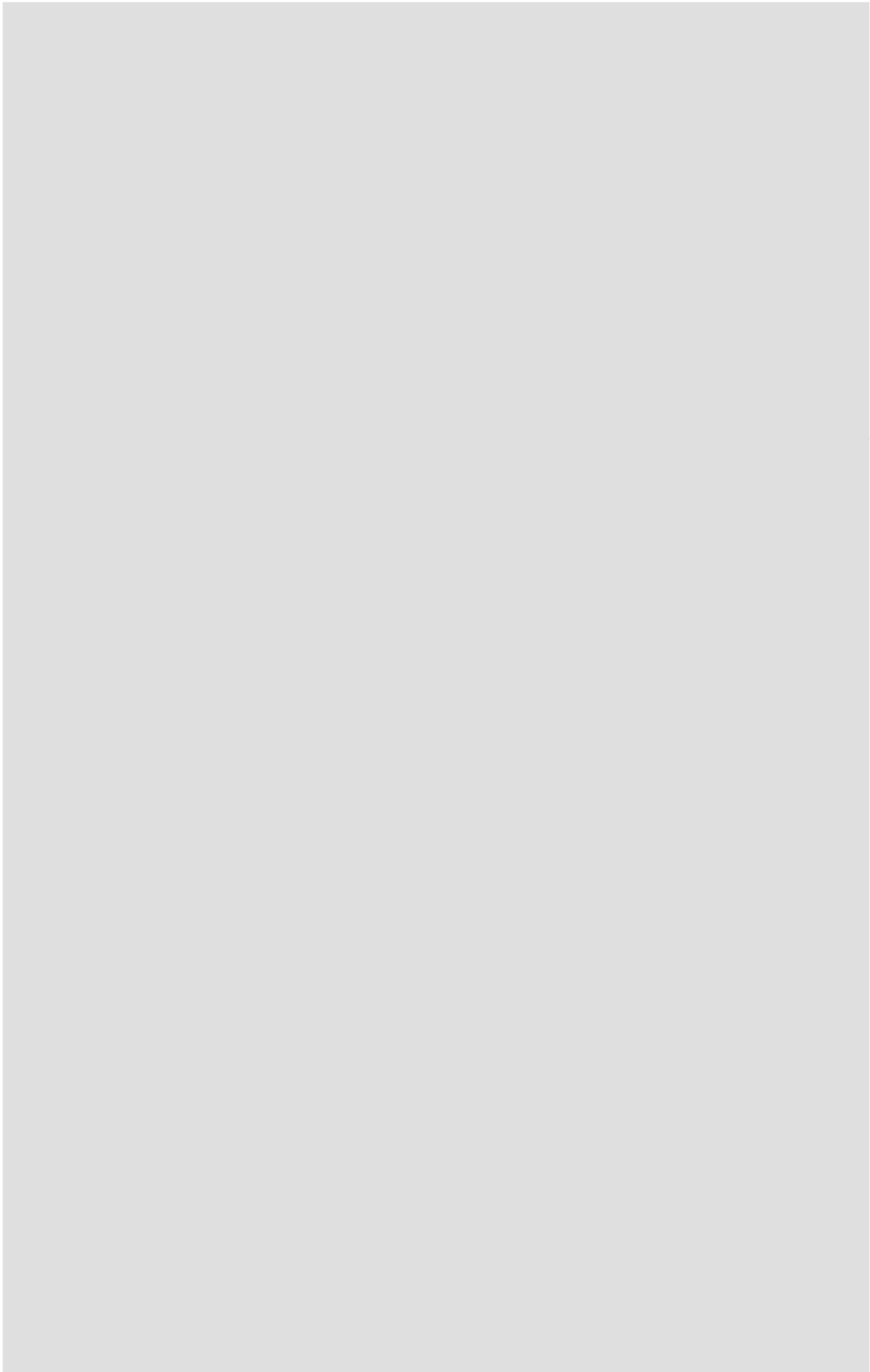
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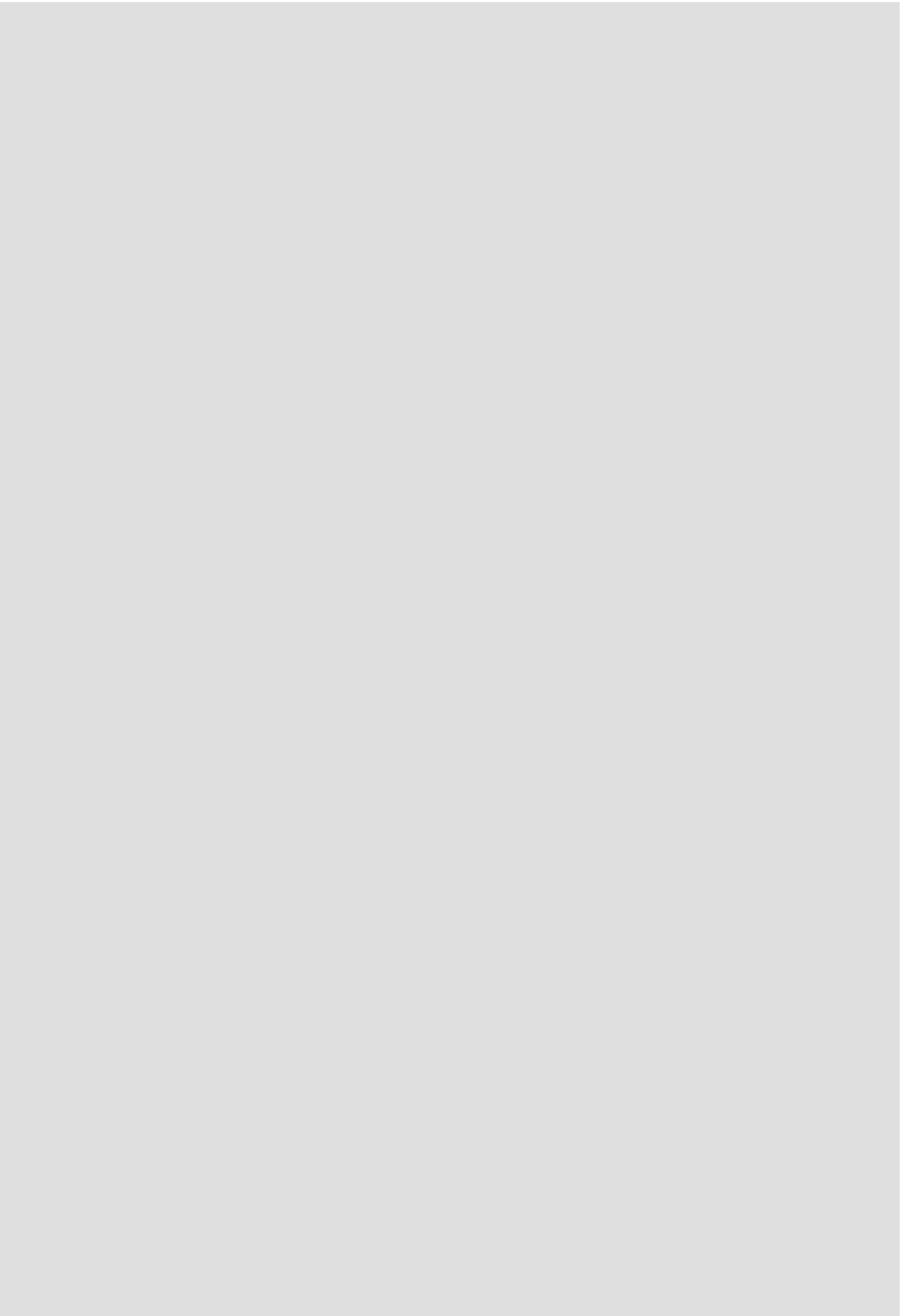
Table 1: Transition planning evidence

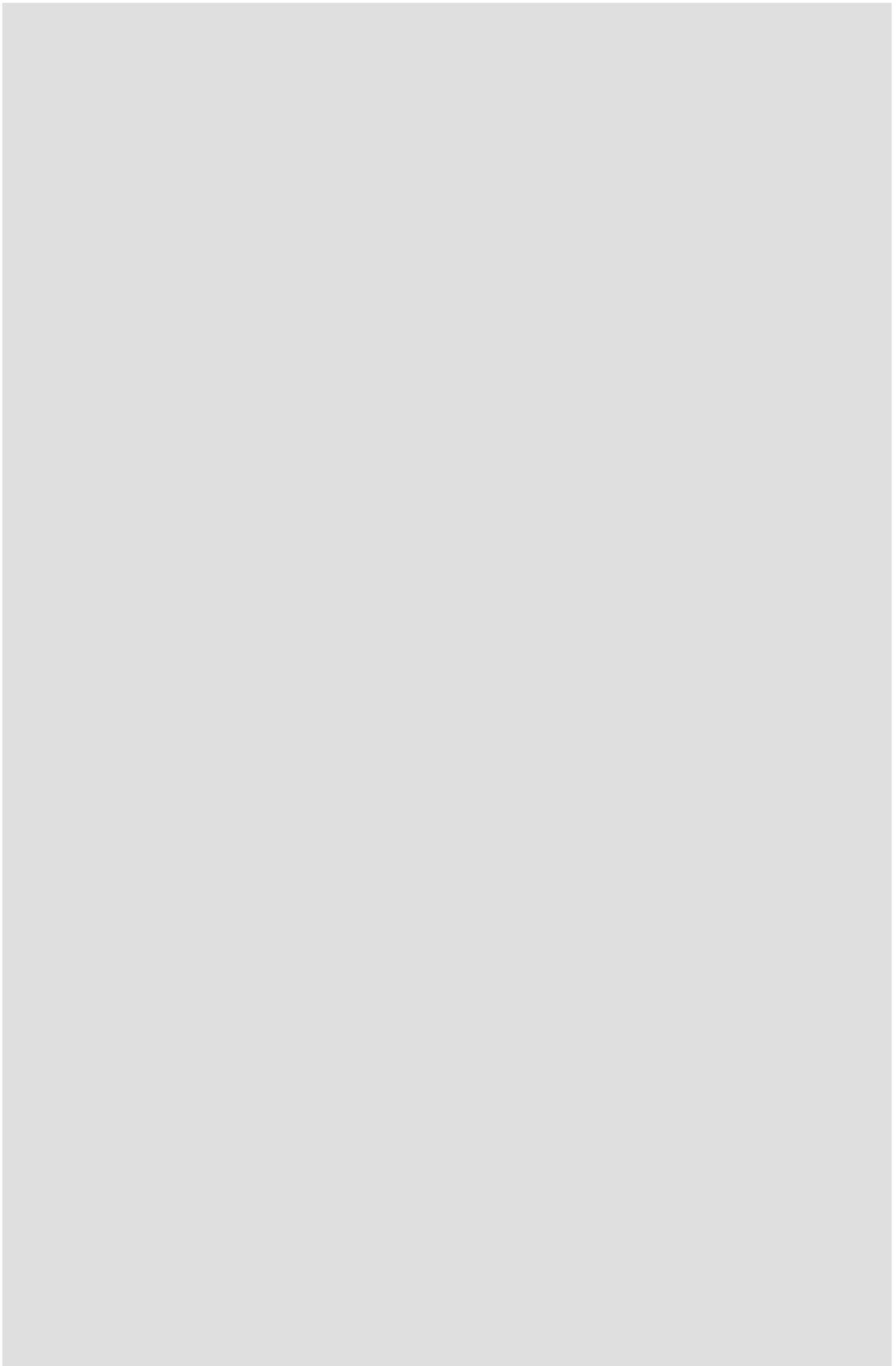
Transfer of Care Principles (Qld Health Procedure)*						
Completion and transfer of documentation including:						
MH Act status	Voluntary	ITO	ITO	Voluntary	Voluntary	ITO transferred and ceased 5/2/2014
Referral forms (including MHA2000 docs) completed	N/A	✓	✓	N/A	N/A	✓
Transfer of ITO complete	✓	✓	✓	✓	✓	✓
Assessment including forensic History and Risk Assessment and management plan	✓	✓	✓	✓	✓	✓
Outcome Measures	✓	✓	✓	✓	✓	✓
Recovery Plan	✓	✓	✓	✓	✓	✓
End of episode/ Discharge summary	✓	✓	✓	✓	✓	✓
Documents forwarded 3 days prior	✓	✓	✓	✓ at time	✓ at time	✓
Documented appointments	✓	✓	✓	✓	✓	✓
Family/carers notified and/or consulted	✓	✓	✓	✓	✓	✓
Receiving PSP face to face contact within 7 days	N/A	✓	✓	N/A	N/A	✓
Receiving District/mental health service						
Transition planning reflects evidence of:						
Assessment of client future service needs	✓	✓	✓	✓	✓	✓
Direct consumer assessment and consultation	✓	✓	✓	✓	✓	✓
Review of consumer medical charts	✓	✓	✓	✓	✓	✓
Contact with referring agency and local mental health service	✓	✓	✓	✓	✓	✓
Clinical need and Risk taken into account	✓	✓	✓	✓	✓	✓
Length of stay of client was considered	✓	✓	✓	✓	✓	✓
Age of client was considered	✓	✓	✓	✓	✓	✓
Demographics were considered	✓	✓	✓	✓	✓	✓
Family engagement considered/ Contact was made with family	✓	✓	✓	✓	✓	✓
Additional considerations (unrelated to the Policy):						
Funding was sourced to provide comprehensive care						
Additional supports sourced eg: housing and disability supports						

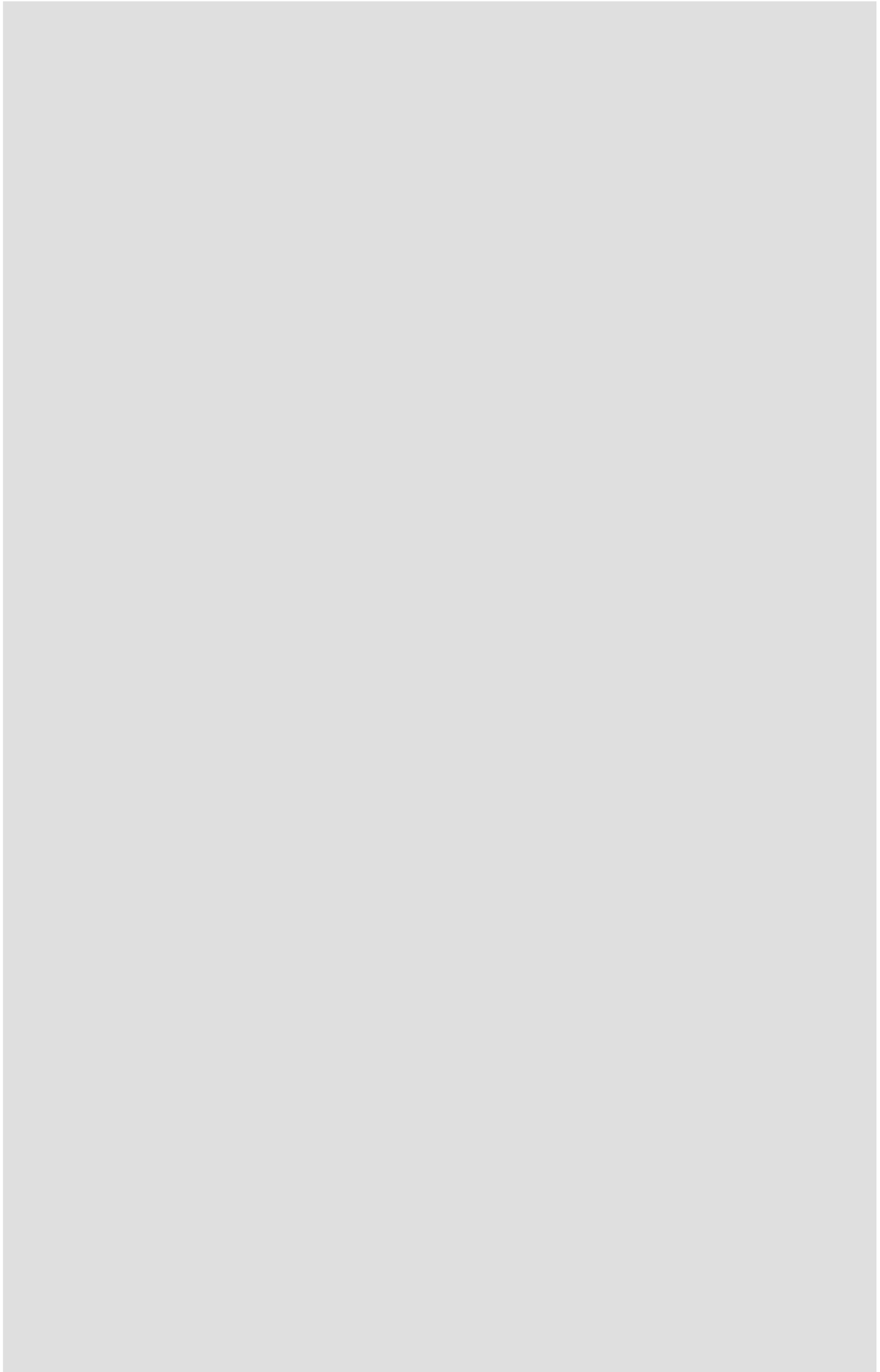
* Reference: *Inter-district Transfer of Mental Health Consumers within South Queensland Health Service Districts* (Version No. 1.0), by the Division of Mental Health, Darling Downs – West Moreton Health Service District.

