EXHIBIT 55

Oaths Act 1867

Statutory Declaration

I, **Dr Leanne Geppert** of c/- West Moreton Hospital and Health Service, Chelmsford Avenue, Ipswich in the state of Queensland, do solemnly and sincerely declare that:

1 What are Dr Geppert's current professional role/s qualifications and memberships? Please provide a copy of Dr Geppert's current/most recent curriculum vitae.

1.1 Annexed and marked **LG-1** is a copy of my current curriculum vitae.

1.2 My current professional roles, qualifications and memberships are outlined in my curriculum vitae.

2 We understand that Dr Geppert has held the role of Director of Strategy, Mental Health & Specialised Services at West Moreton Hospital and Health Service (WMHHS) since May 2013 and held the role of Director, Planning and Partnerships Unit at the Mental Health Alcohol and Other Drugs Branch at Queensland Health prior to this.

(a) Explain what Dr Geppert's key responsibilities are/were in these position/s;

2.1 The key responsibilities in my position as Director, Planning and Partnerships, Mental Health Alcohol and Other Drugs Branch (**MHAODB**) were:

(a) Provide strategic leadership and operational management of the Planning and Partnerships Unit, including initiating, directing and supporting State-wide implementation of projects and initiatives associated with the priority areas outlined in the Queensland Plan for Mental Health (**QPMH**).

(b) Initiate, coordinate, prepare and provide high level advice on the implementation of the initiatives associated with the QPMH and relevant Australian Government and Queensland Government agencies and other stakeholders.

(c) Coordinate and provide high level advice to the Executive Director, MHAODB

through analysis and assessment of trends on emerging and critical issues to mental health service delivery.

(d) Provide advice, direction and management of issues to ensure alignment of the organisations associated with the QPMH, with the strategic direction of the MHAODB.

(e) Interpret, analyse and communicate complex ideas and information to a range of government, private, and non-government stakeholders, including consumers and carers. This includes a heightened awareness to State and Commonwealth resource and funding opportunities such as the Health & Hospitals Fund, Regional Priority Round Funding.

(f) Work collaboratively with Australian Government and Queensland Government agencies in implementing national and state initiatives relating to service improvement, service planning, and service development to facilitate the delivery of recovery orientated services and related system development.

2.2 The key responsibilities in my position as Director of Strategy, Mental Health and Specialised Services, WMHHS are as outlined in the role description for that position, a copy of which is annexed and marked **LG-2**.

(a) Explain why Dr Geppert was seconded to the role of Director of Strategy, Mental Health & Specialised Services at WMHHS; and

2.3 I believe I first met the Executive Director, Mental Health and Specialised Services WMHHS, Sharon Kelly in person for the first time at a meeting at MHAODB on 25 October 2012, the purpose of that meeting being to discuss the reform agenda within WMHHS mental health services.

2.4 At the time, I worked in the position of Director, Planning and Partnerships at MHAODB reporting to Dr Bill Kingswell, Executive Director MHAODB.

2.5 In the first part of 2013 I applied for a position at WMHHS. Sharon Kelly chaired the

interview panel for that position. She telephoned me after my interview and said that she felt my skill set was more aligned to the position of Director of Strategy. She said that WMHHS wished to eventually fill the position on a permanent basis and asked if I would be interested to apply. I said I was interested in the role but did not want to give up my substantive position at MHAODB at that point in time. She offered me the position on a secondment basis so that I did not have to give up my substantive position, however in January 2015 I moved into the position permanently on the basis of a transfer at level. I continue to hold the equivalent of this position.

(a) Provide copies of Dr Geppert's job description and employment contract.

2.6 The job description for the role of Director of Strategy, Mental Health and Specialised Services is contained in the role description referred to in paragraph 2.2.

2.7 Annexed and marked **LG-3** is a copy of my employment contract.

3 Explain Dr Geppert's role and involvement with the Barrett Adolescent Centre (BAC).

3.1 The QPMHprovided funds for a range of State-wide projects including:

(a) Services redesign at The Park Centre for Mental Health (**The Park**), which was documented in project plans under the QPMH and included ceasing the provision of adolescent mental health services at The Park complex.