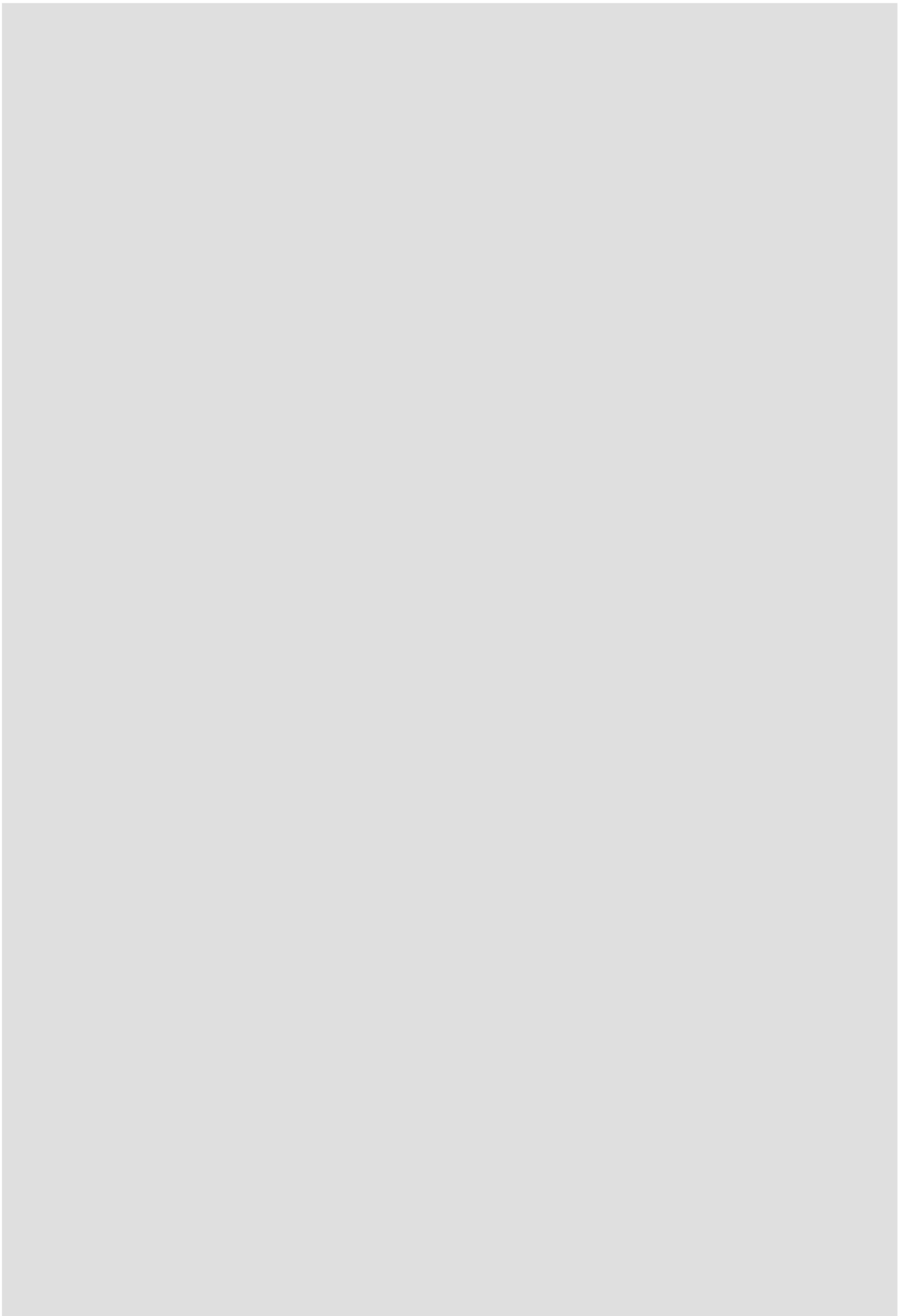


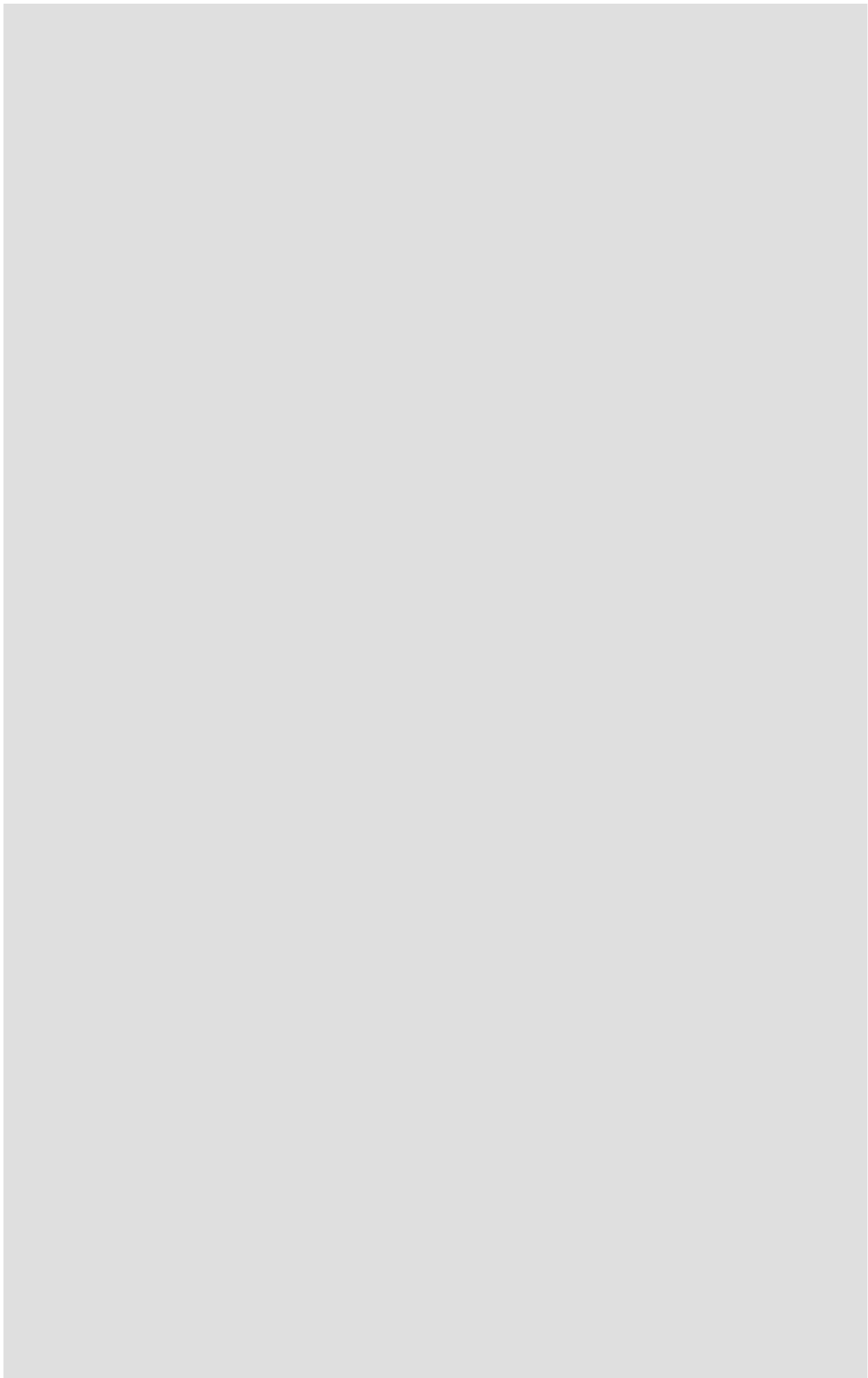


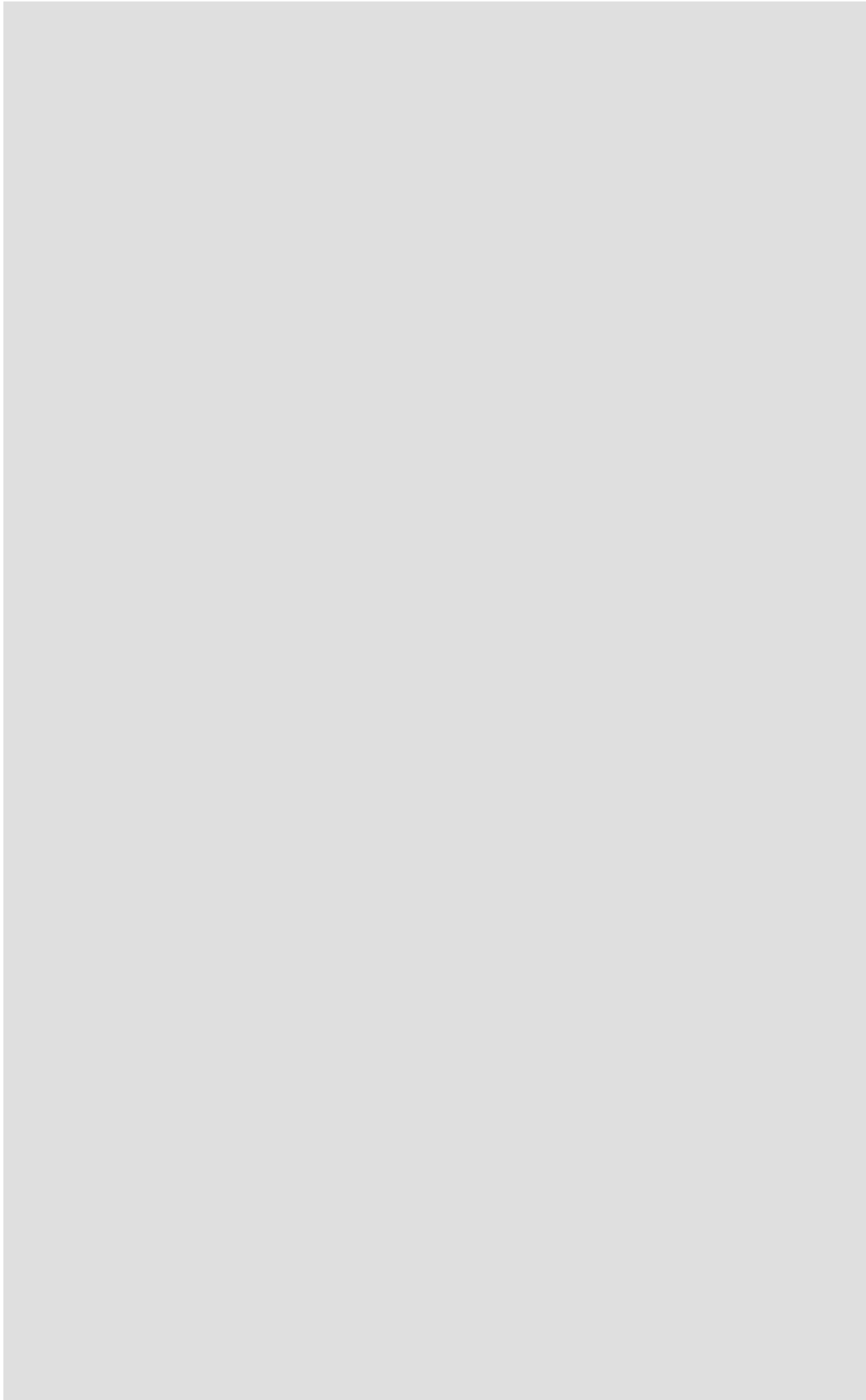


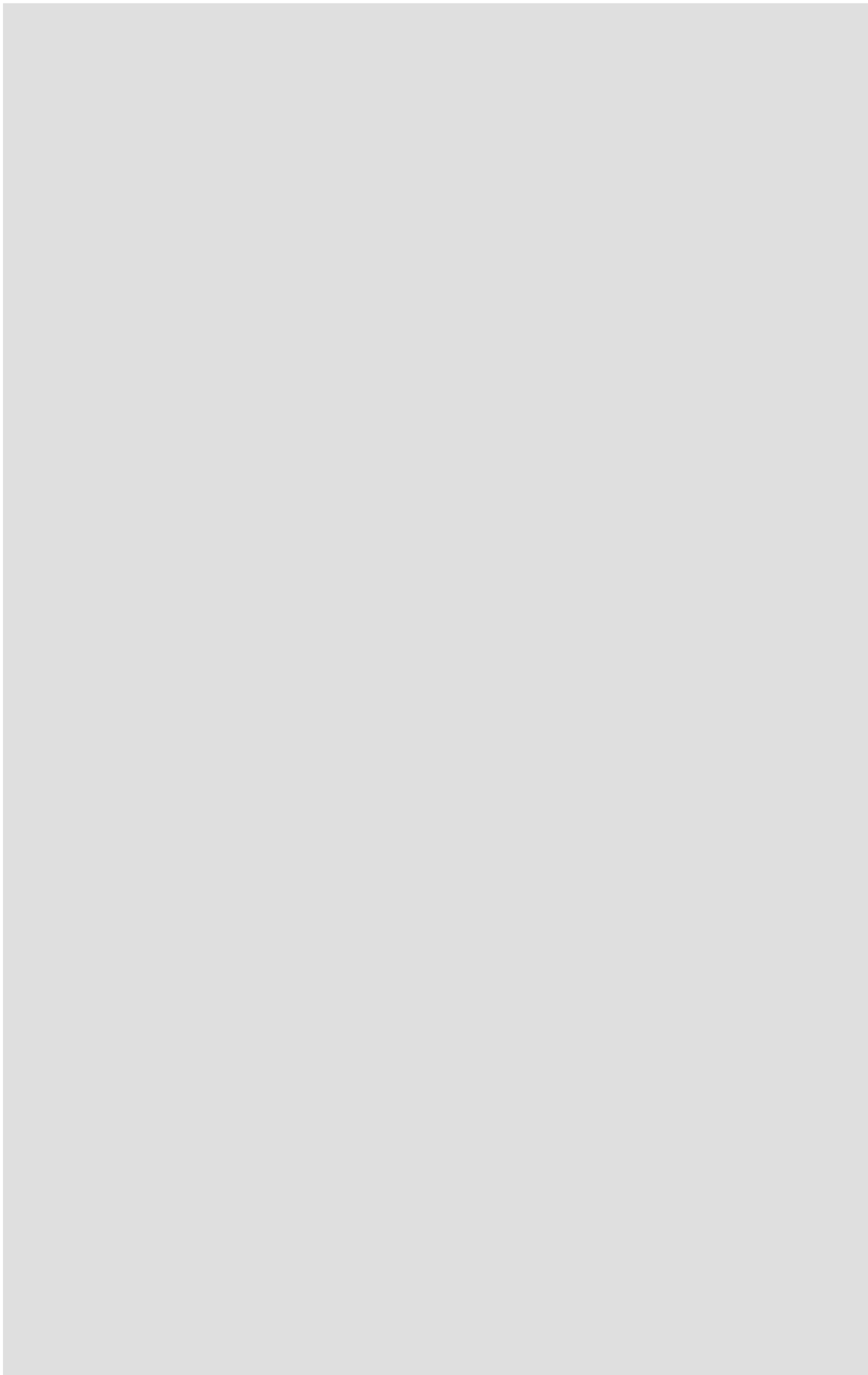


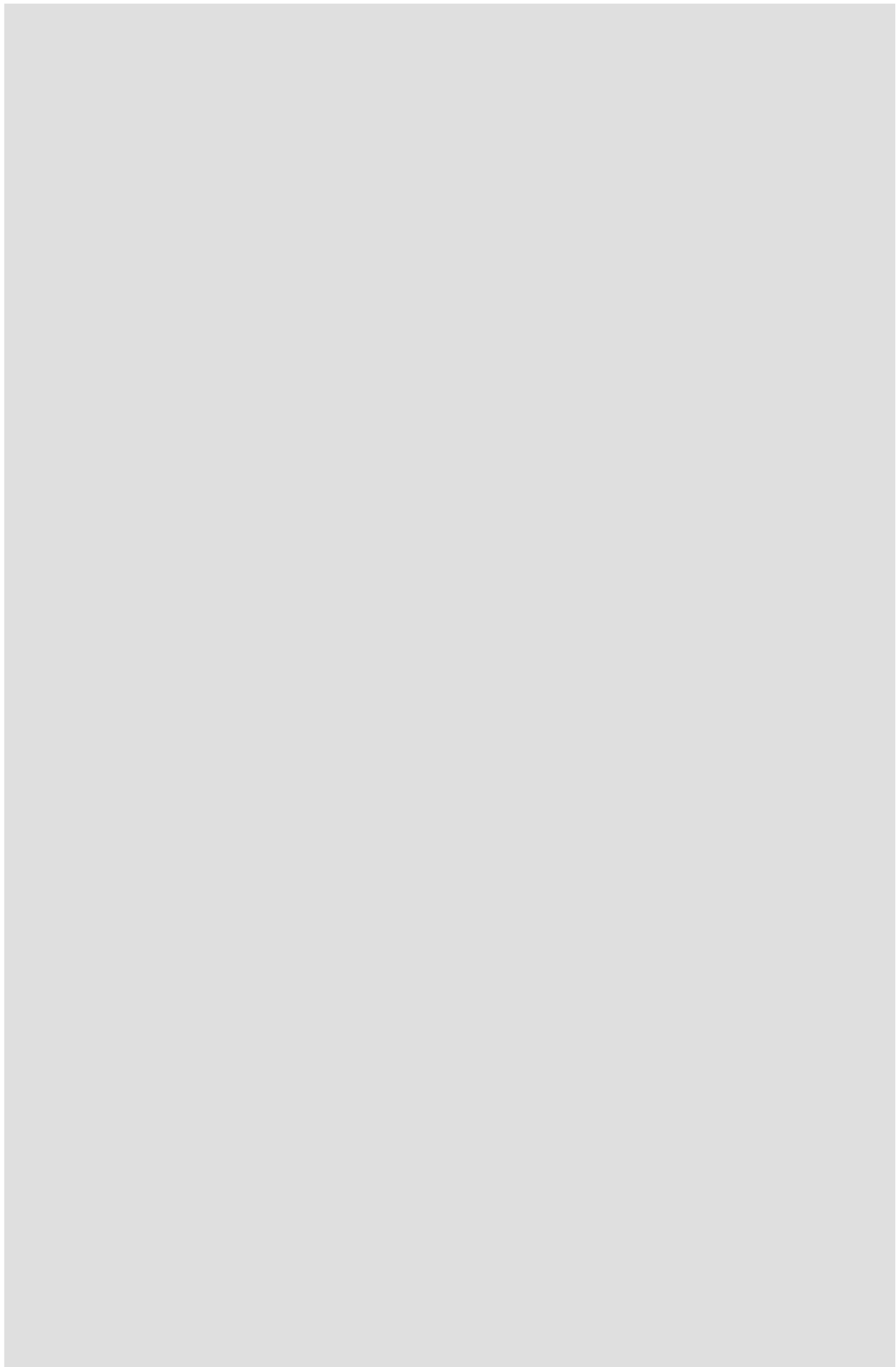


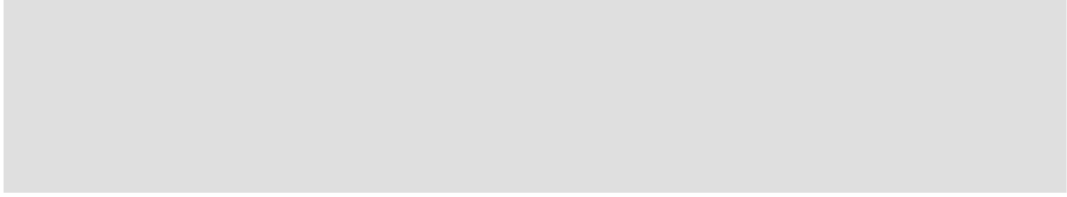












Report: Transitional Care for Adolescent Patients of the Barrett Adolescent Centre

Authors: Associate Professor Beth Kotzé and Ms Tania Skippen

Date:October 2014

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Authorisation

This report has been prepared in accordance with the Instrument of Appointment and Terms of Reference, both dated 14th August 2014 and both authorised by Mr Ian Maynard, Director-General Queensland Health, and revised 28th August 2014.

Scope and Purpose

To provide expert clinical review and a report under section 199 of the Hospital and Health Boards Act 2011 (HHBA) for the Director-General, Queensland Health in line with the Terms of Reference.

The functions of the health service investigators were to:

- 1.1 Investigate the following matters relating to the management, administration and delivery of public sector health services:
 - 1.1.1 Asses the governance model put in place within Queensland Health (including the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service) to manage and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
 - a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
 - 1.1.2 Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
 - 1.1.3 Advise if the healthcare transition plans developed for individual patients by the transitions team were appropriate and took into consideration patient care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
 - 1.1.4 Based on the information available to clinicians and staff between 6 August 2013 and closure of BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for patients [REDACTED] should be undertaken.
- 2.1 Make findings and recommendations in a report under section 199 of the HHBA in relation to:

2.1.1 The ways in which the management, administration or delivery of public sector health services, with particular regards to the matters identified in paragraph 1 above, can be maintained and improved: and

2.1.2 Any other matter identified during the course of the investigation.

Process

1. Extensive documentation was made available to the investigators; refer Index of Documentation (Appendix A), including patient files, policies and miscellaneous.
2. Written statement, Dr Anne Brennan, 13/10/14 (Appendix B).
3. Additional email communication Dr Trevor Sadler 21/10/14 and 22/10/14 (Appendix C).
4. Interviews were conducted face to face over 2 days being 13th and 14th October 2014 (Appendix D: Schedule).

Context

- On 6th August 2013 Minister for Health, Mr Lawrence Springborg announced the closure of the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service (WMHHS)¹. A planning process to develop new service options for the population of the State was announced under the governance of Children's Health Queensland (CHQ)². A governance process to manage the transition of current individual patients of BAC was developed.
- The concentrated and focussed process for managing the transition of individual patients from the care of BAC to alternative options commenced in September 2013³ with the expectation that the service would close in January 2014.
- The process of managing the transition of individual patients was centred on individualized and comprehensive needs assessment (including mental health, health, educational/vocational, and housing/accommodation needs) and care planning, extensive investigation to identify available and suitable services to provide coordinated care in community settings, iterative planning and collaboration with consumers and families and carers.
- The clinically driven process was supported by a formal governance structure comprising:
 - Clinical Care Transitional Panel:

¹ Refer: letter dated 24th August 2014 from Lesley Dwyer Health Service Chief Executive West Moreton Hospital and Health Service to Dr John Allan.

² This process was identified as out of scope by the investigators because it concerned strategic forward planning at the population level rather than care planning for the individual patients of BAC.

³ Refer interview with Dr Anne Brennan.

- Chaired by Dr Anne Brennan
- Key members: internal to BAC: multidisciplinary senior clinicians responsible for patient care and Acting Principal of the school.
- Reported to the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee and the West Moreton Management Committee.
- Met twice-weekly and on an ad hoc basis to focus on day to day patient care and planning for transition. An issues log was maintained and provided to the investigators by Dr Brennan.
- Agendas and minutes provided to investigators (Appendix A). No formal Terms of Reference available.
- The West Moreton Management Committee⁴:
 - Chaired by A/Director of Strategy
 - Key members: range of senior clinician and management representatives from the health service, representative from CHQ and MHAOD Branch.
 - Reported to the Chief Executive WMHHS and Chief Executive and Department of Health Oversight Committee.
 - Met weekly from September 2013 until January 2014.
- Chief Executive and Department of Health Oversight Committee:
 - Key members: Deputy Director General Department Health, Health Service Chief Executives from key hospital and health services; Executive Director MHAOD Branch and other key representatives from CHQ.
- The clinically driven process was supported by additional and specific resourcing:
 - Project Officer appointed to support the Clinical Care Transitional Panel and the Barrett Adolescent Update Meeting.
 - Role to schedule agenda to ensure all patients reviewed in a timely way and record keeping.
- The closure of BAC was supported by a formal communication plan in effect from September 2013 to February 2014. This was managed by the Project Officer (above). The scope included families and carers, community, staff of BAC, hospital/health services, industrial organisations etc.

⁴ This meeting appears to have had an alternative meeting name: Barrett Adolescent Update Meeting.

- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.
- The published literature regarding transitional care for adolescents provides guidance and principles in relation to the planning and outcomes for this group:
 - Optimal transition may be defined as adequate transition planning, good information transfer between teams and continuity of care following transition.
 - Predictors of positive transition include individual factors such as severe mental illness and treatment and care issues such as medication and inpatient care.
 - Neurodevelopmental disorders, personality disorders, complex needs and emotional/neurotic disorders can be associated with less favourable outcomes.
 - Other factors associated with poor outcomes include if the process is seen simply as an administrative event.
 - It is better to undertake transitional care in the context of relative stability for the young person rather than crisis.
 - Transition preparation requires an adequate period of planning and preparing the young person and carer(s) for transition. The planning needs to take into account broad health and developmental transitions recognising the young person's developing maturity and changing health-seeking behaviours.
 - Models for collaboration that support transition include: shared care/joint working across services and liaison models.
 - Barriers to transitional care include: lack of alignment between referral thresholds and criteria between Child and Youth Mental Health Services (CYMHS) and Adult Mental Health Services.
- The Queensland Health Procedure Document 201000447, *Inter-district Transfer of Mental Health Consumers within South Queensland Service Districts*, effective 8/11/10 and active at the time of the closure of BAC, provides guidance in relation to transitional care, notably including: the roles and responsibilities of transferring and receiving services; and consideration of potential shared care arrangements.
- Noting that transition is a process in which the communication and negotiations between the referring and receiving services are critical, this investigation was limited to review of the available documentation and interviews with key clinicians formerly from BAC. Staff of receiving services were not interviewed and limited documentation was available from these services. Education staff were also not interviewed.

Findings

- The process of transitional planning occurred in an atmosphere of crisis consequent to the announcement of the closure and the standing-down of the senior leader of the service in the context of an unrelated matter, with escalation of distress in a number of the adolescents and staff of BAC. [REDACTED]
[REDACTED] incidents on the unit. However whilst the general atmosphere of crisis contributed to the complexity of the situation, it does not appear to have detrimentally affected the process of transitional care planning for the patients.
- Transitional care planning was led by a small multidisciplinary team of clinicians headed by the Acting Clinical Director BAC. Their task was enormous as they were required to review and supervise current care plans, manage incidents and crises, seek out information about service options that many times was not readily available, negotiate referrals, coordinate with the education staff and manage communication with patients and their families/carers. The team was dedicated to these tasks, with the day to day supervision of the young people undertaken by the Care Coordinators.
- In relation to the patient cohort, it is noted:
 - The young people were a very complex group with various combinations of developmental trauma, major psychiatric disorder and multiple comorbidities, high and fluctuating risk to self, major and pervasive functional disability, unstable accommodation options, learning disabilities, barriers to education and training, drug and alcohol misuse. In short, this was a cohort in the main characterized by high, complex and enduring clinical and support needs.
 - Organizing transitional care for such a complex group would have been a very significant challenge even under ideal conditions. Each very complex young person required highly individualized care assessment and planning. These are not the kind of individuals who readily 'fit' with service systems because of the scope and intensity of their needs. The model of care in existence at BAC had promoted prolonged inpatient care and the forthcoming closure required the rapid development of care pathways to community care.
 - The BAC team undertook an exhaustive and meticulous process of clinical review and care planning with each individual young person's best interests at the core of the process.
- The process of communication and negotiation between the clinical team and the young person and their family/carers was careful, respectful, timely and maintained. As would be expected during a time of heightened emotions and anxiety about the future, there appears to have been some misunderstandings at times along the way but these appear to have been in each case dealt with promptly

and appropriately. The misunderstandings arose, for example, in circumstances of unopened emails by parents/carers or unexpected emerging clinical need requiring immediate action by the BAC clinical team, with communication following as time permitted. There is evidence of parent information sessions, letters to parents, individual email responses to parents and phone calls to support timely communication. Fact Sheets, FAQ sheets and the Executive Review Committee recommendations were also provided to parents/carers and made publicly available on the WMHHS website.

- The transition plans, without exception, were thorough and comprehensive. In some instances it was not possible to identify a variety of options for each care domain for each client, but in each case at least 1 reasonable option was able to be identified matched to a particular care domain. At times there was considerable delay in settling on the final option – but this reflected the considerable work involved in identifying a range of suitable options and working through processes of negotiation with receiving agencies.
- In a number of instances the young people had psychiatric disorders that on their own did not cross the threshold to service in the community mental health system. It is noteworthy that there were examples of successful negotiations that led to services accepting the referrals by exception. The investigators did not find any example where it was not possible to organize a reasonable system of care for an individual.
- The inevitable challenges arose during this process, such as the changes in established long-term relationships between the clinicians of BAC and the young people; the differences between the culture and approach to care provided in services provided for adolescents and the culture and approach to care in adult services and the impact of the young person's developmental stage and maturity on their health-seeking attitudes and behaviors; and, adolescent's resistance to transfer from a service where they felt safe and 'connected' in a relatively closed environment to a community system of care and, in the case of transfer to an adult system, the different expectations of their maturity and health-seeking behaviour and the different expectations of involvement of their family.
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across the agencies. These activities would be considered best-practice in transitional care and in the main appear to have been implemented. The investigators note however, [REDACTED]

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- The investigators make a general mental health system recommendation. Transitional mental health care for young people is internationally recognized as a complex and often difficult process and poor outcomes such as disengagement from care are well-documented. The BAC process demonstrates positive learnings in relation to good quality transitional planning. It is recommended that these learnings be considered for distillation into the development of a state policy (or review of the current transfer policy) that supports mental health transition for vulnerable young people.

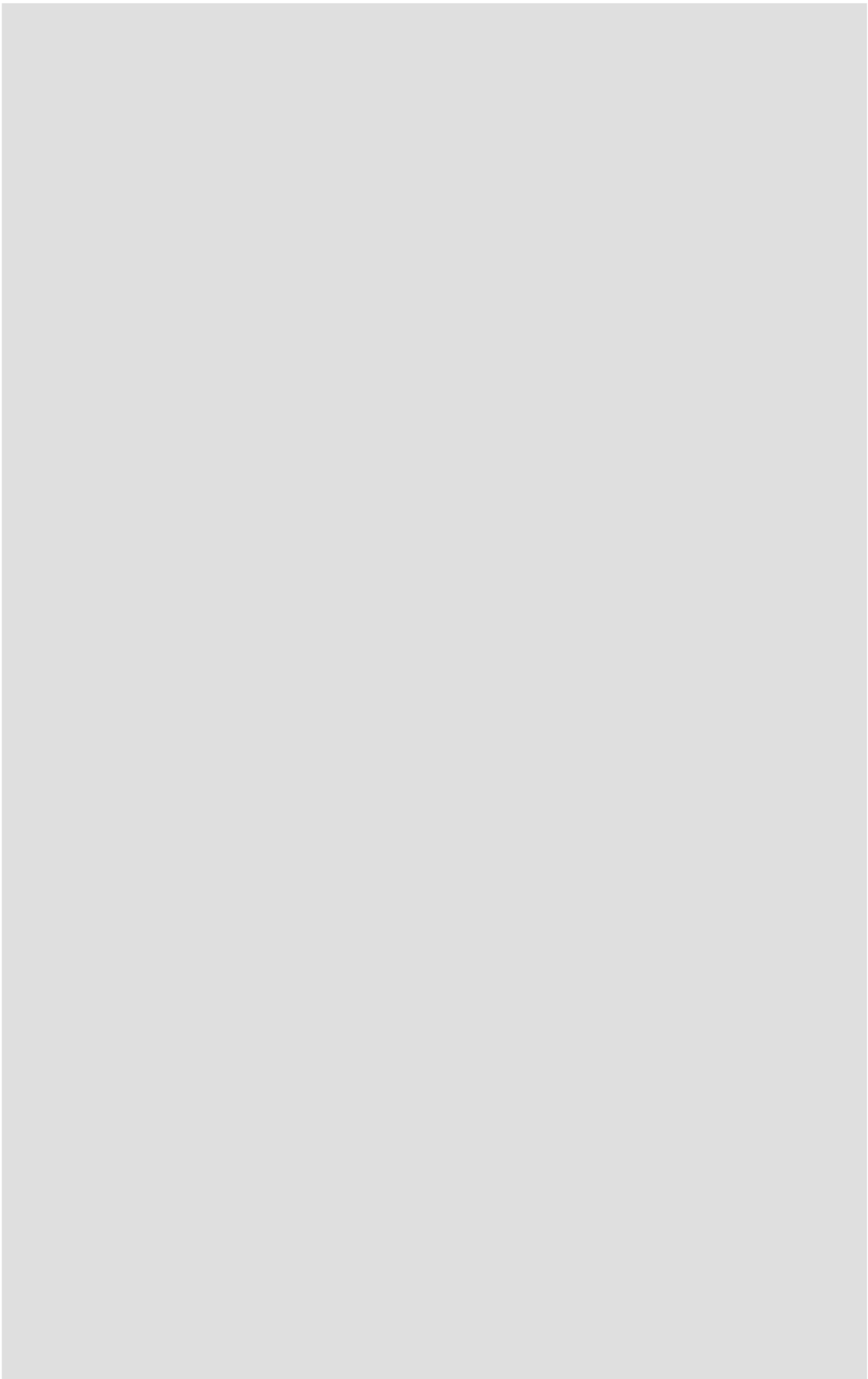
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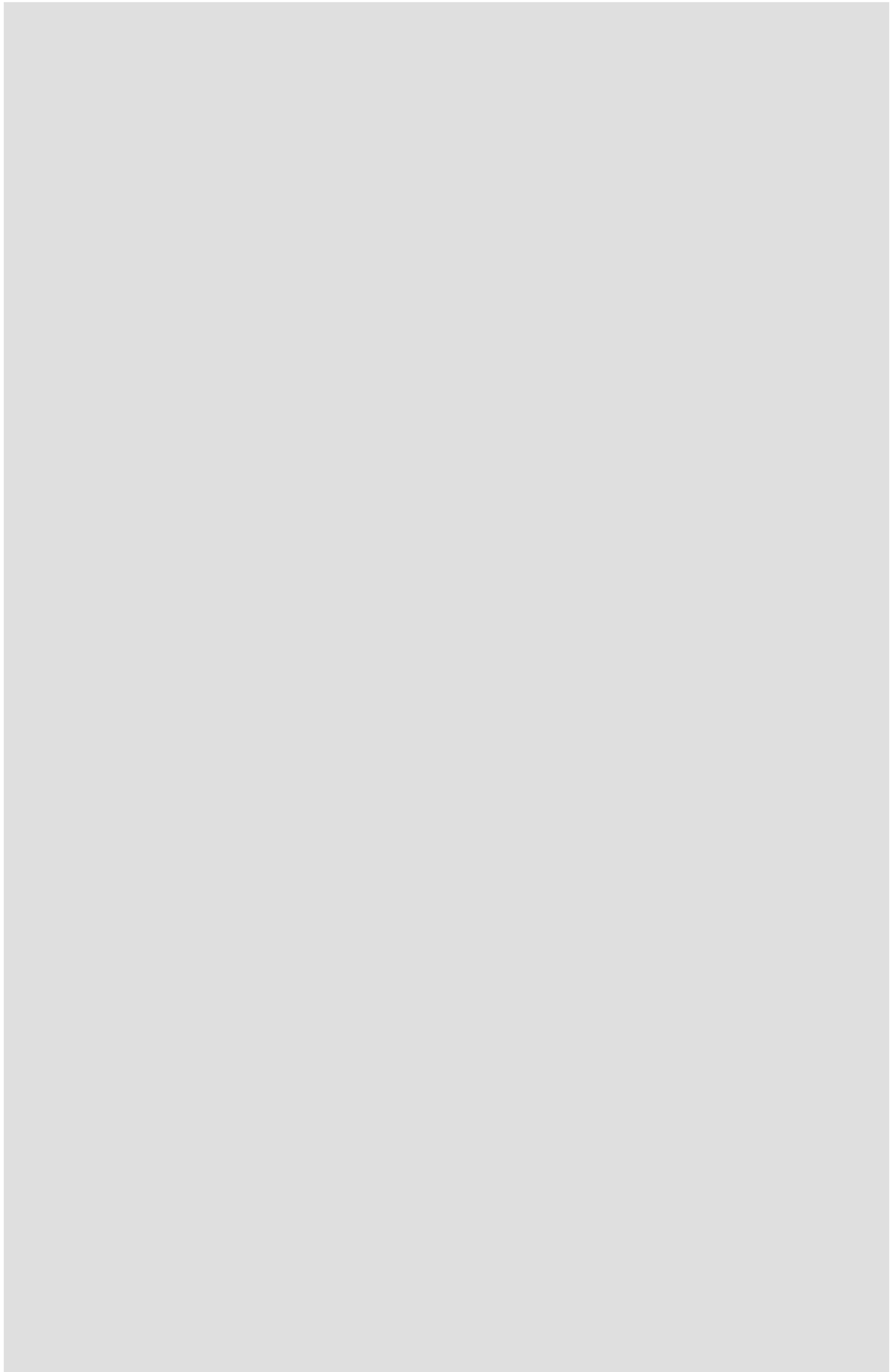
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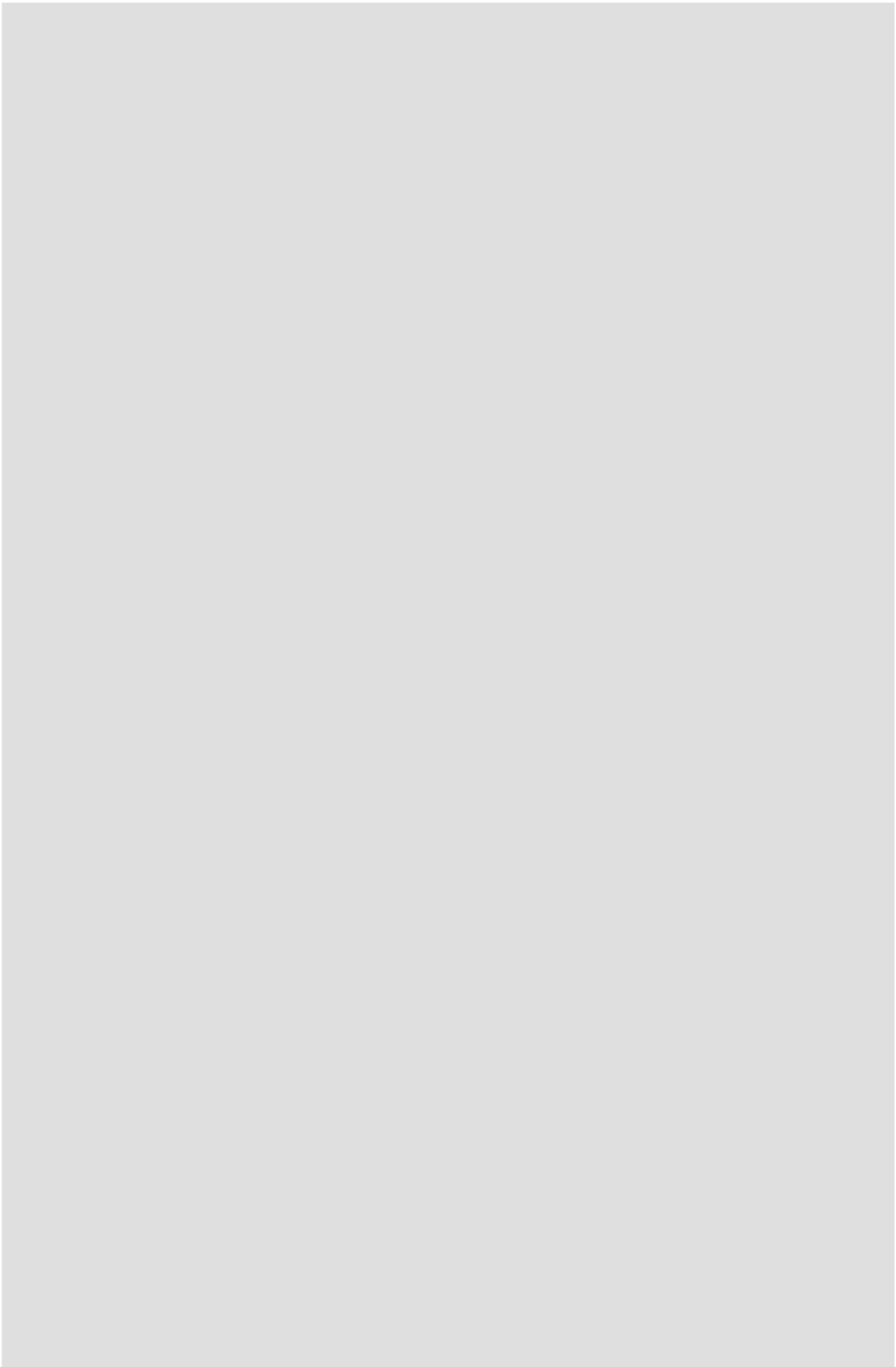
Table 1: Transition planning evidence

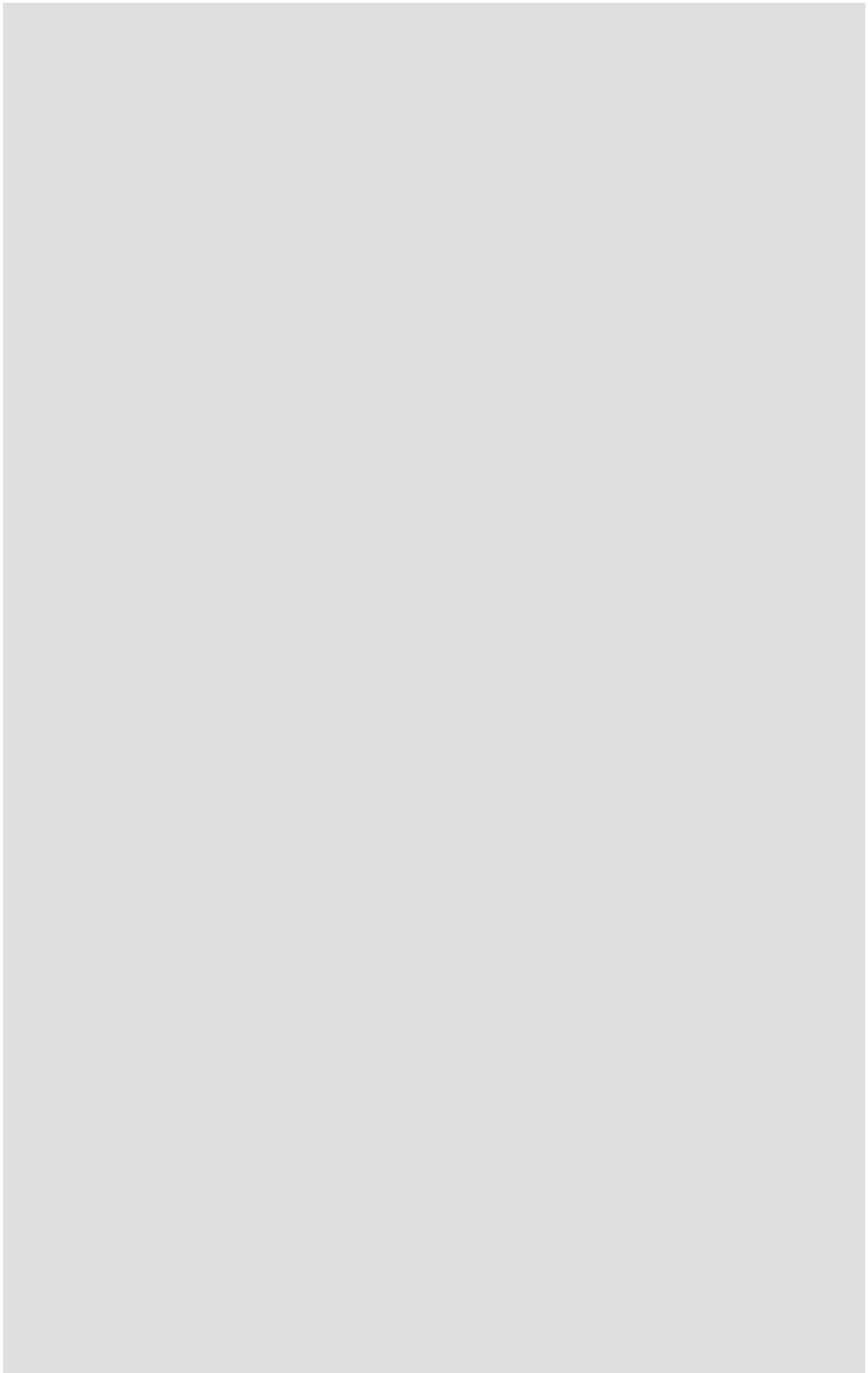
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Length of stay of client was considered	✓	✓	✓	✓	✓	✓
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Additional supports sourced eg: housing and disability supports						

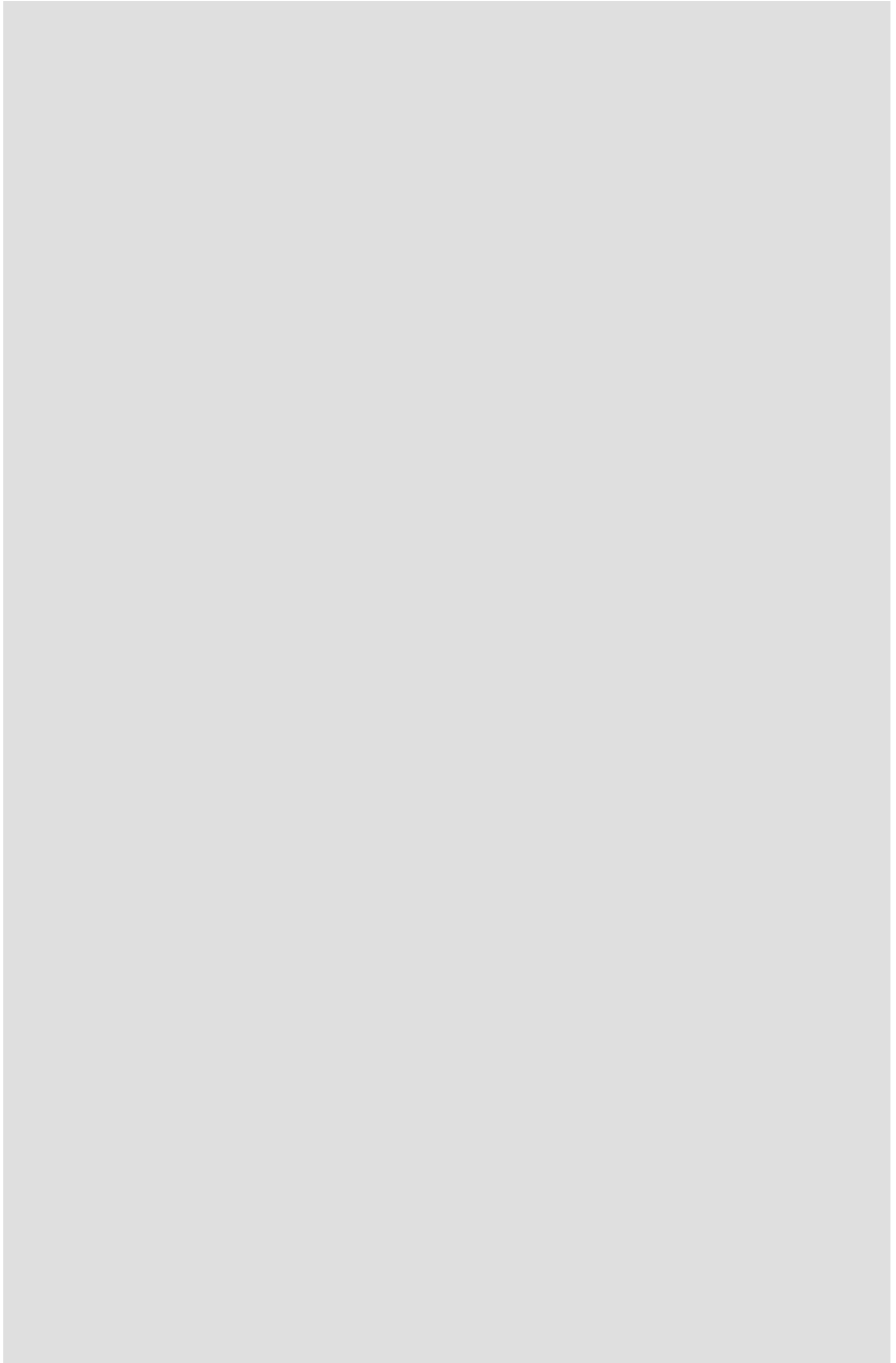
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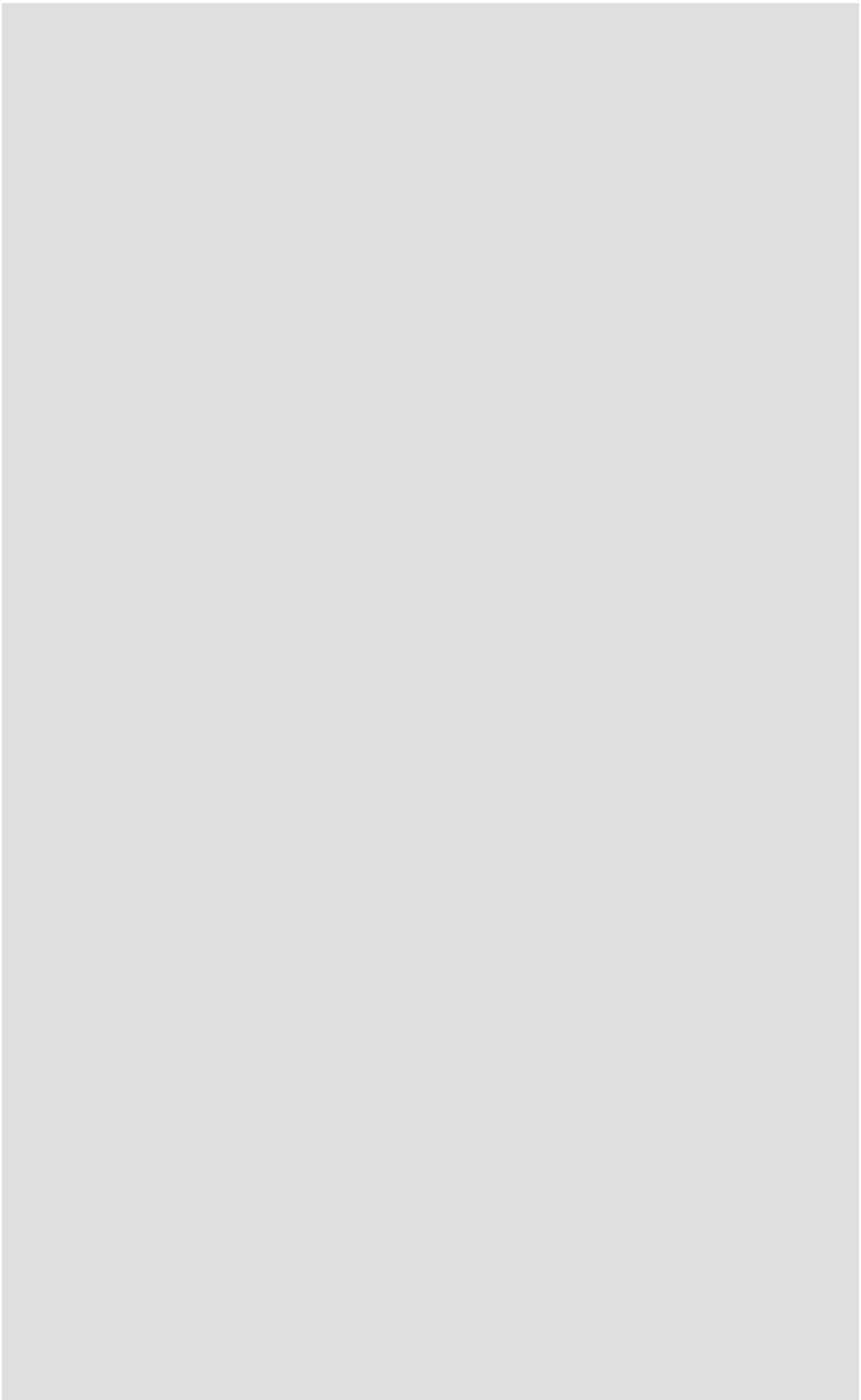


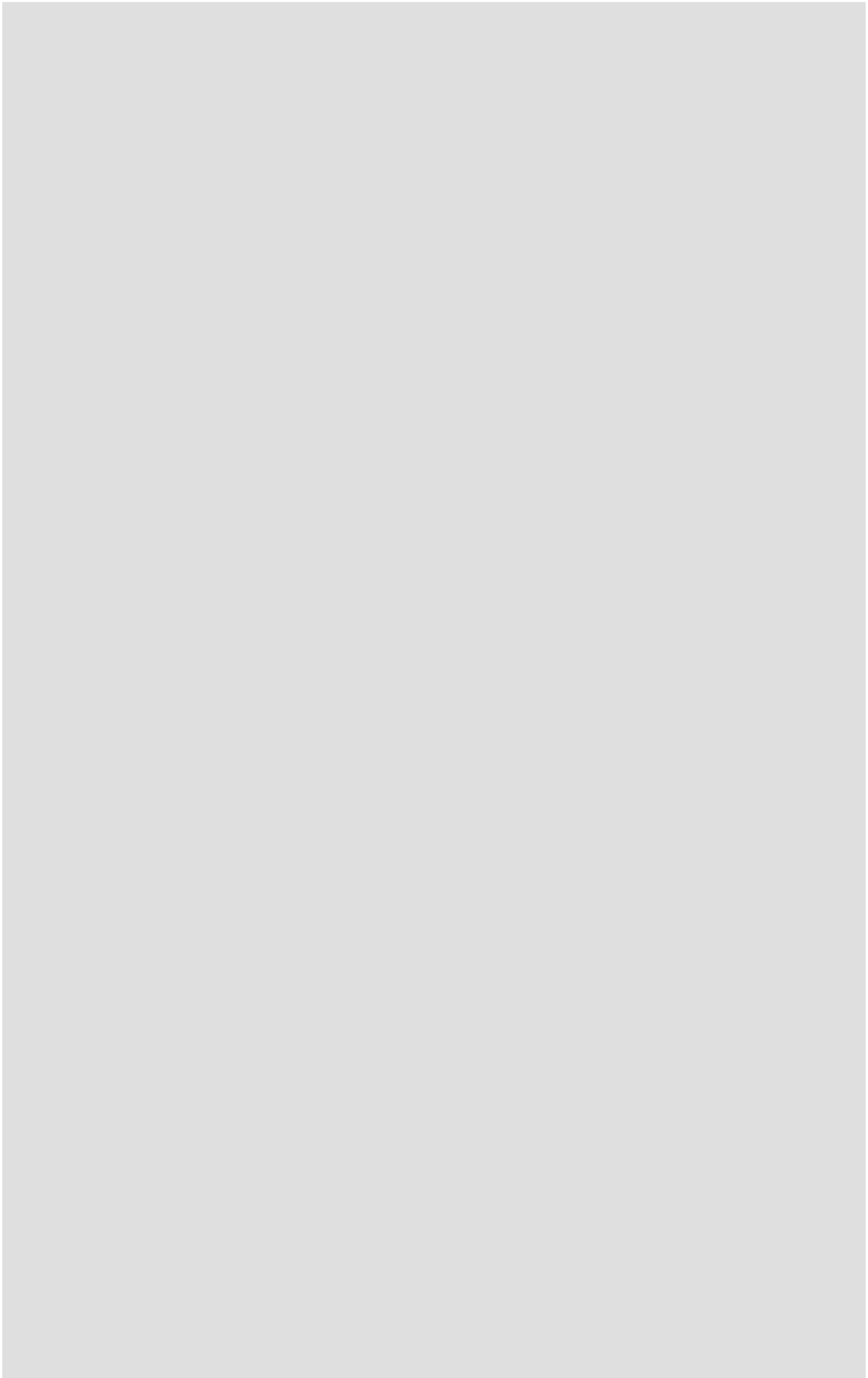


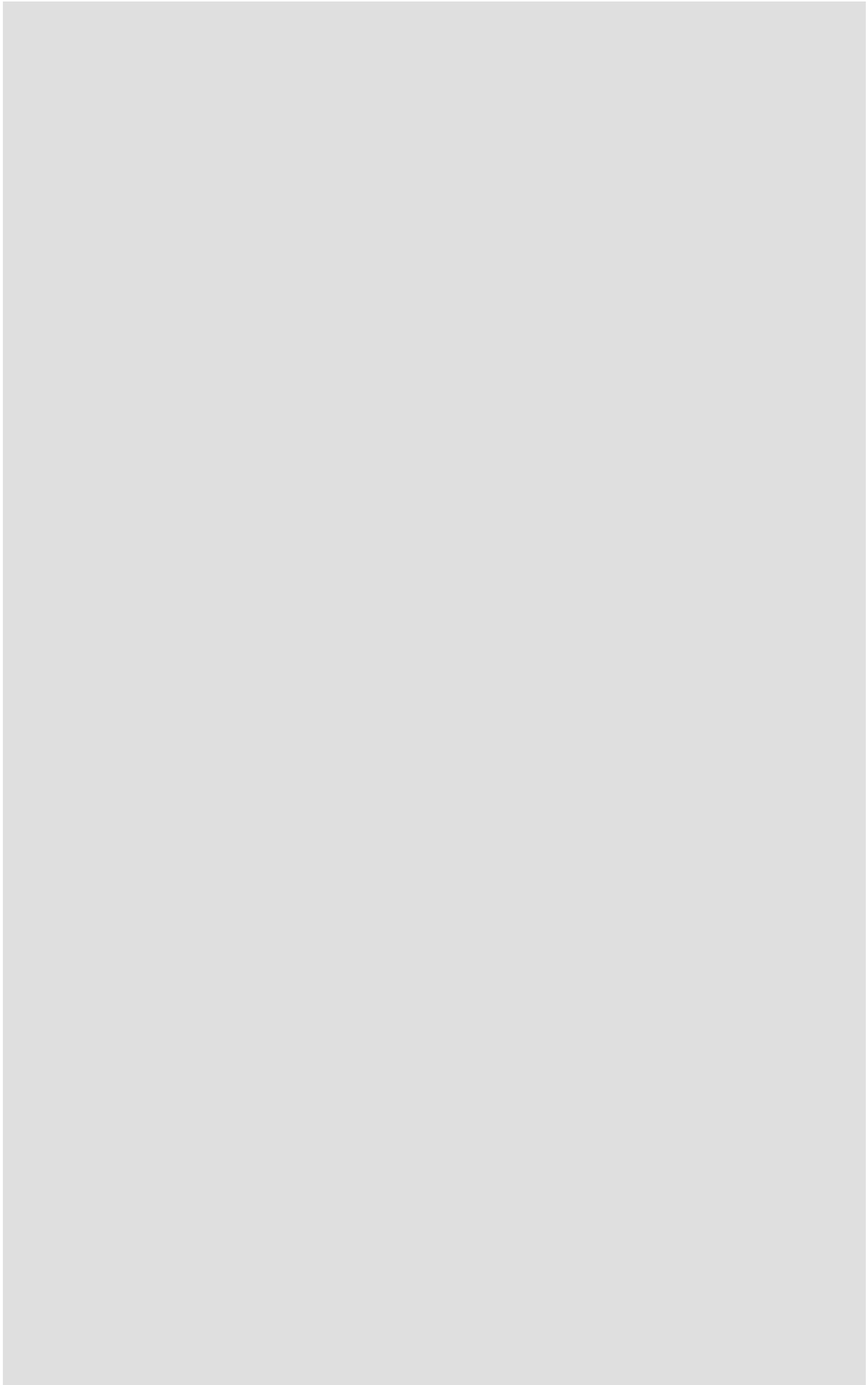


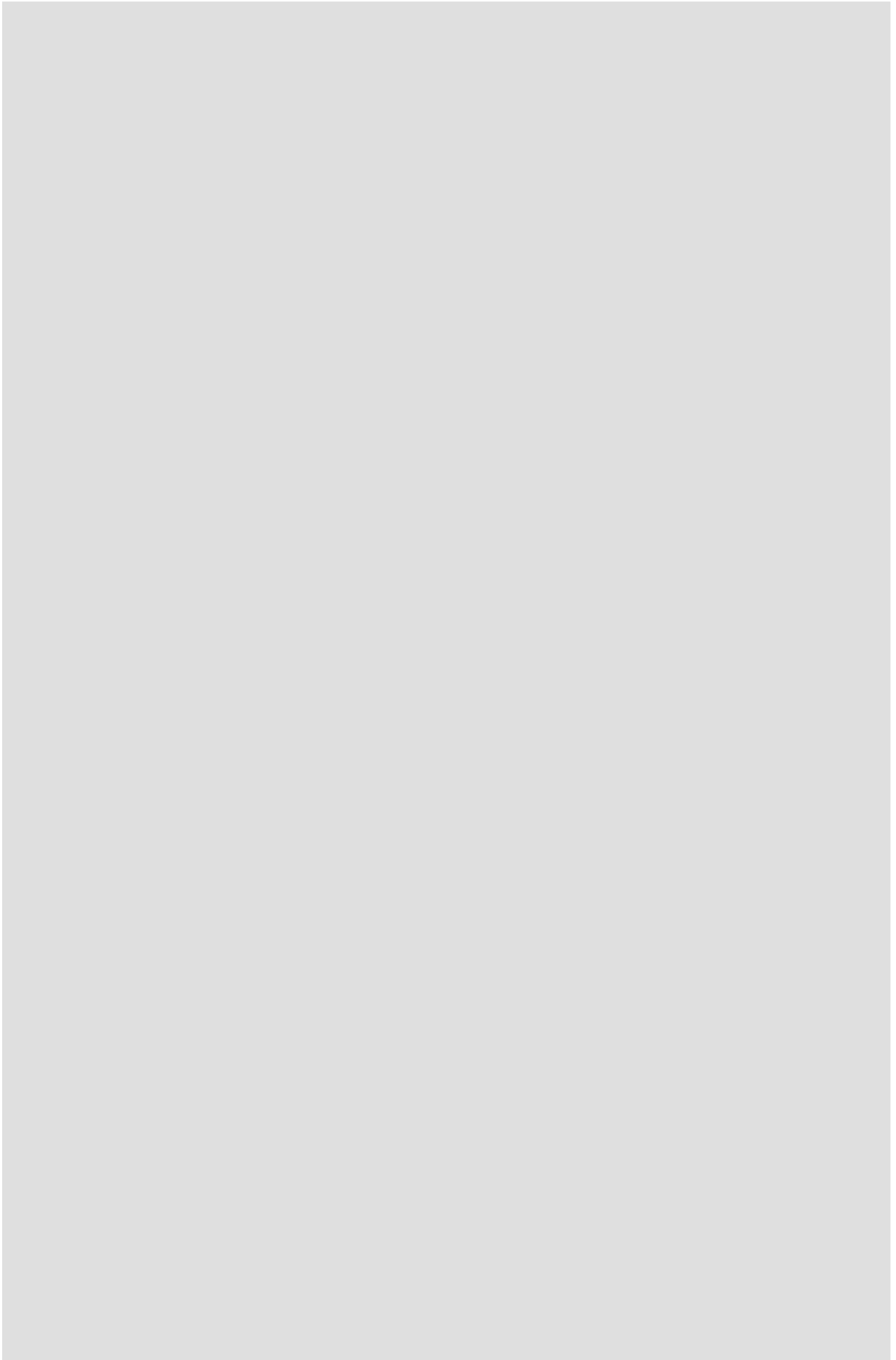


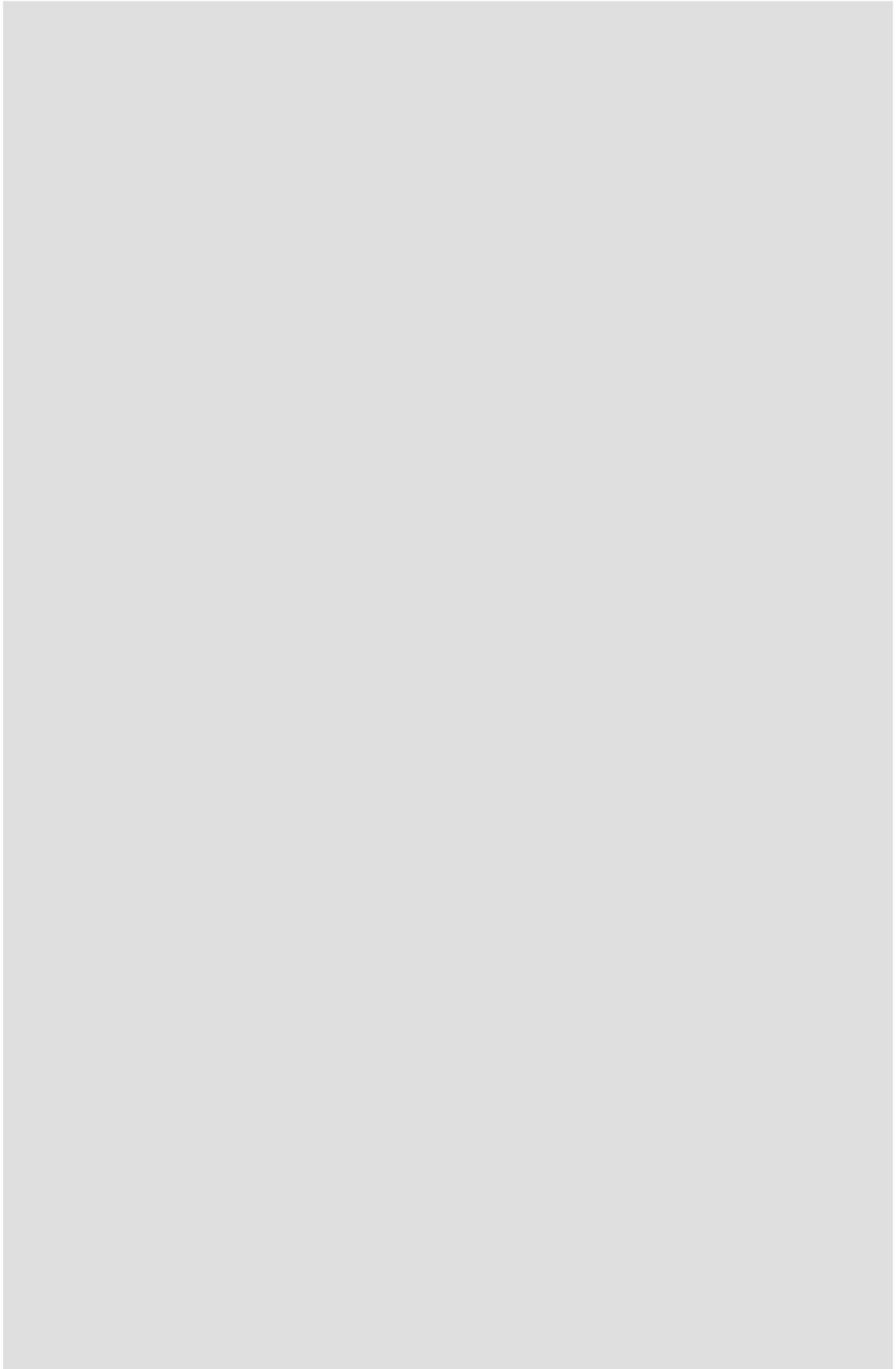


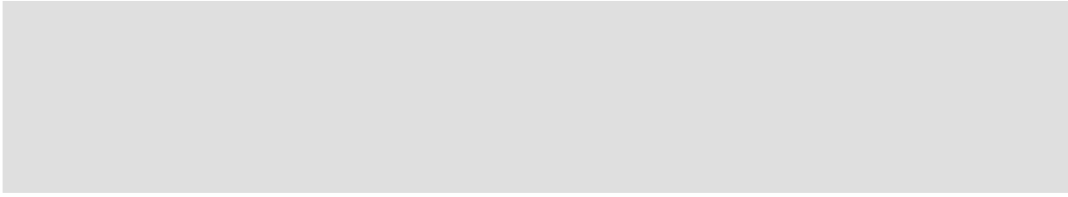












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Introduction

This report has been completed by the health service investigators¹ under section 199 of the Hospital and Health Boards Act 2011 (HHBA) for the Director-General, Queensland Health in line with the Terms of Reference and appointment to investigate and report on matters relating to the management, administration or delivery of statewide public sector health services in Queensland Health (Appendix A).

Purpose

The purpose of the health service investigation was to:

- Note that a policy decision was made by Queensland Health in 2013 (and communicated by the Minister on 6 August 2013) to close the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service in January 2014 and move the mental health care for its adolescent patients from being institutionally-based in a stand-alone mental health facility to being community-based.
- Investigate and report on the statewide transition and healthcare planning measure undertaken by the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service in Queensland, in relation to the then current inpatients and day patients of the BAC.
- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.

Scope of the investigation

The functions of the health service investigators were to:

- 1.1 Investigate the following matters relating to the management, administration and delivery of public sector health services:
 - 1.1.1 Asses the governance model put in place within Queensland Health (including the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service) to manage and oversight the

¹ Associate Professor Beth Kotze, Acting Associated Director, Health System Management, Mental Health and Drug & Alcohol Office, NSW Ministry of Health; Ms Tania Skippen, Associate Director, MH-Children and Young People, Mental Health and Drug & Alcohol Office, NSW Ministry of Health; and Ms Kristi Geddes, Senior Associate, Minter Ellison Lawyers.

healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;

- a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;

1.1.2 Advise if the healthcare transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;

1.1.3 Advise if the healthcare transition plans developed for individual patients by the transitions team were appropriate and took into consideration patients care, patient support, patient safety, service quality, and advise if these healthcare transition plans were appropriate to support the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;

1.1.4 Based on the information available to clinicians and staff between 6 August 2013 and closure of BAC in January 2014, advise if the individual healthcare transition plans for the then current inpatients and day patients of the BAC were appropriate. A detailed review of the healthcare transition plans for patients [REDACTED] should be undertaken.

2.1 Make findings and recommendations in a report under section 199 of the HHBA in relation to:

- 2.1.1 The ways in which the management, administration or delivery of public sector health services, with particular regards to the matters identified in paragraph 1 above, can be maintained and improved: and
- 2.1.2 Any other matter identified during the course of the investigation.

Conduct of the investigation

Kristi to add – records, interviews and process. Appendix B.

Interviews

Documents reviewed

The following documents related to the governance model put in place to manage and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014 were reviewed:

-

The following policies and procedures were provided by West Moreton Health Service District as relevant to consumer transition planning during the transition period August 2013 to January 2014:

- *Inter-district Transfer of Mental Health Consumers within South Queensland Health Service Districts (Version No. 1.0)*, by the Division of Mental Health, Darling Downs – West Moreton Health Service District.

Policy decision

Add details from WMHHHS CE notes on the policy decision.

Governance Model

What was the governance model?

Committees

Stakeholders

Implemented over what time period?

Similar best practice models??

Expert Clinical Review Report: Transitional Care for Adolescent Patients of the Barrett Adolescent Centre

Authors: Associate Professor Beth Kotze and Tania Skippen

Date:

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Authorisation

This report has been prepared in accordance with the Instrument of Appointment and Terms of Reference, both dated 14th August 2014 and both authorised by Mr Ian Maynard, Director-General Queensland Health, and revised 28th August 2014.

Scope and Purpose

To provide expert clinical review and a report under section 199 of the Hospital and Health Boards Act 2011 (HHBA) for the Director-General, Queensland Health in line with the Terms of Reference.

The functions of the health service investigators were to:

- 1.1 Investigate the following matters relating to the management, administration and delivery of public sector health services:
 - 1.1.1 Asses the governance model put in place within Queensland Health (including the Department of Health and West Moreton, Metro South and Children's Health Queensland Hospital and Health Services and any other relevant Hospital and Health Service) to manage and oversight the healthcare transition plans for the then current inpatients and day patients of the BAC post 6 August 2013 until its closure in January 2014;
 - a) Advise if the governance model was appropriate given the nature and scope of the work required for the successful transition of the then patients to a community based model;
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- 2.1.1 The ways in which the management, administration or delivery of public sector health services, with particular regards to the matters identified in paragraph 1 above, can be maintained and improved: and
- 2.1.2 Any other matter identified during the course of the investigation.

Process

1. Extensive documentation was made available to the reviewers; refer Index of Documentation (Appendix A), including patient files, policies and miscellaneous.
2. Written statement was received from Dr Anne Brennan, 13/10/14.
3. Interviews were conducted face to face over 2 days being 13th and 14th October 2014.

Context

- On 6th August 2013 Minister for Health, Mr Lawrence Springborg announced the closure of the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service (WMHHS)¹. A planning process to develop new service options for the population of the State was announced under the governance of Children's Health Queensland (CHQ)². A governance process to manage the transition of current individual patients of BAC was developed.
- The concentrated and focussed process of managing the transition of individual patients from the care of BAC to alternative options commenced in September 2013³ with the expectation that the service would close in January 2014.
- The process of managing the transition of individual patients was centred on individualized and comprehensive needs assessment, including mental health, health, educational/vocational, housing/accommodation needs, and care planning, extensive investigation to identify available and suitable services to provide coordinated care in community settings, iterative planning and collaboration with consumers and families and carers.
- The clinically driven process was supported by a formal governance structure comprising:
 - Clinical Care Transitional Panel:
 - Chaired by Dr Anne Brennan

¹ Refer: letter dated 24th August 2014 from Lesley Dwyer Health Service Chief Executive West Moreton Hospital and Health Service to Dr John Allan.

² This process was identified as out of scope by the reviewers because it concerned strategic forward planning at the population level rather than care planning for the individual patients of BAC.

³ Refer interview with Dr Anne Brennan.

- Key members: internal to BAC: multidisciplinary senior clinicians responsible for patient care and Acting Principal of the school.
- Reported to the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee and the West Moreton Management Committee
- Met twice-weekly and on an ad hoc basis to focus on day to day patient care and planning for transition. An issues log was maintained and provided to the reviewers by Dr Brennan.
- Agendas and minutes provided to reviewers (Appendix A). No formal Terms of Reference available.
- The West Moreton Management Committee⁴:
 - Chaired by A/Director of Strategy
 - Key members: range of senior clinician and management representatives from the health service, representative from CHQ and MHAOD Branch.
 - Reported to the Chief Executive WMHHS and Chief Executive and Department of Health Oversight Committee.
 - Met weekly from September 2013 until January 2014.
 - Paperwork.....
- Chief Executive and Department of Health Oversight Committee:
 - Chaired by...
 - Key members: Deputy Director General Department Health, Health Service Chief Executives from key hospital and health services; Executive Director MHAOD Branch and other key representatives from CHQ.
- The clinically driven process was supported by additional and specific resourcing:
 - Project Officer appointed to support the Clinical Care Transitional Panel and the Barrett Adolescent Update Meeting.
 - Appointed
 - Role to schedule agenda to ensure all patients reviewed in a timely way and record keeping.
- The closure of BAC was supported by a formal communication plan in effect from September 2013 to February 2014. This was managed by the Project Officer

⁴ This meeting appears to have had an alternative meeting name: Barrett Adolescent Update Meeting.

(above). The scope included families and carers, community, staff of BAC, hospital/health services, industrial organisations etc.

- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.
- The published literature (Appendix B) regarding transitional care for adolescents provides guidance and principles in relation to the planning and outcomes required for this group:
 - Optimal transition may be defined as adequate transition planning, good information transfer between teams and continuity of care following transition.
 - Predictors of positive transition include individual factors such as severe mental illness and treatment and care issues such as medication and inpatient care.
 - Neurodevelopmental disorders, personality disorders, complex needs and emotional/neurotic disorders can be associated with less favourable outcomes.
 - Other factors associated with poor outcomes include if the process is seen simply as an administrative event.
 - It is better to undertake transitional care in the context of relative stability for the young person rather than crisis.
 - Transition preparation requires adequate period of planning and preparing the young person and carer for transition. The planning needs to take into account broad health and developmental transitions recognising the young person's developing maturity and changing health-seeking behaviours.
 - Models for collaboration that support transition include: shared care/joint working across services and liaison models.
 - Barriers to transitional care include: lack of alignment between referral thresholds and criteria between Child and Youth Mental Health Services (CYMHS) and Adult Mental Health Services.
- The Queensland Health Procedure Document 201000447, *Inter-district Transfer of Mental Health Consumers within South Queensland Service Districts*, effective 8/11/10 and active at the time of the closure of BAC, provides guidance in relation to transitional care, notably including: the roles and responsibilities of transferring and receiving services; and consideration of potential shared care arrangements.
- Noting that transition is a process in which the communication and negotiations between the referring and receiving services are critical, this investigation was limited to review of the available documentation and interviews with key clinicians formerly from BAC. Staff of receiving services were not interviewed and limited

documentation was available from these services. Education staff were also not interviewed.

Findings

- The process of transitional planning occurred in an atmosphere of crisis with escalation of distress in a number of the adolescents and staff of BAC. [REDACTED]
[REDACTED] However whilst this contributed to the complexity of the situation, it does not appear to have detrimentally affected the process of transitional care planning for the patients.
- Transitional care planning was led by a small multidisciplinary team of clinicians headed by the Acting Clinical Director BAC. Their task was enormous as they were required to review and supervise current care plans, manage incidents and crises, seek out information about service options that many times was not readily available, negotiate referrals, coordinate with the education staff and manage communication with patients and their families/carers. The team was dedicated to these tasks, with the day to day supervision of the young people undertaken by the Care Coordinators.
- In relation to the patient cohort, it is noted:
 - The young people were a very complex group with various combinations of developmental trauma, major psychiatric disorder and multiple comorbidities, high and fluctuating risk to self, major and pervasive functional disability, unstable accommodation options, learning disabilities, barriers to education and training, drug and alcohol misuse. In short, this was a cohort in the main characterized by high, complex and enduring clinical and support needs.
 - Organizing transitional care for such a complex group would have been a very significant challenge even under ideal conditions. Each very complex young person required highly individualized care assessment and planning. These are not the kind of individuals who readily 'fit' with service systems because of the scope and intensity of their needs. The model of care in existence at BAC had promoted prolonged inpatient care and the closure required the rapid development of care pathways to community care.
 - The BAC team undertook an exhaustive and meticulous process of clinical review and care planning with each individual young person's best interests at the core of the process.
- The process of communication and negotiation between the clinical team and the young person and their family/carers was careful, respectful, timely and maintained. As would be expected during a time of heightened emotions and anxiety about the future, there appears to have been some misunderstandings at

Commented [t 21]: I know we want to focus on the Transition Planning but do we also want to say what the atmosphere of crisis was related to? ie Adjustments required to news of service closure and standing down of Director?

times along the way but these appear to have been in each case dealt with promptly and appropriately. The misunderstandings arose, for example, in circumstances of unopened emails by parents/carers or unexpected emerging clinical need requiring immediate action by the BAC clinical team, with communication following as time permitted. There is evidence of parent information sessions, letters to parents, individual email responses to parents and phone calls to support timely communication. Fact Sheets, FAQ sheets and the Executive Review Committee recommendations were also provided to parents/carers and made publicly available on the WMHHS website.

- The transition plans, without exception, were thorough and comprehensive. In some instances it was not possible to identify a variety of options for each care domain for each client, but in each case at least 1 reasonable option was able to be identified matched to a particular care domain. At times there was considerable delay in settling on the final option – but this reflected the considerable work involved in identifying a range of suitable options and working through processes of negotiation with receiving agencies.
- In a number of instances the young people had disorders that did not cross the threshold to service in the community mental health system. It is noteworthy that there were examples of successful negotiations that led to services accepting the referrals by exception. For example, the reviewers did not find any example where it was not possible to organize a reasonable system of care for any individual.
- The inevitable challenges arose during this process, such as the changes in established long-term relationships between the clinicians of BAC and the young people; the differences between the culture and approach to care provided in services provided for adolescents and the culture and approach to care in adult services and the impact of the young person's developmental stage and maturity on their health-seeking attitudes and behaviors; and, adolescent's resistance to transfer from a service where they felt safe and 'connected' in a relatively closed environment to a community system of care and, in the case of transfer to an adult system, the different expectations of their maturity and health-seeking behaviour and the different expectations of involvement of their family.
- Whilst there was some drop-out from some aspects of the care organized, the reviewers did not identify any examples where a young person was completely lost to care, nor where a core component of care was completely missing. Where, for example, [redacted] did drop out of ongoing care with [redacted], it would appear that [redacted] did remain under the care of a case manager from [redacted] and there was also contact from [redacted] with a [redacted] from [redacted].
- There were numerous examples of the BAC staff working in a collaborative way with receiving agencies, as evidenced by the number of times young people were escorted to the other agencies, the detailed discussions in relation to risk management, maintaining contact post-transfer of care and joint working by staff

across the agencies. These activities would be considered best-practice in transitional care and in the main appear to have been implemented. The reviewers note however, that

- There were examples where brokerage funding was very necessary and secured from Health to facilitate a high quality transition.
- The investigators confirm that:
 - the health care transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;
 - the transition plans for individual patients were appropriate and took into consideration patient care, patient support, patient safety, and service quality.
- Further the investigators commend the work of the transition team for the quality and comprehensiveness of the plans and for their efforts that included 'going the extra mile' to secure the range of services required by the young people. Further, the remarkable effort in enabling this process within the relatively tight time-frame should also be considered an achievement.
- The investigators confirm that:
 - The governance model put in place within Queensland Health to manage the oversight of the health care transition plans was appropriate. The reviewers noted examples of good flow in communication about transitional processes across governance groups. The reviewers noted that some transitional planning documentation was incomplete/missing and there was a delay in the appointment of the Project Officer, however it is the view of the reviewers that these were minor issues and did not have a material impact on the transition of the patients.
- The investigators make a general mental health system recommendation. Transitional mental health care for young people is internationally recognized as a complex and often difficult process and poor outcomes such as disengagement from care are well-documented. The BAC process demonstrates positive learnings in relation to good quality transitional planning. It is recommended that these learnings be considered for distillation into the development of a state policy that supports mental health transition for vulnerable young people.

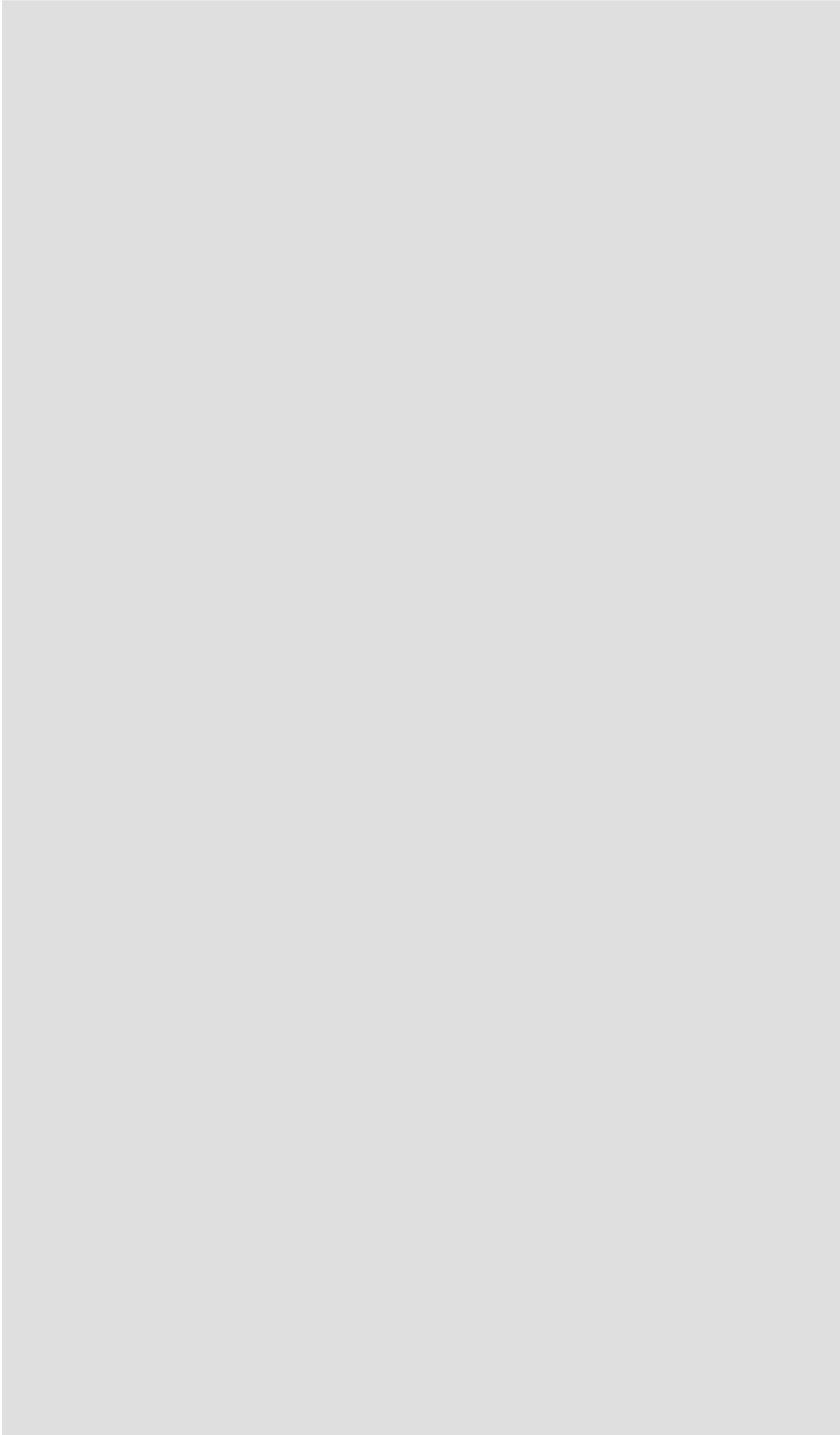
Client profiles and transition evidence summary

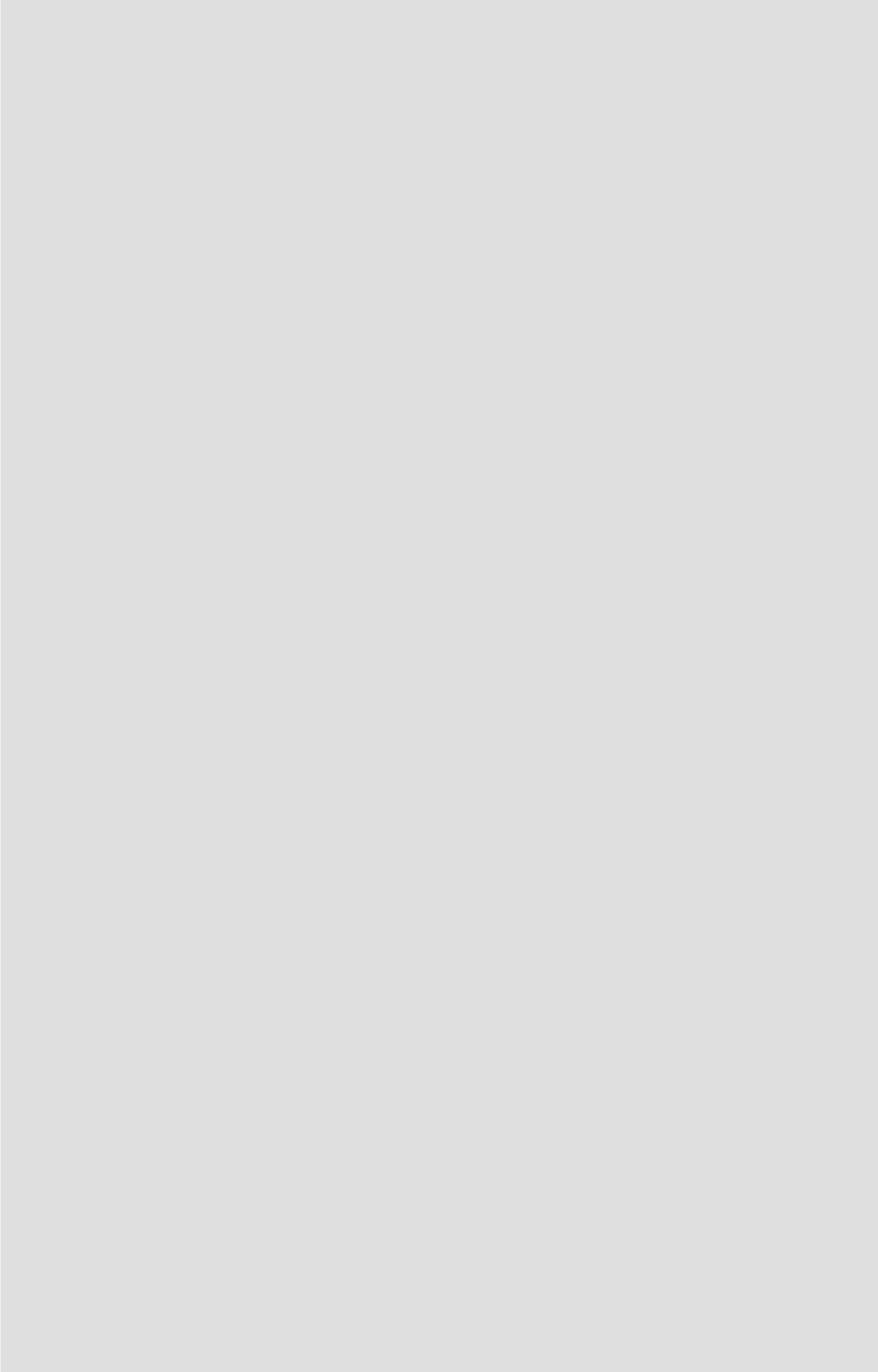
Transition documentation provided to the investigators was reviewed and the following information was also corroborated at interview by BAC staff.

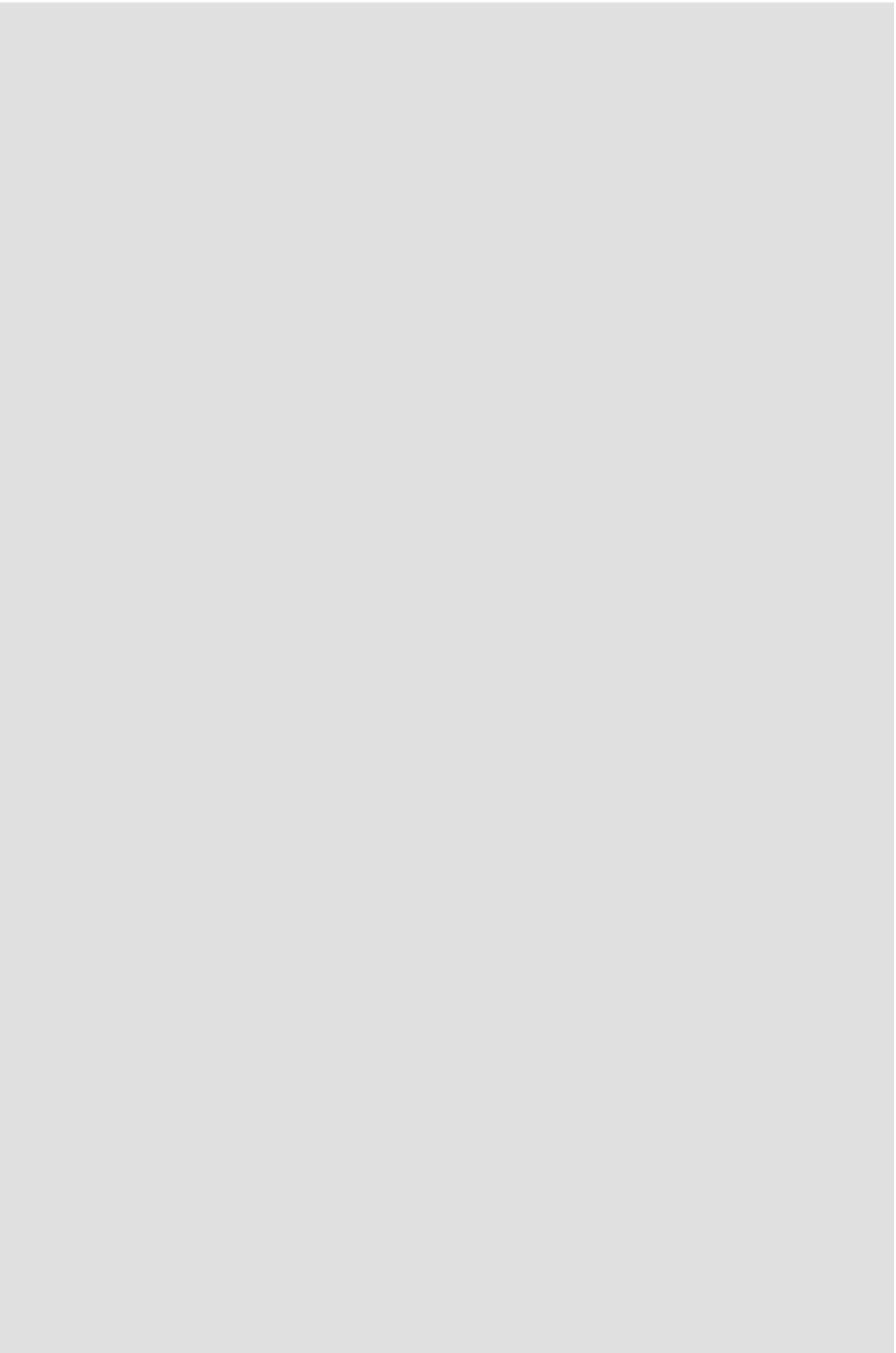
Table 1: Transition planning evidence

Transfer of Care Principles (Qld Health Procedure)*						
Completion and transfer of documentation including:						
MH Act status						
Referral forms (including MHA2000 docs) completed	N/A	✓	✓	N/A	N/A	✓
Transfer of ITO complete	✓	✓	✓	✓	✓	✓
Assessment including forensic History and Risk						
Assessment and management plan	✓	✓	✓	✓	✓	✓
Outcome Measures	✓	✓	✓	✓	✓	✓
Recovery Plan	✓	✓	✓	✓	✓	✓
End of episode/ Discharge summary	✓	✓	✓	✓	✓	✓
Documents forwarded 3 days prior	✓	✓	✓	✓ at time	✓ at time	✓
Documented appointments	✓	✓	✓	✓	✓	✓
Family/carers notified and/or consulted	✓	✓	✓	✓	✓	✓
Receiving PSP face to face contact within 7 days	N/A	✓	✓	N/A	N/A	✓
Receiving District/mental health service						
Transition planning reflects evidence of:						
Assessment of client future service needs	✓	✓	✓	✓	✓	✓
Direct consumer assessment and consultation	✓	✓	✓	✓	✓	✓
Review of consumer medical charts	✓	✓	✓	✓	✓	✓
Contact with referring agency and local mental health service	✓	✓	✓	✓	✓	✓
Clinical need and Risk taken into account	✓	✓	✓	✓	✓	✓
Length of stay of client was considered	✓	✓	✓	✓	✓	✓
Age of client was considered	✓	✓	✓	✓	✓	✓
Demographics were considered	✓	✓	✓	✓	✓	✓
Family engagement considered/ Contact was made with family	✓	✓	✓	✓	✓	✓
Additional considerations (unrelated to the Policy):						
Funding was sourced to provide comprehensive care						
Additional supports sourced eg: housing and disability supports						

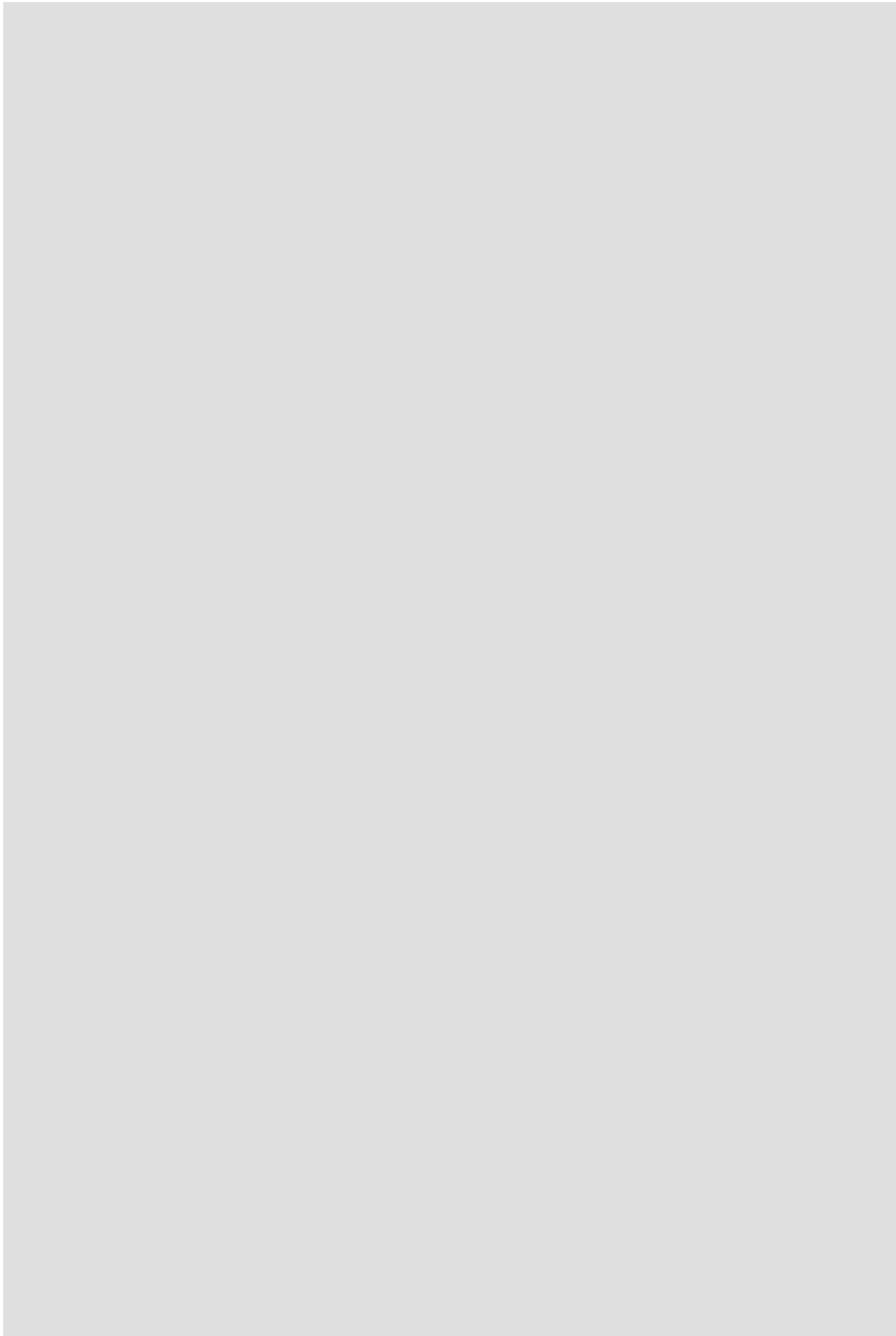
* Reference: *Inter-district Transfer of Mental Health Consumers within South Queensland Health Service Districts* (Version No. 1.0), by the Division of Mental Health, Darling Downs – West Moreton Health Service District.

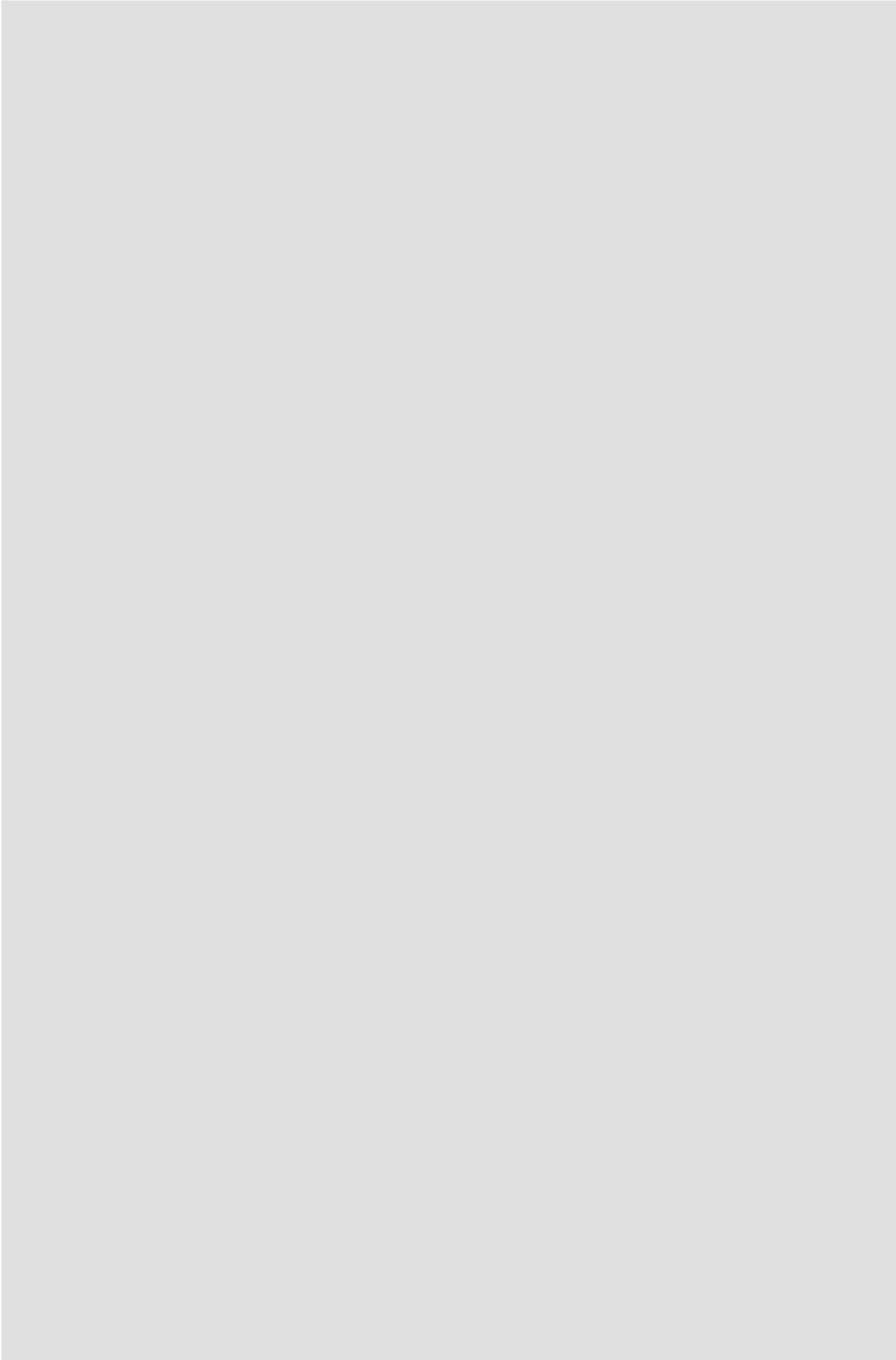


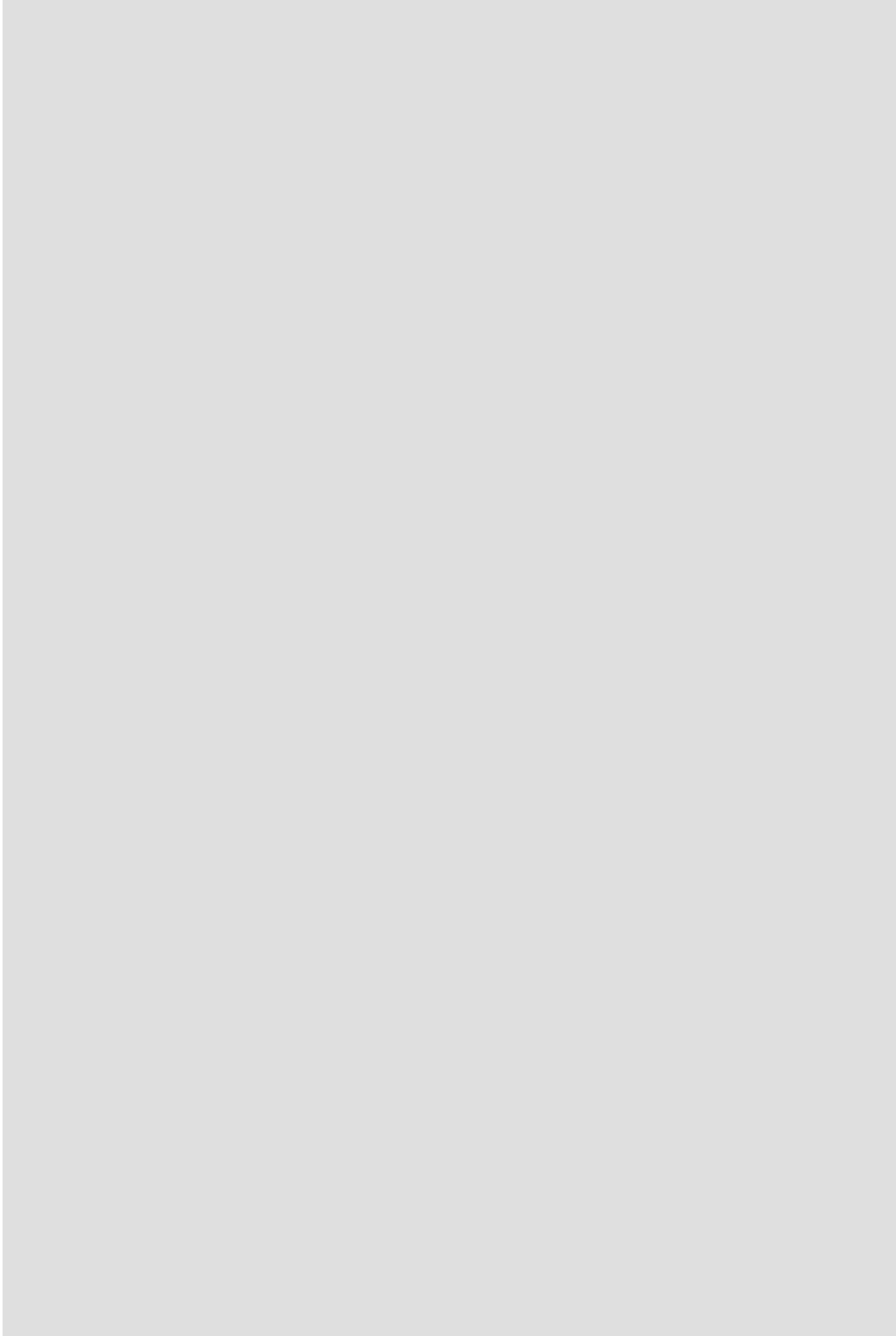


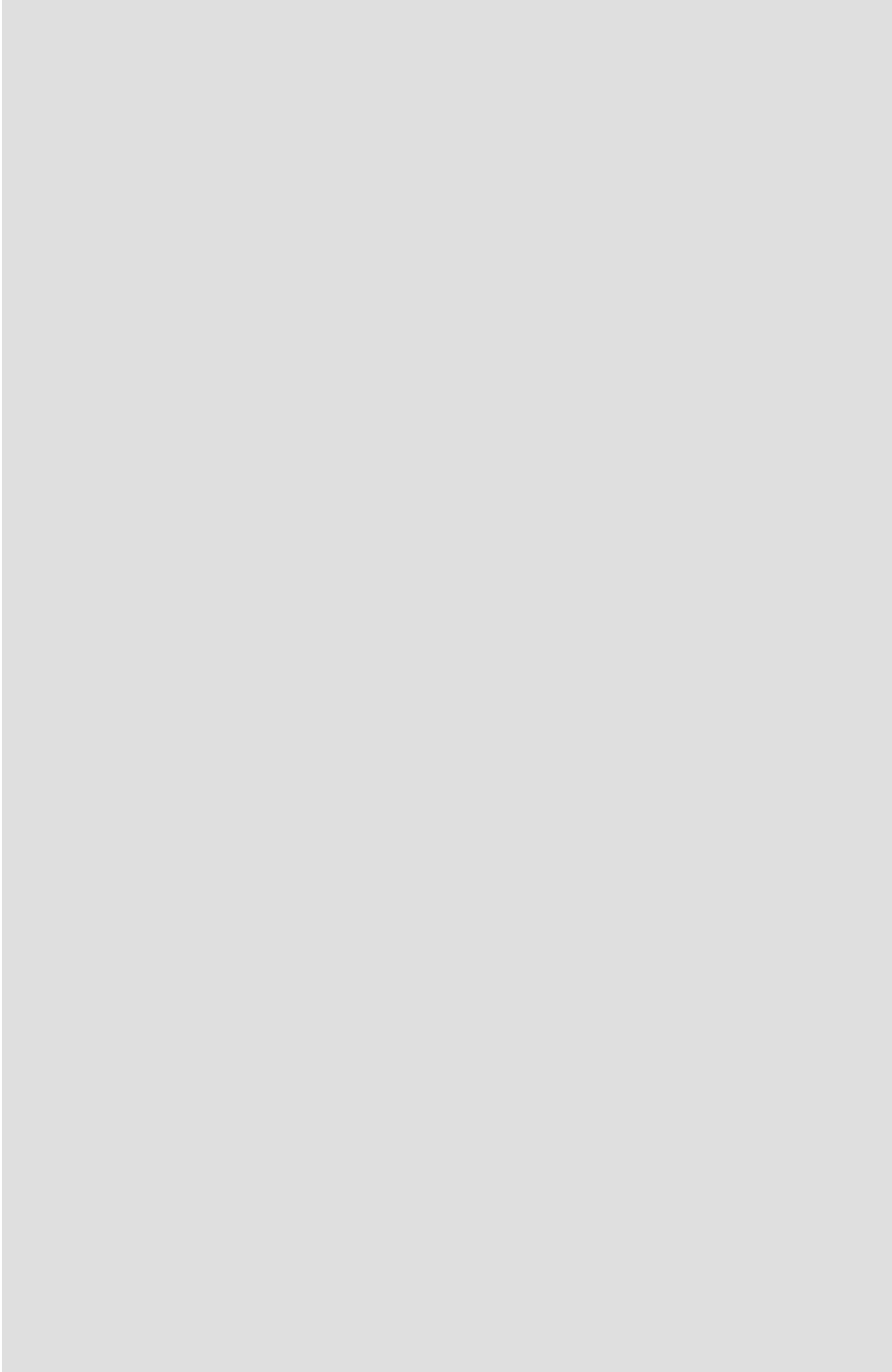


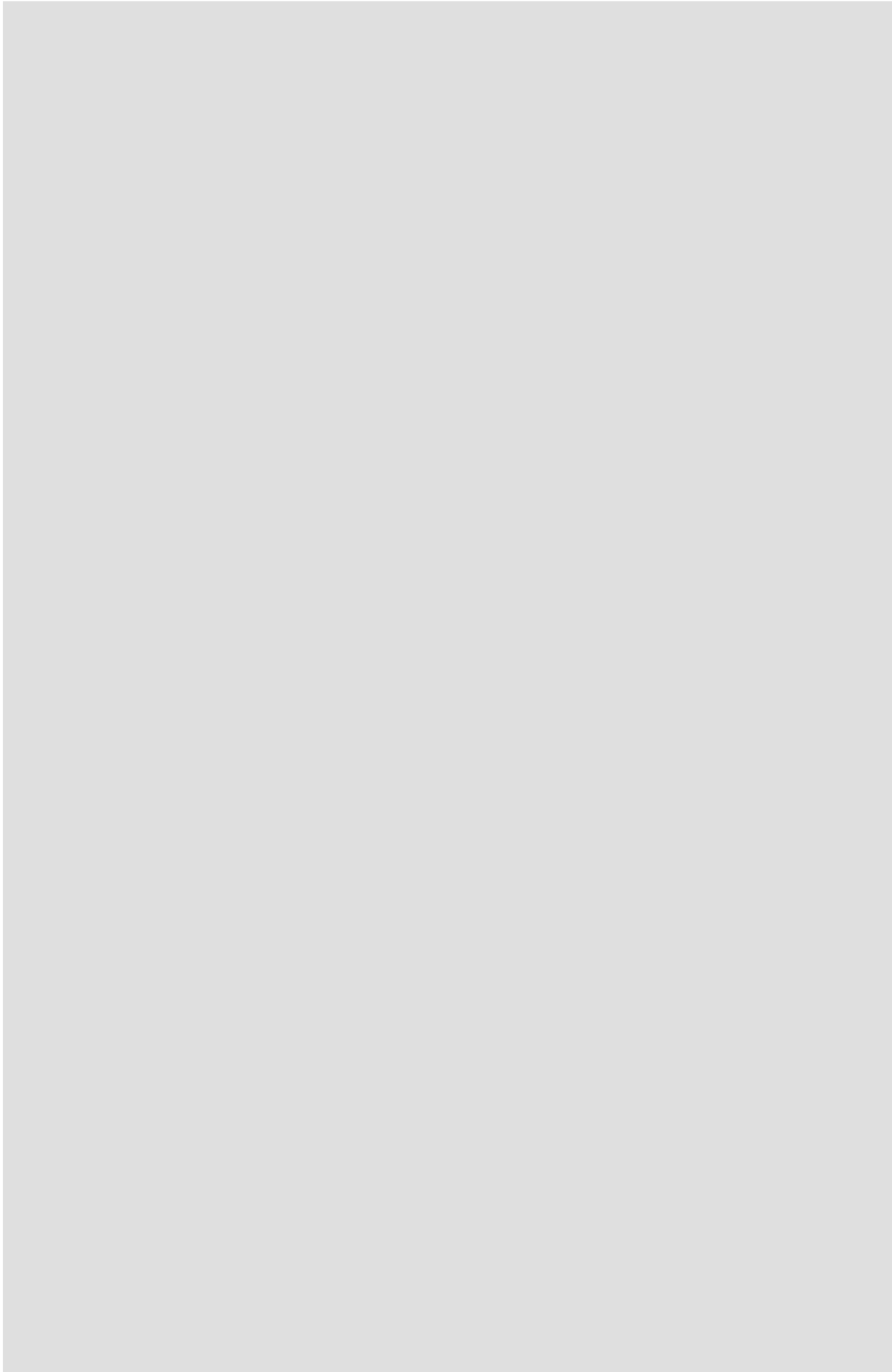
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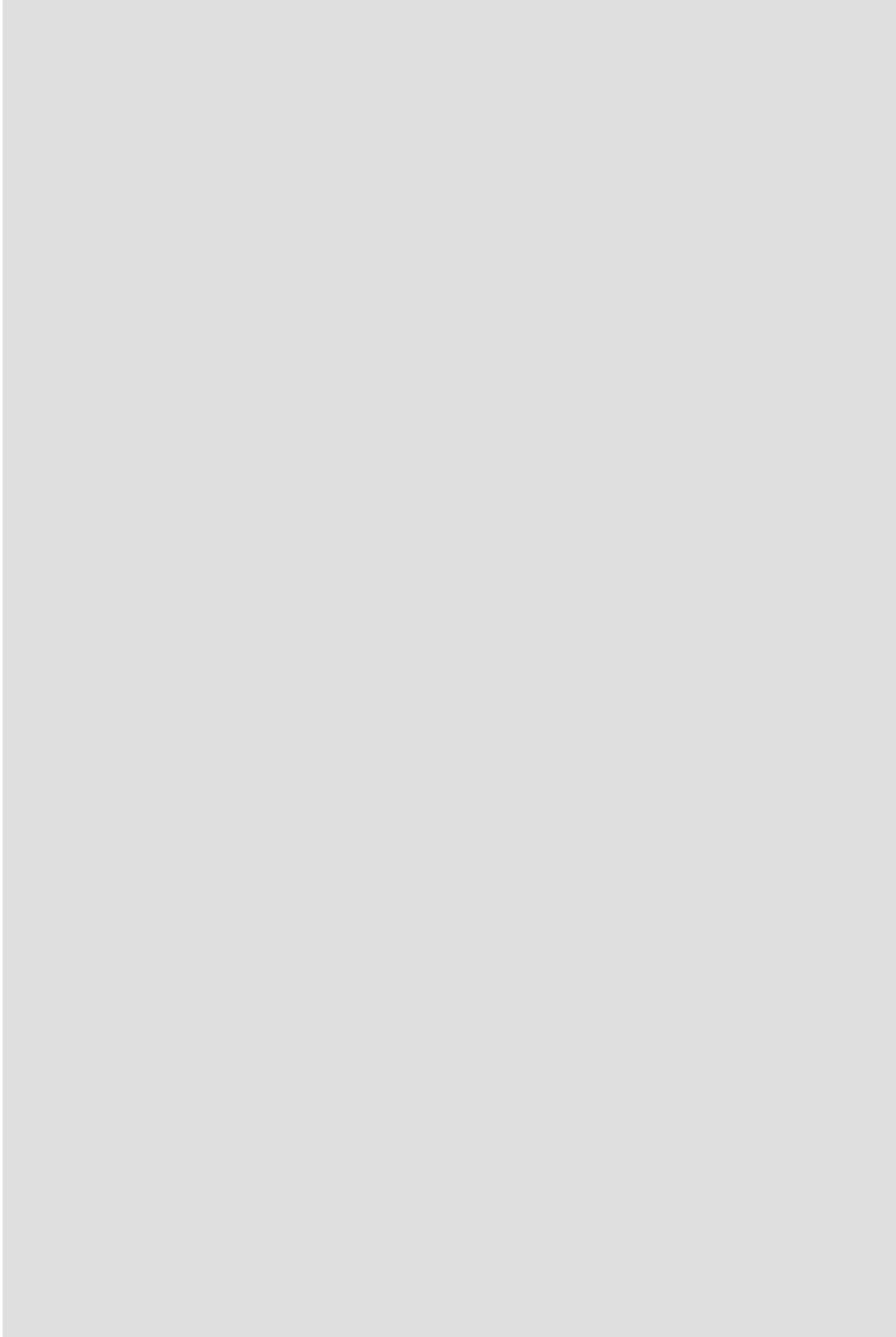


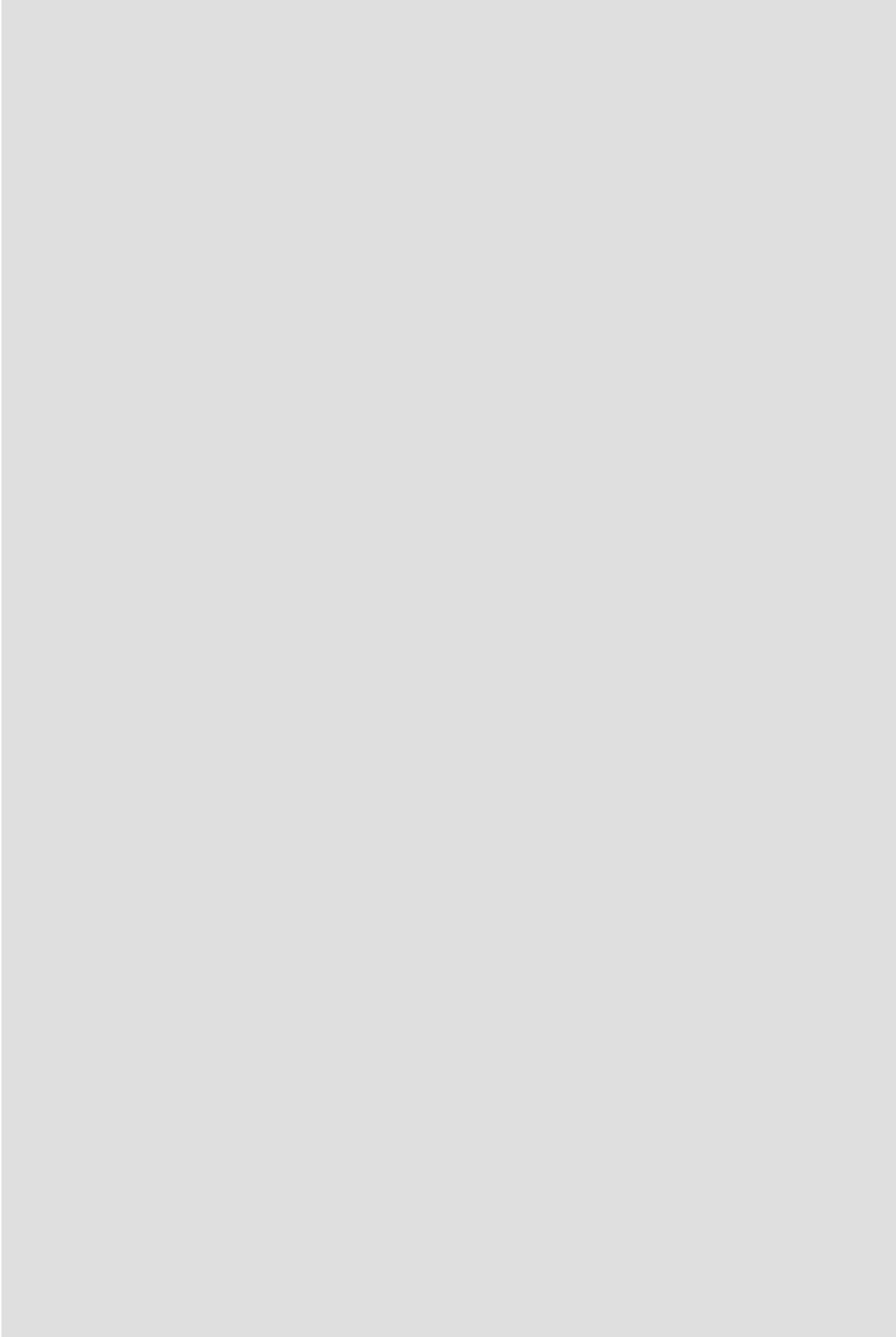


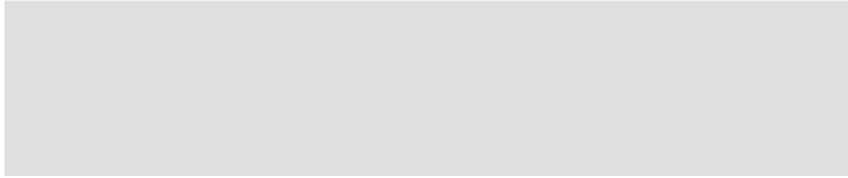












Report: Transitional Care for Adolescent Patients of the Barrett Adolescent Centre

Authors: Associate Professor Beth Kotzé and Ms Tania Skippen

Date: 30th October 2014

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 - 2.1.1 The ways in which the management, administration or delivery of public sector health services, with particular regards to the matters identified in paragraph 1 above, can be maintained and improved: and
 - 2.1.2 Any other matter identified during the course of the investigation.

Process

- 1. Extensive documentation was made available to the investigators; refer Index of Documentation (Appendix A), including patient files, policies and miscellaneous.
- 4.2. Additional information confirming governance arrangements was provided to the investigators by Kristi Geddes, Investigator, following a meeting on 4 September 2014 with Executive Director Mental Health & Specialist Services at WMHHS and Director of Strategy Mental Health & Specialised Services WMHHS.
- 2.3. Written statement, senior BAC clinician, 13/10/14 (Appendix B).
- 3. Additional email communication senior BAC clinician 21/10/14 and 22/10/14 (Appendix C).
- 4. Interviews were conducted face- to- face over two days being 13th and 14th October 2014 (Appendix DD: Schedule of Interviews: Schedule).
- 4.5. Additional email communication senior BAC clinician 21/10/14 and 22/10/14.

6. Letter, senior manager, 28/10/14 (Appendix F).
7. Response letter from Metro North Hospital and Health Service 28.10.2014.
- 5.8. An extensive interrogation of the Documentation related to Transition Planning for the six clients with the highest complexity of needs and risk including those who have been associated with serious adverse events provides a reference for this report (Appendices C and D).

Limitations

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- Noting that transition is a process in which the communication and negotiations between the referring and receiving services are critical, this investigation was limited to review of the available documentation and interviews with key clinicians formerly from BAC. Staff of receiving services were not interviewed and limited documentation was available from these services. Education Department staff associated with the BAC were also not interviewed.
- A senior nurse from the Transition Planning Team was identified as having a key role in the transition planning process and was offered but declined an interview with the investigators. In assessing the impact of this as a limitation to the process of the investigation, the investigators considered the very large volume of material that was available and the level of confirmation across the material and re-confirmation during multiple interviews. It is the judgment of the investigators that they were able to build up a relatively complete picture at a relatively high level of certainty in regard to the perspective of the BAC staff on the transition process. The investigators do not regard the lack of an interview with this person as a key limitation in the process.

Context

- On 6th August 2013 Minister for Health, Mr Lawrence Springborg announced the closure of the Barrett Adolescent Centre (BAC), Wacol, West Moreton Hospital and Health Service (WMHHS)¹. A planning process to develop new service options for the population of the State was announced under the governance of Children's Health Queensland (CHQ)². A governance process to manage the transition of current individual patients of BAC was developed.
- The concentrated and focused process for managing the transition of individual patients from the care of BAC to alternative options commenced in September 2013³ with the expectation that the service would close in January 2014.

¹ Refer: letter dated 24th August 2014 from Lesley Dwyer Health Service Chief Executive West Moreton Hospital and Health Service to Dr John Alford Health Chief Psychiatrist.

² This process was identified as out of scope by the investigators because it concerned strategic forward planning at the population level rather than care planning for the individual patients of BAC.

³ Refer interview with Dr Anne Greaves Senior BAC clinician (a).

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- The investigators note that The process of managing the transition of individual patients was centred on individualized and comprehensive needs assessment (including mental health, health, educational/vocational, and housing/accommodation needs) and care planning, extensive investigation to identify available and suitable services to provide coordinated care in community settings, iterative planning and collaboration with consumers and families and carers. Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.
- The published literature regarding transitional care for adolescents provides guidance and principles in relation to the planning and outcomes for this group:
 - Optimal transition may be defined as adequate transition planning, good information transfer between teams and continuity of care following transition.
 - Predictors of positive transition include individual factors such as severe mental illness and treatment and care issues such as medication and inpatient care.
 - Neurodevelopmental disorders, personality disorders, complex needs and emotional/neurotic disorders can be associated with less favorable outcomes.
 - Other factors associated with poor outcomes include if the process is seen simply as an administrative event.
 - It is better to undertake transitional care in the context of relative stability for the young person rather than crisis.
 - Transition preparation requires an adequate period of planning and preparing the young person and carer(s) for transition. The planning needs to take into account broad health and developmental transitions recognising the young person's developing maturity and changing health-seeking behaviors.
 - Models for collaboration that support transition include: shared care/joint working across services and liaison models.
 - Barriers to transitional care include: lack of alignment between referral thresholds and criteria between Child and Youth Mental Health Services (CYMHS) and Adult Mental Health Services⁴.

Governance

The figure below outlines the governance structure in place from August 2013 to January 2014 covering the transition phase for BAC patients⁵.

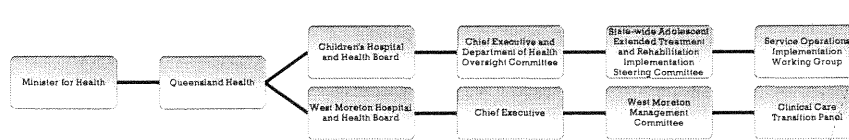
⁴ Refer Appendix C: Joint Profiles and transition evidence summary for detailed review.

⁵ Singh SP, et al 2005, 2009, 2010

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The governance structure overseen by Children's Health Queensland was focussed on and responsible for the future of mental health services for adolescents in Queensland post the closure of BAC and the governance structure overseen by WMHHS was focussed on and primarily responsible for the transition and discharge of patients from BAC up until its closure.

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- (a) the West Moreton Management Committee had membership from various stakeholders and met once a week to address any concerns raised during the transition process and assist in developing solutions;
- (b) the following was in place to ensure communication between the two governance structures, primarily between the WMHHS Management Committee and CHQ Steering Committee:
 - (i) mutual committee membership by a number of practitioners from each HHS, including three senior health service executives;
 - (ii) informal input sought and received on the drafting and development of key material;
 - (iii) informal and open communication and sharing of documentation;
 - (iv) regular formal reporting by both committees to the Department of Health and Minister for Health; and
 - (v) formal monthly reporting from Clinical Care Transition Panel to Steering Committee.

- The clinically driven process was supported by a formal governance structure comprising:

- Clinical Care Transitional Panel:
 - Chaired by a senior clinician BAC.
 - Key members: internal to BAC: multidisciplinary senior clinicians responsible for patient care and Acting Principal of the school.

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⁷ Refer additional information provided by Kristi Geddes, Investigator
⁸ Refer additional information provided by Kristi Geddes, Investigator

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- Reported to the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee and the West Moreton Management Committee.
- Met twice-weekly and on an ad hoc basis to focus on day to day patient care and planning for transition. An issues log was maintained and provided to the investigators by a senior clinician BAC.
- Agendas and minutes were provided to investigators (Appendix A). No formal Terms of Reference available.
- The West Moreton Management Committee⁸:
 - Chaired by senior manager.
 - Key members: range of senior clinician and management representatives from the health service, representative from CHQ and MHAOD Branch.
 - Reported to the Chief Executive WMHHS and Chief Executive and Department of Health Oversight Committee.
 - Met weekly from September 2013 until January 2014.
- Chief Executive and Department of Health Oversight Committee:
 - Key members: Deputy Director General Department Health, Health Service Chief Executives from key hospital and health services; Executive Director MHAOD Branch and other key representatives from CHQ.
- The clinically driven process was supported by additional and specific resourcing:
 - Project Officer⁹ appointed to support the Clinical Care Transitional Panel and the Barrett Adolescent Update Meeting.
 - Role to schedule agenda to ensure all patients reviewed in a timely way and record keeping.
 - Brokerage funds were provided where required to support the transition period and frequently offered up to June 2014⁸.
- The closure of BAC was supported by a formal communication plan in effect from September 2013 to February 2014. This was managed by the Project Officer (above). The scope included families and carers, community, staff of BAC, hospital/health services, industrial organisations etc.

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⁸ This meeting appears to have had an alternative meeting name: Barrett Adolescent Update Meeting.

⁹ The reviewers were advised during the interview with senior clinician BAC that a Project Officer was appointed to support the process of transition planning and the governance.

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- Note that three previous patients of the BAC have died in 2014 and that their deaths are currently being investigated by the Queensland Coroner.
- The published literature regarding transitional care for adolescents provides guidance and principles in relation to the planning and outcomes for this group:
 - Optimal transition may be defined as adequate transition planning, good information transfer between teams and continuity of care following transition.
 - Predictors of positive transition include individual factors such as severe mental illness and treatment and care issues such as medication and inpatient care.
 - Neurodevelopmental disorders, personality disorders, complex needs and emotional/neurotic disorders can be associated with less favorable outcomes.
 - Other factors associated with poor outcomes include if the process is seen simply as an administrative event.
 - It is better to undertake transitional care in the context of relative stability for the young person rather than crisis.
 - Transition preparation requires an adequate period of planning and preparing the young person and carer(s) for transition. The planning needs to take into account broad health and developmental transitions recognising the young person's developing maturity and changing health-seeking behaviors.
 - Models for collaboration that support transition include shared care/joint working across services and liaison models.
- Barriers to transitional care include: lack of alignment between referral thresholds and criteria between Child and Youth Mental Health Services (CYMHS) and Adult Mental Health Services.
- The Queensland Health Procedure Document 201000447, *Inter-district Transfer of Mental Health Consumers within South Queensland Service Districts*, effective 8/11/10 and active at the time of the closure of BAC, provides guidance in relation to transitional care, notably including: the roles and responsibilities of transferring and receiving services; and consideration of potential shared care arrangements.

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Findings

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- The process of transitional planning occurred in an atmosphere of crisis consequent to the announcement of the closure and the standing-down of the senior leader of the service in the context of an unrelated matter, with escalation of distress in a number of the adolescents and staff of BAC.

However whilst the general atmosphere of crisis contributed to the complexity of the situation, it does not appear to have detrimentally affected the process of transitional care planning for the patients.

- The closure date set an artificial/administrative deadline for transition, although all formal communication such as letters to parents and fact sheets/updates suggested that BAC would remain open until all transitions were completed. Whilst on the one hand there was a relatively long period of approximately 5 months to develop and enact the transition plans, on the other hand there was a sense of time-pressure for the BAC clinical staff because of the complexity of the planning process.
- Transitional care planning was led by a small multidisciplinary team of clinicians headed by the Acting Clinical Director BAC. Their task was enormous as they were required to review and supervise current care plans, manage incidents and crises, seek out information about service options that many times was not readily available, negotiate referrals, coordinate with the education staff and manage communication with patients and their families/carers. The team was dedicated to these tasks, with the day to day supervision of the young people undertaken by the Care Coordinators.
- The process of managing the transition of individual patients was centered on individualised and comprehensive needs assessment (including mental health, health, educational/vocational, and housing/accommodation needs) and care planning, extensive investigation to identify available and suitable services to provide coordinated care in community settings, iterative planning and collaboration with consumers and families and carers.¹¹
- In relation to the patient cohort, it is noted:
 - The young people were a very complex group with various combinations of developmental trauma, major psychiatric disorder and multiple comorbidities, high and fluctuating risk to self, major and pervasive functional disability, unstable accommodation options, learning disabilities, barriers to education and training, drug and alcohol misuse. In short, this was a cohort in the main characterised by high, complex and enduring clinical and support needs.
 - Organising transitional care for such a complex group would have been a very significant challenge even under ideal conditions. Each very complex young person required highly individualised care assessment and planning. These are not the kind of individuals who readily 'fit' with service systems because of the scope and intensity of their needs. The model of care in existence at BAC had promoted prolonged inpatient care and the forthcoming closure required the rapid development of care pathways to community care.

¹¹ Refer Appendices C and D for transition planning evidence and detailed review.

• The BAC team undertook an exhaustive and meticulous process of clinical review and care planning with each individual young person's best interests at the core of the process. Despite the pressure of a looming deadline, there was evidence that the first and critical emphasis of care was to provide and establish good clinical care including addressing physical health needs such as blood lithium levels and diet/weight management.¹²

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- The process of communication and negotiation between the clinical team and the young person and their family/carers was careful, respectful, timely and maintained. As would be expected during a time of heightened emotions and anxiety about the future, there appears to have been some misunderstandings at times along the way but these appear to have been in each case dealt with promptly and appropriately. The misunderstandings arose, for example, in circumstances of unopened emails by parents/carers¹³ or unexpected emerging clinical need requiring immediate action by the BAC clinical team¹⁴, with communication following as time permitted. There is evidence of parent information sessions, letters to parents, individual email responses to parents and phone calls to support timely communication. Fact Sheets, FAQ sheets and the Executive Review Committee recommendations were also provided to parents/carers and made publicly available on the WMHHS website.
- The transition plans, without exception, were thorough and comprehensive. In some instances it was not possible to identify a variety of options for each care domain for each client, but in each case at least one reasonable option was able to be identified matched to a particular care domain¹⁵. At times there was considerable delay in settling on the final option – but this reflected the considerable work involved in identifying a range of suitable options and working through processes of negotiation with receiving agencies¹⁶.
- In a number of instances the young people had psychiatric disorders that on their own did not cross the threshold to service in the community mental health system.¹⁷ It is noteworthy that there were examples of successful negotiations that led to services accepting the referrals by exception¹⁸. The investigators did not find any example where it was not possible to organise a reasonable system of care for an individual.
- The inevitable challenges arose during this process, such as the changes in established long-term relationships between the clinicians of BAC and the young people; the differences between the culture and approach to care provided in services for adolescents and the culture and approach to care in adult services; the impact of the

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young person's developmental stage and maturity on their health-seeking attitudes and behaviors; and, adolescent's resistance to transfer from a service where they felt safe and 'connected' in a relatively closed environment to a community system of care and, in the case of transfer to an adult system, the different expectations of their maturity and health-seeking behaviour and the different expectations of involvement of their family.

- Whilst there was some drop-out from some aspects of the care organized, the investigators did not identify any examples where a young person was completely lost to care, nor where a core component of care was completely missing. Where, for example, [REDACTED] did drop out of ongoing care with [REDACTED] it would appear that [REDACTED] did remain under the care of a case manager from [REDACTED] and there was also contact from [REDACTED] with a [REDACTED] from [REDACTED].
- There were numerous examples of the BAC staff working in a collaborative way with receiving agencies, as evidenced by the number of times young people were escorted to the other agencies²⁰, the detailed discussions and documentation in relation to risk management²¹, maintaining contact post-transfer of care²² and joint working by staff across the agencies²³. These activities would be considered best-practice in transitional care and in the main appear to have been implemented. [REDACTED]
- There were [REDACTED] examples where brokerage funding was very necessary and secured from Health to facilitate a high quality transition²⁴.
- The investigators confirm that:
 - the health care transition plans developed for individual patients by the transition team were adequate to meet the needs of the patients and their families;

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- the transition plans for individual patients were appropriate and took into consideration patient care, patient support, patient safety, and service quality.
- Further the investigators commend the work of the transition team for the quality and comprehensiveness of the plans and for their efforts that included 'going the extra mile' to secure the range of services required by the young people.
- The investigators confirm that the governance model put in place within Queensland Health to manage the oversight of the health care transition plans was appropriate :
 - The governance model put in place within Queensland Health to manage the oversight of the health care transition plans was appropriate. The governance arrangements supported collaborative clinical decision-making at the local level and provided an appropriate pathway for escalation of clinical and transition planning issues.
 - Cross membership of committees was designed to support communication flow and membership was sufficiently senior to facilitate authoritative decision-making and action (eg: sourcing of brokerage funds and funds for family members to travel to participate in transition planning meetings²⁶).
 - Available minutes and agendas of meetings indicate regular frequency of meetings and the involvement of carers and patients in decision-making.
- The investigators confirm that:
 - The governance model put in place within Queensland Health to manage the oversight of the health care transition plans was appropriate. The investigators noted examples of good flow in communication about transitional processes across governance groups. The investigators noted that some transitional planning documentation was incomplete/missing and there was a delay in the appointment of the Project Officer, however it is the view of the investigators that these were minor issues and did not have a material impact on the planning for or transition of the patients.
 - In relation to the time-frames given for the process of transition planning to be developed and enacted, it is noted that the deadline was achieved albeit with a sense of pressure and urgency for the clinical staff especially towards the end. The investigators did not identify, however, an individual case in which more time might have resulted in BAC staff providing a better transition plan or process from the BAC point of view.

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Recommendation

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- The investigators make a general mental health system recommendation. Transitional mental health care for young people is internationally recognized as a complex and often difficult process and poor outcomes such as disengagement from care are well-documented. The BAC process demonstrates positive learnings in relation to good quality transitional planning. It is recommended that these learnings be considered for distillation into the development of a state policy (or review of the current transfer of care policy) that supports mental health transition for vulnerable young people.

Confidential Draft

Appendix A – Investigation Document Index

No.	Description	Date	Author	Provided by	Folder
Response from West Moreton Hospital and Health Service					
1.	Letter from West Moreton Hospital and Health Service to Dr John Allan	24.08.2014	Lesley Dwyer, Health Service Chief Executive	West Moreton Hospital and Health Service	1
2.	Attachment 1 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Project Plan for Barrett Adolescent Strategy	16.11.2012	Chris Thorburn, Director Service Redesign	West Moreton Hospital and Health Service	1
3.	Attachment 2 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Expert Clinical Reference Group Recommendations, Barrett Adolescent Strategy	July 2013	Expert Clinical Reference Group, West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
4.	Attachment 3 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Barrett Adolescent Centre Timeline, Key Events	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
5.	Attachment 4 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Consumer Transition Summary and Feedback	29.01.2014	Dr Anne Brennan, A/Clinical Director	West Moreton Hospital and Health Service	1

6.	Attachment 5 to Letter from West Moreton Hospital and Health Service to Dr John Allan – USB File Index, Investigation under Hospital and Health Boards Act 2011, Barrett Adolescent Centre	25.08.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
7.	Attachment 6 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Barrett Adolescent Centre, List of Inpatients and Day Patients as at 6 August 2013	22.08.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
8.	Further List of Inpatients and Day Patients as at 6 August 2013, including details of relevant care coordinators	01.09.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
9.	Attachment 7 to Letter from West Moreton Hospital and Health Service to Dr John Allan – Details of relevant clinicians and staff of Centre between August 2013 and January 2014	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
Comms Plan and Strategy					
10.	BAC Strategic Update/Progress	20.11.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
11.	West Moreton Hospital and Health Service Communication Strategy – Barrett Adolescent Centre	25.08.2014	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

12.	Communication Plan for Barrett Adolescent Centre	20.11.2012	Naomi Ford, Rowdy PR	West Moreton Hospital and Health Service	1
13.	Stakeholder Engagement Plan for Barrett Adolescent Centre	01.12.2012	Rowdy PR	West Moreton Hospital and Health Service	1
14.	West Moreton Hospital and Health Service Issues and Incident Management Plan	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
15.	West Moreton Hospital and Health Service Barrett Adolescent Centre Communication Plan – September 2013 to February 2014	30.09.2013	Laura Johnson, Project Officer – Redevelopment, Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
Communication with Parents					
16.	Email from Anne Brennan to Leanne Geppert re BAC parent support	01.11.2013	Dr Anne Brennan, A/Clinical Director	West Moreton Hospital and Health Service	1
17.	Email from Leanne Geppert to [REDACTED] re Follow up to update BAC parent email addresses	04.11.2013	Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services	West Moreton Hospital and Health Service	1

18.	Email from Leanne Geppert to Laura Johnson re Fwd: Parents for Committee Meeting	25.10.2013	Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
19.	Email from Leanne Geppert to Laura Johnson re Fwd: Re: contact with all BAC parents/carers	08.11.2013	Dr Leanne Geppert, A/Director of Strategy, Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
20.	Email from Sharon Kelly to [REDACTED] re REPLY FURTHER INFORMATION REQUIRED MD0920130282_DG071767_ Request for advice – [REDACTED] –BAC – DUE COB Friday 11 October 2013	22.10.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
21.	West Moreton Hospital and Health Service – Parent Session – Wednesday 11 December 2013	11.12.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
22.	Barrett Adolescent Parent Session – 11 December 2013	11.12.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
23.	Email from Leanne Geppert to Bernice Holland re FW: Parent Invites for Sandra Radovini Session – Wednesday 10	05.12.2013	Dr Leanne Geppert, A/Director of	West Moreton Hospital and Health	1

	December 2013, with attachments		Strategy, Mental Health and Specialised Services	Service	
24.	Email from Ingrid Adamson to Laura Johnson re Re: Parent and Carer Consultation on Future Models	20.11.2013	Ingrid Adamson	West Moreton Hospital and Health Service	1
25.	RSVPs for Sandra Radovini Parent and Carer Information Session Wednesday 10 December 2013	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
26.	Letter from Lesley Dwyer to Parents and Carers	30.09.2013	Lesley Dwyer, Health Service Chief Executive	West Moreton Hospital and Health Service	1
27.	Draft letter from Sharon Kelly to parents	November 2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
28.	Email from Anne Brennan to Leanne Geppert re Parents of BAC consumers	15.01.2014	Dr Anne Brennan, A/Clinical Director	West Moreton Hospital and Health Service	1
29.	Phone log of contact with parents	08.11.2013 to 09.11.2013	Sharon Kelly, Executive Director Mental Health and	West Moreton Hospital and Health Service	1

			Specialised Services		
30.	Communication with Parents/Carers of [REDACTED] 30.1. Undated email from Leanne Geppert	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
31.	Communication with Parents/Carers of [REDACTED] 31.1. Letter from Sharon Kelly, dated 20.11.2013 31.2. Information Session for Parents and Carers of Current BAC Young People – invitation 31.3. Copy of draft letter from Sharon Kelly, November 2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
32.	Communication with Parents/Carers of [REDACTED] 32.1. Information Session for Parents and Carers of Current BAC Young People – invitation 32.2. Letter from Sharon Kelly, dated November 2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
33.	Communication with Parents/Carers of [REDACTED] 33.1. Copy of draft letter from Sharon Kelly, November 2013 33.2. Unsigned and undated letter from Assistance Minister for Health 33.3. Further unsigned and undated letter from Assistance	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

	Minister for Health 33.4. Email from Leanne Geppert to Sharon Kelly, dated 15.09.2013 33.5. Letter from Sharon Kelly, dated 20.11.2013				
34.	Communication with Parents/Carers of [REDACTED] 34.1. Information Session for Parents and Carers of Current BAC Young People – invitation 34.2. Letter from Sharon Kelly, dated 19.11.2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
35.	Communication with Parents/Carers of [REDACTED] 35.1. Information Session for Parents and Carers of Current BAC Young People – invitation 35.2. Email from Leanne Geppert to parents, dated 06.11.2013 35.3. Copy of draft letter from Sharon Kelly, November 2013 35.4. Letter from Sharon Kelly, dated 19.11.2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
36.	Communication with Parents/Carers of [REDACTED] 36.1. Letter from Sharon Kelly, dated 20.11.2013 36.2. Information Session for Parents and Carers of Current	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

	BAC Young People – invitation 36.3. Copy of draft letter from Sharon Kelly, November 2013				
37.	Communication with Parents/Carers of [REDACTED] 37.1. Letter from Sharon Kelly, dated 20.11.2013 37.2. Information Session for Parents and Carers of Current BAC Young People – invitation	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
38.	Communication with Parents/Carers of [REDACTED] 38.1. Letter from Dr Mary Corbett, WMHHS Chair, dated 09.08.2013 38.2. Copy of undated draft letter 38.3. Email from Anne Brennan to Ingrid Adamson and others, dated 16.01.2014 38.4. Information Session for Parents and Carers of Current BAC Young People – invitation 38.5. Email from Leanne Geppert, dated 04.11.2013 38.6. Email from Leanne Geppert, dated 21.10.2013 38.7. Email from Leanne Geppert, dated 06.11.2013 38.8. Letter from Sharon Kelly, dated 19.11.2013	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

	<p>38.9. Unsigned letter from Lesley Dwyer, dated 22.01.2014</p> <p>38.10. Unsigned letter from Sharon Kelly, dated November 2013</p> <p>38.11. Unsigned and undated letter from Ian Maynard, Director-General</p> <p>38.12. Further unsigned and undated letter from Ian Maynard, Director-General</p> <p>38.13. Unsigned and undated letter from Jake Smith, Chief of Staff to the Minister for Health</p> <p>38.14. Draft and undated document regarding expert response</p>				
39.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>39.1. Email from Leanne Geppert to Anne Brennan, dated 11.11.2013</p> <p>39.2. Email from Anne Brennan, dated 14.11.2013</p> <p>39.3. Email from Anne Brennan to Vanessa Clayworth, dated 14.11.2013</p> <p>39.4. Email from Sharon Kelly, dated 11.09.2013</p> <p>39.5. Information Session for Parents and Carers of Current BAC Young People – invitation [REDACTED]</p> <p>39.6. Information Session for Parents and Carers of Current</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

	<p>BAC Young People – invitation [REDACTED]</p> <p>39.7. Email from Sharon Kelly, dated 09.11.2013</p> <p>39.8. Unsigned letter from Sharon Kelly, dated November 2013</p> <p>39.9. Letter from Sharon Kelly, dated 19.11.2013</p>				
40.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>40.1. Letter from Sharon Kelly, dated 19.11.2013</p> <p>40.2. Copy of draft letter from Sharon Kelly, dated November 2013</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
41.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>41.1. Information Session for Parents and Carers of Current BAC Young People – invitation</p> <p>41.2. Letter from Sharon Kelly, dated 19.11.2013</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
42.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>42.1. Email to The Premier, dated 09.10.2013</p> <p>42.2. Email to The Premier, dated 30.10.2013</p> <p>42.3. Information Session for Parents and Carers of Current BAC Young People – invitation</p> <p>42.4. Unsigned letter from Sharon Kelly, dated November</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

	<p>2013</p> <p>42.5. Undated and unsigned letter from Dr Chris Davis, Assistant Minister for Health</p> <p>42.6. Undated and unsigned letter from Lawrence Springborg, Minister for Health</p> <p>42.7. Draft proposed response from Campbell Newman</p> <p>42.8. Further draft proposed response from Campbell Newman</p> <p>42.9. Letter from Sharon Kelly, dated 19.11.2013</p>				
43.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>43.1. Information Session for Parents and Carers of Current BAC Young People – invitation</p> <p>43.2. Copy of draft letter from Sharon Kelly, dated November 2013</p> <p>43.3. Letter from Sharon Kelly, dated 19.11.2013</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
44.	<p>Communication with Parents/Carers of [REDACTED]</p> <p>44.1. Information Session for Parents and Carers of Current BAC Young People – invitation [REDACTED]</p> <p>44.2. Information Session for Parents and Carers of Current BAC Young People – invitation [REDACTED]</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1

	44.3. Letter from Sharon Kelly, dated 19.11.2013 44.4. Copy of draft letter from Sharon Kelly, dated November 2013				
Communication with Staff					
45.	Email from Alan Milward to Lesley Dwyer and Sharon Kelly re Re: proposed email to staff at The Park regarding BAC	08.11.2012	Alan Milward, A/Executive Director Workforce	West Moreton Hospital and Health Service	1
46.	Email from Sharon Kelly to WM TeamConnect re ATTN STAFF: Update regarding Barrett Adolescent Centre	09.11.2012	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
47.	West Moreton Hospital and Health Service BAC Staff Communique 1 – Barrett Adolescent Centre	03.10.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
48.	Information Session for West Moreton Child and Youth Mental Health Staff – Invitation	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	1
49.	Letter from Sharon Kelly to Anne Brennan	10.09.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1

50.	West Moreton Hospital and Health Service BAC Staff Communique 2 – Barrett Adolescent Centre	04.11.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
51.	West Moreton Hospital and Health Service BAC Staff Communique 3 – Barrett Adolescent Centre	05.12.2013	Sharon Kelly, Executive Director Mental Health and Specialised Services	West Moreton Hospital and Health Service	1
General Communication and Correspondence					
52.	<p>Aftercare Correspondence</p> <p>52.1. Briefing Note for Approval – Approval to fund Aftercare for the provision of residential and day program mental health treatment and rehabilitation for adolescents across Queensland requiring extended care in the West Moreton Hospital and Health Service catchment area from December 2013, dated 20.11.2013</p> <p>52.2. Email from Myfanwy Pitcher, Aftercare Service Manager, to Anne Brennan, dated 16.12.2013</p> <p>52.3. West Moreton Hospital and Health Service Memorandum re Purchasing of Services from Aftercare, undated</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2
53.	Commissioner for Children and Young People				

	<p>Correspondence</p> <p>53.1. Unsigned and undated letter from Lesley Dwyer to Steve Armitage, Commissioner for Children and Young People and Child Guardian</p> <p>53.2. Letter from Sharon Kelly to Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian, dated 16.10.2013</p> <p>53.3. Letter from Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian, to Sharon Kelly, dated 20.09.2013</p> <p>53.4. Concerns of Consumers, Carers & Community in response to closure of the Barrett Adolescent Centre and the future of adolescent mental healthcare in Queensland, presented on 11.09.2013 to Queensland Mental Health Commissioner</p> <p>53.5. Undated file note provided by a parent regarding meeting with Queensland Mental Health Commissioner</p> <p>53.6. Email from Judi Krause, Divisional Director Child and Youth Mental Health Service, to Lesley Dwyer, dated 06.11.2013</p> <p>53.7. Unsigned letter from Sharon Kelly to Barry Salmon, Acting Commissioner for Children and Young People and Child Guardian, dated October 2013</p> <p>53.8. Further unsigned letter from Sharon Kelly to Barry</p>				
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	<p>Salmon, Acting Commissioner for Children and Young People and Child Guardian, dated October 2013</p> <p>53.9. Email from Diane Nash, Manager (Complaints Resolution Team), Commission for Children and Young People and Child Guardian, to Sharon Kelly, dated 14.11.2013</p> <p>53.10. Email from Diane Nash, Manager (Complaints Resolution Team), Commission for Children and Young People and Child Guardian, to Leanne Geppert, dated 19.12.2013</p>				
54.	<p>Community Correspondence</p> <p>54.1. Draft email from Sharon Kelly to [REDACTED]</p> <p>54.2. Draft email from Sharon Kelly to [REDACTED]</p> <p>54.3. Email from Ingrid Adamson to Leanne Geppert, dated 05.02.2014</p> <p>54.4. Email from Sharon Kelly to Leanne Geppert, dated 09.10.2013</p> <p>54.5. Email from Ingrid Adamson to [REDACTED] and others, dated 16.12.2013</p> <p>54.6. Email from [REDACTED] to Lesley Dwyer, dated 18.12.2013</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

54.7. Email from Leanne Geppert to [REDACTED], dated 13.01.2014				
54.8. Email from [REDACTED] to Sharon Kelly, dated 06.11.2013				
54.9. Email from Laura Johnson to Leanne Geppert and [REDACTED] dated 15.11.2013				
54.10. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Alison Earls'				
54.11. Letter from Sharon Kelly to [REDACTED] dated 09.09.2013				
54.12. Unsigned and undated letter from Lesley Dwyer to 'Alison Earls'				
54.13. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.14. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.15. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.16. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.17. Unsigned and undated letter from Dr Chris Davis,				

	Assistant Minister for Health, to 'Justine Oxenham'				
	54.18. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Justine Oxenham'				
	54.19. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.20. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.21. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.22. Further Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.23. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.24. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.25. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Alison Earls'				
	54.26. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Alison Earls'				

54.27. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.28. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.29. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to 'Angela Earls'				
54.30. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.31. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.32. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.33. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.34. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.35. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.36. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.37. Unsigned and undated letter from Dr Chris Davis,				

	Assistant Minister for Health, to [REDACTED]				
	54.38. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.39. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.40. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.41. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.42. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.43. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.44. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.45. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.46. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
	54.47. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				

54.48. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.49. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.50. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.51. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.52. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.53. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.54. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to Carl Judge MP, Member for Yeerongpilly				
54.55. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.56. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.57. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]				
54.58. Unsigned and undated letter from Dr Chris Davis,				

	<p>Assistant Minister for Health, to [REDACTED]</p> <p>54.59. Unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]</p> <p>54.60. Further unsigned and undated letter from Dr Chris Davis, Assistant Minister for Health, to [REDACTED]</p> <p>54.61. Draft proposed response for Ms A Earls email to the Premier</p> <p>54.62. Template letter from Dr Chris Davis, Assistant Minister for Health</p> <p>54.63. Further template letter from Dr Chris Davis, Assistant Minister for Health</p>				
55.	<p>Education Queensland Correspondence</p> <p>55.1. Letter from Peter Blatch, Assistant Regional Director Education Queensland, to 'Ms Earls', dated 09.12.2013</p> <p>55.2. Email from Peter Blatch, Assistant Regional Director – School Performance, Education Queensland, to Leanne Geppert, dated 22.01.2014</p> <p>55.3. Email from Peter Blatch, Assistant Regional Director – School Performance, Education Queensland, to Sharon Kelly, dated 22.07.2013</p> <p>55.4. Email from Ingrid Adamson to Leanne Geppert and</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

	<p>Lesley Dwyer, dated 11.12.2013</p> <p>55.5. Email from Peter Blatch, Assistant Regional Director – School Performance, Education Queensland, to Leanne Geppert, dated 08.11.2013</p> <p>55.6. Email from Sharon Kelly to Leanne Geppert, dated 15.11.2013</p> <p>55.7. Email from Anne Brennan to Kevin Rogers, dated 16.10.2013</p> <p>55.8. Email from Kevin Rodgers, Principal BAC School, to Anne Brenan and Alexander Bryce, dated 18.10.2013</p> <p>55.9. Email from Leanne Geppert to Justine Oxenham, dated 13.12.2013</p>				
56.	<p>Estimates briefs</p> <p>56.1. Barrett Adolescent Centre – Strategy – Estimates Brief Number 17.03 by Sharon Kelly, undated</p> <p>56.2. Closure of Barrett Adolescent Centre (BAC) – Estimates Brief No:xx.xx by [REDACTED], undated</p> <p>56.3. Death of former patients of Barrett Adolescent Centre – Estimates Brief No:xx.xx by Dr Bill Kingswell, undated</p> <p>56.4. Email from Leanne Geppert to Sharon Kelly and</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

	Terry Stedman, dated 23.07.2014				
57.	<p>Executive Correspondence</p> <p>57.1. Draft Department of Health Memorandum from Peter Steer, Chief Executive Children's Health, to Various HHS Chief Executives re Clinical Representatives Sought for Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Groups</p> <p>57.2. West Moreton Hospital and Health Service Memorandum from Lesley Dwyer to Hospital and Health Service Chief Executives re Update on Barrett Adolescent Centre, dated 12.11.2012</p> <p>57.3. Department of Health Memorandum from Peter Steer, Chief Executive Children's Health, to Michael Cleary, Deputy Director General, Bill Kingswell, Executive Director Mental Health Alcohol and Other Drugs and HHS Chief Executives re Convene a meeting of the Chief Executive and Department of Health Oversight Committee, dated 26.09.2013</p> <p>57.4. Letter from Peter Bristow, Chief Executive Darling Downs Hospital and Health Service, to Lesley Dwyer, dated 14.11.2012</p> <p>57.5. West Moreton Hospital and Health Service Memorandum from Sharon Kelly, to Executive Directors and Clinical Directors, Mental Health Services, re Admissions to Barrett Adolescent Centre,</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

	dated 22.10.2013				
58.	<p>Mental Health Commissioner Correspondence</p> <p>58.1. Email from Leanne Geppert to Peter Blatch re Query from Qld Mental Health Commissioner, dated 06.11.2013</p> <p>58.2. Unsigned Queensland Mental Health Commissioner Briefing Note for Noting re Barrett Adolescent Strategy, by Lesley Dywer for Dr Lesley van Schoubroeck, Commissioner</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2
59.	<p>Parents, Carers and Families Fast Facts Newsletters</p> <p>59.1. West Moreton Hospital and Health Service Fast Facts 1 – Barrett Adolescent Centre, dated 30.11.2012</p> <p>59.2. West Moreton Hospital and Health Service Fast Facts 2 – Barrett Adolescent Centre, dated 11.12.2012</p> <p>59.3. West Moreton Hospital and Health Service Fast Facts 3 – Barrett Adolescent Centre, dated 01.02.2013</p> <p>59.4. West Moreton Hospital and Health Service Fast Facts 4 – Barrett Adolescent Centre, dated 04.03.2013</p> <p>59.5. West Moreton Hospital and Health Service Fast Facts 5 – Barrett Adolescent Centre, dated 21.05.2013</p> <p>59.6. West Moreton Hospital and Health Service Fast Facts</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

	<p>6 – Barrett Adolescent Centre, dated 23.08.2013</p> <p>59.7. West Moreton Hospital and Health Service Fast Facts 7 – Barrett Adolescent Centre, dated 26.09.2013</p> <p>59.8. West Moreton Hospital and Health Service Fast Facts 8 – Barrett Adolescent Centre, dated 03.10.2013</p> <p>59.9. West Moreton Hospital and Health Service Fast Facts 9 – Barrett Adolescent Centre, dated 04.11.2013</p> <p>59.10. West Moreton Hospital and Health Service Fast Facts 10 – Barrett Adolescent Centre, dated 20.11.2013</p> <p>59.11. West Moreton Hospital and Health Service Fast Facts 11 – Barrett Adolescent Centre, dated 20.12.2013</p>				
60.	<p>Possible Parliamentary Questions</p> <p>60.1. [REDACTED] at Barrett Adolescent Centre, prepared by Sharon Kelly on 11.09.2013</p> <p>60.2. Barrett Adolescent Centre – The Park Centre for Mental Health, prepared by [REDACTED] on 09.11.2012</p> <p>60.3. Barrett Adolescent Centre – The Park Centre for Mental Health prepared by Laura Johnson on 29.10.2013</p> <p>60.4. Barrett Adolescent Centre – The Park Centre for Mental Health prepared by Laura Johnson on</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

	14.11.2013				
61.	<p>Sharon Kelly Emails and Documents</p> <p>61.1. Letter from Lesley Dwyer to unknown, dated 12.11.2012</p> <p>61.2. Email from Associate Professor J Mohan Gilhotra, Director of Metal Health and Chief Psychiatrist, to Dr Michael Cleary re Barrett Adolescent Centre, dated 08.11.2012</p> <p>61.3. Email from Associate Professor J Mohan Gilhotra, Director of Metal Health and Chief Psychiatrist, to Dr Michael Cleary re CONFIDENTIAL Barrett Adolescent Centre (BAC) – Closure, dated 08.11.2012</p> <p>61.4. Email from Leanne Geppert to Sharon Kelly re pertinent points for consideration of Barrett Adolescent Centre, dated 08.11.2012</p> <p>61.5. Email from Leanne Geppert to Sharon Kelly re strategic partnership meeting for BAC changes, dated 09.11.2012</p> <p>61.6. Email from Lesley Dwyer to Sharon Kelly re Fwd: BAC, dated 12.11.2012</p> <p>61.7. Email from Lesley Dwyer to Bill Kingswell and others re Information re Barrett Adolescent Centre</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	2

	Stakeholder Meeting, dated 14.11.2012				
61.8.	Possible Parliamentary Questions – Barrett Adolescent Centre – The Park Centre for Mental Health prepared by Dr Leanne Geppert on 30.05.2013				
61.9.	Email from Leanne Geppert to Sharon Kelly re Endorsed Preamble and Service Model Elements for Adolescent Extended Treatment and Rehabilitation Services, dated 08.05.2013				
61.10.	Email from Bill Kingswell to Trevor Sadler re The efficacy of "Wraparound" services, dated 21.05.2013				
61.11.	Email from Alison Earls to Sharon Kelly re announcement regarding Barrett Adolescent Strategy, dated 07.08.2013				
61.12.	Email from Peter Blatch to Sharon Kelly re Barrett School, dated 22.07.2013				
61.13.	Email from [REDACTED] to Sharon Kelly re Quality of care issues – Barrett, dated 08.09.2013				
61.14.	Email from Jacqueline Keller, Corporate Counsel and Secretary, to Sharon Kelly re wrap up of BAC today, dated 12.09.2013				
61.15.	Email from [REDACTED] to Sharon Kelly re Barrett Adolescent Centre, dated 16.09.2013				
61.16.	Email from Anne Brennan to Sharon Kelly re				

	Consumer Advocate Barrett Adolescent Centre, dated 25.09.2013				
	61.17. Email from Leanne Geppert to [REDACTED] re Update – BAC, dated 25.09.2013				
	61.18. Email from [REDACTED] to Sharon Kelly re Consumer Advocate Barrett Adolescent Centre, dated 02.10.2013				
	61.19. Email from Anne Brennan to Sharon Kelly re discussions with Education (Peter Blatch), dated 17.10.2013				
	61.20. Email from Elisabeth Hoehn to Lesley Dwyer and Sharon Kelly re placement of registrar in the BAC, dated 24.10.2013				
	61.21. Email from Leanne Geppert to Sharon Kelly re speaking points for mtg with David Crompton and Brett Emmerson, dated 28.10.2013				
	61.22. Email from Anne Brennan to Darren Neillie re BAC update, dated 29.10.2013				
	61.23. Email from Leanne Geppert to [REDACTED] re Barrett Adolescent Centre clients, dated 01.11.2013				
	61.24. Email from Leanne Geppert to [REDACTED] re Closure of Barrett Adolescent				

	<p>Centre, dated 03.11.2013</p> <p>61.25. West Moreton Hospital and Health Service Barrett Adolescent Centre – Service Description – [REDACTED]</p> <p>61.26. Email from Leanne Geppert to Sharon Kelly re Fwd: Attention: Board Members – Barrett Adolescent Centre Closure, dated 20.11.2013</p> <p>61.27. Briefing Note for Noting to Director-General re Barrett Adolescent Centre, prepared by Laura Johnson on 25.11.2013</p> <p>61.28. Further copy of Briefing Note for Noting to Director-General re Barrett Adolescent Centre, prepared by Laura Johnson on 25.11.2013</p> <p>61.29. BAC Strategic Update/Progress, dated 02.12.2013</p> <p>61.30. Email from Leanne Geppert to Lesley Dwyer and Sharon Kelly re Update re Education before your DDG mtg today, dated 02.12.2013</p> <p>61.31. Email from Lesley Dwyer to Sharon Kelly and Leanne Geppert re follow up from BAC meetings today, dated 03.12.2013</p> <p>61.32. Email from Anne Brennan to Sharon Kelly re BAC, dated 09.12.2013</p>				
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61.33. Email from Anne Brennan to Laura Johnson and Sharon Kelly re Contact with Department of Communities – Child Safety, dated 23.01.2014				
61.34. Draft Briefing Note for Noting to Director-General re Barrett Adolescent Strategy Meeting, prepared by Dr Leanne Geppert on 08.07.2013				
61.35. Further draft Briefing Note for Noting to Director-General re Barrett Adolescent Strategy Meeting, prepared by Dr Leanne Geppert on 08.07.2013				
61.36. BAC Holiday Day Program 16 Dec 2013 – 24 Jan 2014, Implementation Plan, undated				
61.37. Email from [REDACTED] to Lesley Dwyer, dated 08.11.2012				
61.38. Email from Leanne Geppert to Bill Kingswell and others re CONFIDENTIAL Barrett Adolescent Centre (BAC) – Closure, dated 07.11.2012				
61.39. Undated document titled Extended Treatment and Rehabilitation for Adolescents in the Context of National Mental Health Planning, author unknown				
61.40. Email from Sharon Kelly to Leanne Geppert re Fwd: Adolescent statewide strategy finance and HR working group, dated 03.10.2013				
61.41. Email from Sharon Kelly to 'Ingrid/Deb' re BAC				

	primary diagnosis, dated 04.10.2013				
	61.42. Email from Sharon Kelly to Lesley Dwyer re BAC strategy finance and workforce working group, dated 24.10.2013				
	61.43. Email from Sharon Kelly to 'Deb and Ingrid' re URGENT – Board Chair request for information, dated 04.10.2013				
	61.44. Email from Ingrid Adamson to [REDACTED] and others re Link to Hansard – reference to Barrett, dated 22.12.2013				
	61.45. Ministerial Statement from Hon. Lawrence Springborg MP, Minister for Health re Barrett Adolescent Centre, prepared by Sharon Kelly on 10.09.2013				
	61.46. Barrett Adolescent Strategy Expert Clinical Reference Group – Proposed Service Model Elements, Adolescent Extended Treatment and Rehabilitation Services (AETRS), dated 08.05.2013				
	61.47. Email from Trevor Sadler to Sharon Kelly re Some BAC background, dated 14.09.2012				
	61.48. West Moreton Hospital and Health Service Talking Points – Barrett Adolescent Strategy: Meeting with Minister for Health, 15.07.2013				

62.	Ministerial and DG Briefs	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	3
62.1.	Email from Helen Langborne, Senior Departmental Liaison Officer, Office of the Director General to HHSs re Barrett Adolescent Centre Update, dated 05.12.2013				
62.2.	Ministerial Correspondence – Action Sheet re Fax from Queensland Nurses' Union, dated 19.09.2013				
62.3.	Draft letter from Lawrence Springborg, Minister for Health, to Beth Mohle, Queensland Nurses' Union, undated				
62.4.	Ministerial Correspondence – Action Sheet re Email from 'Alison Earls', dated 09.10.2013				
62.5.	Draft proposed response for Ms A Earls email to the Premier, undated				
62.6.	Email from Jessica Martin, Departmental Liaison and Executive Support Unit, Office of the Director-General, to Leanne Geppert re Alison Earls, dated 06.12.2013				
62.7.	Briefing Note for Approval by Director-General re Update on the Barrett Centre, prepared by Laura Johnson on 19.12.2013				
62.8.	Email from ' [REDACTED] ' to Lesley Dwyer re response to [REDACTED] dated 29.01.2014				

62.9. Briefing Note for Noting by the Minister for Health re Barrett Adolescent Centre, prepared by Laura Johnson on 04.12.2013				
62.10. Briefing Note for Noting by the Director-General re Closure of the Barrett Adolescent Centre and status of new adolescent mental health services, prepared by Ingrid Adamson and Leanne Geppert on 04.02.2014				
62.11. Email from Leanne Geppert to Sharon Kelly re email from [REDACTED] to Department of Health, dated 30.04.2014				
62.12. Email from Letitia Creevy, Acting Director of Executive Services, to Sharon Kelly re email from [REDACTED] to Department of Health, dated 30.04.2014				
62.13. Email from Sharon Kelly to Letitia Creevy, Acting Director of Executive Services re email from [REDACTED] to Department of Health, dated 30.04.2014				
62.14. Email from Stephen Stathis to Ingrid Adamson, Sharon Kelly and Leanne Geppert re URGENT REVIEW REQ'D: DPC letter to Earls re BAC, dated 03.04.2014				
62.15. Email from Leanne Geppert to [REDACTED] re DPC letter – BAC – Earls, dated 03.04.2014				
62.16. Email from [REDACTED] to Sharon Kelly and others re DPC letter – BAC – Earls, dated				

02.04.2014				
62.17. Ministerial Correspondence – email from Alison Earls re Your Word, dated 21.03.2014				
62.18. Ministerial Correspondence – email from [REDACTED] dated 20.11.2013 and response, dated 29.01.2014				
62.19. Ministerial Correspondence – email from [REDACTED] dated 27.03.2014 and response, dated 16.06.2014				
62.20. Unsigned and undated draft letter from Lawrence Springborg, Minister for Health, to B Mohle, Queensland Nurses' Union				
62.21. Unsigned and undated letter from Lawrence Springborg, Minister for Health, to B Mohle, Queensland Nurses' Union				
62.22. Unsigned and undated letter from Lawrence Springborg, Minister for Health, to K Bates, Queensland Teachers Union				
62.23. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 07.08.2013				
62.24. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 31.07.2013 and response, dated 01.08.2013				

62.25. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 22.08.2013				
62.26. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 22.08.2013				
62.27. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013				
62.28. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013				
62.29. Ministerial Correspondence – Action Sheer re email from [REDACTED], dated 19.08.2013				
62.30. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013				
62.31. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 19.08.2013				
62.32. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013				
62.33. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013				
62.34. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013				
62.35. Ministerial Correspondence – Action Sheet re email				

	from [REDACTED], dated 22.08.2013			
	62.36. Ministerial Correspondence – Action Sheet re email from 'Anne Lanham', dated 19.08.2013			
	62.37. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 19.08.2013			
	62.38. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 12.09.2013			
	62.39. Ministerial Correspondence – Action Sheet re response to Kevin Bates, Queensland Teachers Union, dated 09.09.2013			
	62.40. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 13.09.2013			
	62.41. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 15.09.2013			
	62.42. Ministerial Correspondence – Action Sheet re email from [REDACTED], Counsellor, dated 16.09.2013			
	62.43. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 12.09.2013			
	62.44. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 02.10.2013			
	62.45. Ministerial Correspondence – Action Sheet re email			

	from [REDACTED], dated 08.10.2013				
	62.46. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 07.10.2013				
	62.47. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 09.10.2013				
	62.48. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 07.10.2013				
	62.49. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 07.10.2013				
	62.50. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 11.10.2013				
	62.51. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 08.10.2013				
	62.52. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 10.10.2013				
	62.53. Ministerial Correspondence – Action Sheet re email from Alison Earls, dated 09.10.2013				
	62.54. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 09.10.2013				
	62.55. Ministerial Correspondence – Action Sheet re letter from Graham Perrett, Federal Member for Moreton, dated 04.11.2013				

62.56. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 30.10.2013					
62.57. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 31.10.2013					
62.58. Ministerial Correspondence – Action Sheet re email from Dean Moss, Assistant Electorate Officer, Office of the Hon. Ian Walker, Member for Mansfield, dated 07.11.2013					
62.59. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 03.11.2013					
62.60. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 04.11.2013					
62.61. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 04.11.2013					
62.62. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 02.11.2013					
62.63. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 03.11.2013					
62.64. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 03.11.2013					
62.65. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 29.10.2013					

62.66. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 02.11.2013				
62.67. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 29.10.2013				
62.68. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 06.11.2013				
62.69. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 04.11.2013				
62.70. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 29.10.2013				
62.71. Ministerial Correspondence – Action Sheet re letter from [REDACTED], dated 01.11.2013				
62.72. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 03.11.2013				
62.73. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 29.10.2013				
62.74. Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 20.11.2013				
62.75. Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 18.11.2013				
62.76. Ministerial Correspondence – Action Sheet re email from [REDACTED] to [REDACTED]				

	dated 20.11.2013			
62.77.	Ministerial Correspondence – Action Sheet re email from [REDACTED] to Saxon Rice, Member for Mt Cootha, dated 05.11.2013			
62.78.	Ministerial Correspondence – Action Sheet re letter from Carl Judge, State Member for Yeerongpilly, dated 13.11.2013			
62.79.	Ministerial Correspondence – Action Sheet re email from [REDACTED] to Hon John-Paul Langbroeck, Minister for Education, Training and Employment, dated 16.11.2013			
62.80.	Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 20.11.2013			
62.81.	Ministerial Correspondence – Action Sheet re email from [REDACTED] dated 26.11.2013			
62.82.	Ministerial Correspondence – Action Sheet re email from [REDACTED], dated 09.12.2013			
62.83.	Ministerial Correspondence – Action Sheet re email from Alision Earls, dated 17.12.2013			
62.84.	Draft template response			
62.85.	Draft response to [REDACTED], undated			
62.86.	Draft response to [REDACTED] undated			

62.87. Draft response to [REDACTED], undated					
62.88. Draft response to [REDACTED] undated					
62.89. Draft response to [REDACTED], undated					
62.90. Draft response to [REDACTED], undated					
62.91. Draft response to [REDACTED], undated					
62.92. Draft response to [REDACTED] undated					
62.93. Draft response to [REDACTED], undated					
62.94. Draft response to [REDACTED], undated					
62.95. Draft response to [REDACTED], undated					
62.96. Draft response to [REDACTED] undated					
62.97. Draft response to [REDACTED] undated					
62.98. Draft response to [REDACTED] undated					
62.99. Draft response to [REDACTED] undated					
62.100. Draft response to [REDACTED] undated					
62.101. Draft response to [REDACTED] undated					
62.102. Draft response to [REDACTED] undated					

62.103.	Draft response to [REDACTED], undated				
62.104.	Draft response to [REDACTED], undated				
62.105.	Draft response to [REDACTED] undated				
62.106.	Draft response to Ted Malone MP, undated				
62.107.	Response to [REDACTED], dated 23.08.2013				
62.108.	Response to [REDACTED], dated 23.08.2013				
62.109.	Response to [REDACTED] undated				
62.110.	Response to [REDACTED], undated				
62.111.	Response to [REDACTED] undated				
62.112.	Response to [REDACTED] undated				
62.113.	Response to [REDACTED] undated				
62.114.	Response to [REDACTED], undated				
62.115.	Response to [REDACTED] undated				
62.116.	Response to [REDACTED], undated				
62.117.	Response to [REDACTED], undated				

62.118.	Response to [REDACTED] undated				
62.119.	Response to [REDACTED] undated				
62.120.	Response to [REDACTED] undated				
62.121.	Response to [REDACTED] undated				
62.122.	Response to [REDACTED], undated				
62.123.	Response to [REDACTED], undated				
62.124.	Response to [REDACTED], undated				
62.125.	Response to [REDACTED], undated				
62.126.	Template response from West Moreton Hospital and Health Service				
62.127.	Response to Ted Malone MP, undated				
62.128.	Response to Alison Earles, undated				
62.129.	Response to [REDACTED] undated				
62.130.	Response to [REDACTED], undated				
62.131.	Response to [REDACTED], undated				
62.132.	Response to [REDACTED], undated				
62.133.	Further response to [REDACTED]				

	undated				
62.134.	Response to [REDACTED] undated				
62.135.	Response to [REDACTED], undated				
62.136.	Response to [REDACTED] undated				
62.137.	Response to [REDACTED] undated				
62.138.	Response to [REDACTED], undated				
62.139.	Response to [REDACTED], undated				
62.140.	Response to [REDACTED], undated				
62.141.	Response to [REDACTED], undated				
62.142.	Response to [REDACTED], undated				
62.143.	Response to [REDACTED] undated				
62.144.	Premier points re [REDACTED]				
62.145.	Briefing Note for Noting to Director-General re [REDACTED] in Barrett Adolescent Centre, prepared by Sharon Kelly on 09.09.2013				
62.146.	Briefing Note for Noting to Director-General re [REDACTED] [REDACTED] prepared by				

	Ingrid Adamson and Leanne Geppert, on 02.04.2014				
62.147.	West Moreton Hospital and Health Service – Background to Barrett Adolescent Centre, October 2013				
62.148.	Further version of West Moreton Hospital and Health Service – Background to Barrett Adolescent Centre, October 2013				
62.149.	Attachment 1: Summary of affected Queensland Health positions – BAC, The Park				
62.150.	Briefing Note for Noting to Director-General re Barrett Adolescent Strategy Meeting, prepared by Leanne Geppert on 08.07.2013				
62.151.	Briefing Note for Approval to Chief Executive West Moreton Hospital and Health Service re Barrett Adolescent Centre Organisational Change, prepared by Laura Johnson on 04.12.2013				
62.152.	Briefing Note for Noting or Approval to Deputy Director – General, Health Service and Clinical Innovation Division re Urgent Accommodation Issues for Barrett Adolescent Centre Consumers, prepared by Laura Johnson on 18.12.2013				
62.153.	Briefing Note for Noting to Director-General re Update on the Barrett Adolescent Centre, prepared				

	by Laura Johnson on 19.12.2013				
62.154.	Briefing Note for Noting to Director-General re Update on the Barrett Adolescent Centre – closure of inpatient unit, prepared by Laura Johnson on 23.01.2014				
62.155.	Briefing Note for Approval to Director-General re Approval to fund Aftercare for the provision of residential and day program mental health treatment and rehabilitation for adolescents across Queensland requiring extended care in the West Moreton Hospital and Health Service catchment area from December 2013, prepared by [REDACTED] on 20.11.2013				
62.156.	Briefing Note for Noting to Director-General re Barrett Adolescent Centre, prepared by Laura Johnson on 04.12.2014				
62.157.	Briefing Note for Approval to Director-General re Update on the Barrett Adolescent Centre, prepared by Laura Johnson on 19.12.2013				
62.158.	Briefing Note for Noting to Queensland Mental Health Commissioner re Barrett Adolescent Strategy, prepared by Leanne Geppert on 17.07.2013				
62.159.	Briefing Note for Noting or Approval to Director-General re [REDACTED] prepared by [REDACTED] on 06.11.2013				

	62.160. Emails between Leanne Geppert and Ingrid Adamson re DG/Minister Brief, dated 02.04.2014				
	62.161. Attachment 1 – email from [REDACTED] dated 26.11.2013				
	62.162. Briefing Note for Noting to Director-General re Barrett Adolescent Centre, prepared by Laura Johnson on 25.11.2013				
	62.163. Emails between Leanne Geppert and 'Nicki and Jill' re URGENT BRIEF – Brief for information CHQ02966, dated 02.04.2014				
Media and Public Announcements					
63.	Email from Sharon Kelly to Alison Earls re announcement regarding Barrett Adolescent Strategy	Undated	Sharon Kelly	West Moreton Hospital and Health Service	4
64.	Draft BAC Announcement Plan v1	31.07.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
65.	Further draft BAC Announcement Plan v1	31.07.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
66.	Project schedule	18.07.2013	Naomi Ford, Project Manager	West Moreton Hospital and Health	4

				Service	
67.	Further draft BAC Announcement Plan v1	31.07.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
68.	Untitled document regarding announcement	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
69.	Relevant HHS contact list	18.04.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
70.	Template BAC Announcement – EMAIL	05.08.2013	Sharon Kelly	West Moreton Hospital and Health Service	4
71.	CHQ Mental Health Clinical Cluster Briefing	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
72.	Template letter from Dr Leanne Geppert to members to the Expert Clinical Reference Group	05.08.2013	Dr Leanne Geppert	West Moreton Hospital and Health Service	4
73.	Further template BAC Announcement – EMAIL	05.08.2013	Sharon Kelly	West Moreton Hospital and Health	4

				Service	
74.	Further template letter from Dr Leanne Geppert to members to the Expert Clinical Reference Group	05.08.2013	Dr Leanne Geppert	West Moreton Hospital and Health Service	4
75.	Template BAC Announcement – EMAIL for Consumers on Waitlist	05.08.2013	Sharon Kelly	West Moreton Hospital and Health Service	4
76.	Draft Invitation to Parents/Carers of Consumers for Teleconference	Undated	Bronwyn Mitchell	West Moreton Hospital and Health Service	4
77.	Template letter from Dr Leanne Geppert to members to the Planning Group for the Barrett Adolescent Strategy	05.08.2013	Dr Leanne Geppert	West Moreton Hospital and Health Service	4
78.	Further draft Invitation to Parents/Carers of Consumers for Teleconference	Undated	Bronwyn Mitchell	West Moreton Hospital and Health Service	4
79.	West Moreton Hospital and Health Service Expert Clinical Reference Group Recommendations, Barrett Adolescent Strategy, July 2013	July 2013	Expert Clinical Reference Group	West Moreton Hospital and Health Service	4
80.	BAC Frequently Asked Questions	Undated	West Moreton Hospital and Health Service and	West Moreton Hospital and Health	4

			Children's Health Queensland Hospital and Health Service	Service	
81.	Media Statement – Statewide focus on adolescent mental health	06.08.2013	West Moreton Hospital and Health Service and Children's Health Queensland Hospital and Health Service	West Moreton Hospital and Health Service	4
82.	<p>Key information on National Mental Health Service Planning Framework for Lesley Dwyer and Sharon Kelly</p> <p>82.1. Attachment 1 – National Mental Health Service Planning Framework Project Communique, Issue 1 – September 2011</p> <p>82.2. Attachment 2 – National Mental Health Service Planning Framework Project Communique, Issue 2 – February 2012</p> <p>82.3. Attachment 3 – National Mental Health Service Planning Framework Project Communique, Issue 3 – September 2012</p> <p>82.4. Attachment 4 – National Mental Health Service Planning Framework Project Communique, Issue 4 –</p>	Undated	Unknown	West Moreton Hospital and Health Service	4

	June 2013				
83.	Draft talking points for discussion with Health Minister	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
84.	Questions and answers for ABC, to be attributed to Peter Steer, Chief Executive, Children's Health Queensland	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
85.	Questions and answers for ABC, to be attributed to Lesley Dwyer, Chief Executive, West Moreton HHS	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
86.	ABC Media interview with Sharon Kelly, Executive Director Mental Health and Specialised Services WMHHS – audio	Unknown	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
87.	ABC Media interview with Lawrence Springborg, Minister for Health – audio	06.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
88.	BAC media speaking notes	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
89.	Protocol for medial relations – applying to Hospital and Health Services Health Service Directive	19.04.2013	Department of Health	West Moreton Hospital and Health	4

				Service	
90.	Ministerial Statement – Hon. Lawrence Springborg MP, Minister for Health re Barrett Adolescent Centre	10.09.2013	Sharon Kelly	West Moreton Hospital and Health Service	4
91.	Journal article – David Ward (2014) 'Recovery': Does it fit for adolescent mental health?, Journal of Child and Adolescent Mental Health, 26:1, 83-90	03.04.2014	David Ward	West Moreton Hospital and Health Service	4
92.	Response to ABC questions	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
93.	Draft speaking Points – Lesley Dwyer, Chief Executive WMHHS, Barrett Adolescent Centre Strategy	05.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
94.	Speaking Points – Lesley Dwyer, Chief Executive WMHHS, Barrett Adolescent Centre Strategy	05.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
95.	Draft speaking Points – Dr Peter Steer, Chief Executive CHQHHS, Barrett Adolescent Centre Strategy	05.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
96.	Speaking Points – Dr Peter Steer, Chief Executive CHQHHS, Barrett Adolescent Centre Strategy	05.08.2013	West Moreton Hospital and Health	West Moreton Hospital and Health	4

			Service	Service	
97.	Lawrence Springborg transcript of ABC radio interview – 6 August re BAC closure	06.08.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
98.	West Moreton Hospital and Health Service Media Response to ABC re Barrett Adolescent Centre	29.10.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
99.	West Moreton Hospital and Health Service Media Response to Griffith Uni re Barrett Adolescent Centre	01.11.2013	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	4
100.	Emails between Sharon Kelly, Lesley Dwyer and Shelley-Lee Waller, A/Director Media and Communications	08.11.2012	Various	West Moreton Hospital and Health Service	4
101.	Email from Naomi Ford, Communication and Community Engagement, to [REDACTED] re ABC radio: Barrett Adolescent Centre	10.12.2013	Naomi Ford, Communication and Community Engagement, WMHHS	West Moreton Hospital and Health Service	4
Medical Records					
102.	Consumer [REDACTED] – [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	5

103.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	6
104.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	6
105.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	7
106.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	8
107.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	8
108.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	9
109.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	10

110.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	10
111.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	11
112.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	12
113.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	13
114.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	14
115.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	15
116.	Consumer [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	16 and 17

117.	Consumer [REDACTED] – [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	18
118.	Consumer [REDACTED] – [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	18
119.	Consumer [REDACTED] – [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	19
120.	Consumer [REDACTED] – [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	20 and 21
121.	Consumer [REDACTED] – [REDACTED] and CIMHA extract	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	22
Transition Planning Documents					
122.	BAC Holiday Program 122.1. Barrett Adolescent Centre Holiday Program Consent Form for [REDACTED], dated [REDACTED] 122.2. Barrett Adolescent Centre Holiday Program Consent Form for [REDACTED], dated [REDACTED] 122.3. Barrett Adolescent Centre Holiday Program Consent	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23

	Form for [REDACTED], dated [REDACTED]			
	122.4. Barrett Adolescent Centre Holiday Program Consent Form for [REDACTED], dated [REDACTED]			
	122.5. Barrett Adolescent Centre Holiday Program Consent Form for [REDACTED], dated [REDACTED]			
	122.6. Barrett Adolescent Centre Holiday Program Consent Form for [REDACTED], dated [REDACTED]			
	122.7. Barrett Adolescent Centre Holiday Program Consent Form for [REDACTED], dated [REDACTED]			
	122.8. Barrett Adolescent Centre Holiday Program Consent Form for [REDACTED], dated [REDACTED]			
	122.9. BAC Holiday Program Dec 2013 – Jan 2014 Parent/Carer Contacts			
	122.10. BAC Holiday Program 16 Dec 2013 – 24 Jan 2013, Implementation Plan			
	122.11. Barrett Adolescent Centre Holiday Program Consumer Agreement			
	122.12. Template Barrett Adolescent Centre Holiday Program Consent Form			
	122.13. Example BAC Holiday Day Program Weekly Planner 10am – 3pm (Week 1)			
	122.14. Young Person's Extended Treatment and			

	<p>Rehabilitation Initiative – HDP Roles and Responsibilities of Staff</p> <p>122.15. Email from Leanne Geppert to Lesley Dwyer and Sharon Kelly re Fwd: BAC Holiday Program Implementation Plan and Example Weekly Activities, dated 20.11.2013</p> <p>122.16. Attachment 1 to Email – Example BAC Holiday Day Program Weekly Planner 9am – 3pm (Week 1), dated 20.11.2013</p>				
123.	BAC Clinical Care Transition Panel Meeting Schedule	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
124.	<p>Transition</p> <p>124.1. Transition Guide</p>	Undated	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
125.	<p>Transition</p> <p>125.1. [REDACTED]</p> <p>125.2. [REDACTED]</p>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23

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	125.12 [REDACTED]				
126.	[REDACTED] Transition 126.1. Community Contacts 126.2. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
127.	[REDACTED] Transition 127.1. Community Contacts 127.2. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
128.	[REDACTED] Transition 128.1. Community Contacts 128.2. [REDACTED] 128.3. Transition Guide	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
129.	[REDACTED] Transition 129.1. Checklist 129.2. Community Contacts	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23

	129.3. Transition Guide				
130.	<div>Transition</div> <div>130.1. Community Contacts</div> <div>130.2. Transition Guide</div>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
131.	<div>Transition</div> <div>131.1. Community Contacts</div> <div>131.2. <div></div></div> <div>131.3. Transition Guide</div>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23
132.	<div>Transition</div> <div>132.1. <div></div></div> <div>132.2. <div></div></div> <div>132.3. <div></div></div> <div>132.4. <div></div></div>	Various	West Moreton Hospital and Health Service	West Moreton Hospital and Health Service	23

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