(b) Construction of a new facility for adolescent mental health extended treatment and rehabilitation, to which the services provided at BAC would be relocated. The facility was to be constructed at Redlands on land adjacent to the Redlands Hospital. This process was intended to include a review of the model of service.

3.2 In 2012:

(a) Work pursuant to the redevelopment plan for The Park, had been ongoing for several years and was well advanced across most associated projects at The Park.

(b) A site adjacent to the Redlands Hospital had been purchased for the facility to which

the services provided at BAC were to be relocated. A project team was in place and development of the project was progressing, however the project encountered cost overruns and environmental issues. The detail of the model of service for Redlands had not been fully developed.

3.3 The Planning and Partnerships Unit in MHAODB was responsible for the State-wide coordination of projects associated with the QPMH, in collaboration with key stakeholders in the service Districts and other departmental units such as the Health Planning and Infrastructure Branch. This included the capital program associated with the Redlands project, and support for change management processes at The Park. As Director of the Planning and Partnerships Unit in MHAODB, I was aware of the progress of the Redlands project and The Park change management process, and my team worked with the relevant HHS services and other stakeholders to progress and report against these projects. My team provided oversight, coordination and policy advice relevant to the projects of the QPMH, however decision-making for the allocation and utilisation of funding of these projects was held at a higher level in the organisation than my position and team.

3.4 Following the change of State government in March 2012, there was a significant emphasis placed on cost control within all areas of Queensland Health. The Blueprint for Better Healthcare in Queensland was issued. Hospital and Health Services came online as independent statutory bodies from 1 July 2012 and were expected to operate within budgets and to significantly reduce costs. MHAODB was instructed to review capital projects (and all cost areas). The planned adolescent facility at Redlands was identified as a project which would not progress due to significant capital delays and cost overruns. Attached and marked **LG-4** is a copy of a briefing note that I prepared at the request of Dr Kingswell with a recommendation that the Director-General approve the cessation of the Redlands capital program.

3.5 In August 2012, a formal decision to cease the project at Redlands was confirmed. I am not specifically aware of who made this formal decision, but cessation of the Redlands project required at least the approval of the Director-General.

3.6 As the ongoing redevelopment plan for The Park included the cessation of adolescent

services at that site, I understood it remained necessary for WMHHS to consider the future of BAC and the services provided by it. It was my understanding as the Director of Planning and Partnerships that BAC could not stay at The Park site due to the BAC building not being able to be suitably refurbished and due to The Park undergoing redevelopment to become an adult only, forensic and secure mental health facility. For these reasons, I was aware the 'bricks and mortar' facility of BAC was to be closed, and consideration should be given to how alternative services should be provided to the cohort of adolescents requiring extended treatment and rehabilitation.

3.7 Following the decision that the Redlands facility would not be built, my involvement with BAC was that:

(a) On 25 October 2012 I attended a meeting at MHAODB's offices. Also in attendance were Dr Bill Kingswell and Dr Mohan Gilhotra (Chief Psychiatrist) from MHAODB and Sharon Kelly from WMHHS. We discussed the projects under the QPMH relevant to WMHHS, which included BAC. I do not have a clear recall of the meeting, but we would have discussed that the Redlands project had been ceased and that there needed to be consideration of how services would be provided based on BAC being unable to remain at The Park site. Attached and marked **LG-5** is a copy of an email dated 26 October 2012 which I received from Sharon Kelly summarising the discussions at the meeting, including in relation to BAC.

(b) The email records that Sharon Kelly would meet with Dr Trevor Sadler, Clinical Director BAC and Dr Terry Stedman, Clinical Director of The Park with the intention of advising them that closure of BAC was not optional and needed to be progressed. The email records that I was to attend that meeting, however I did not attend. I do not now recall why.

(c) On 8 November 2012 I received an email advising that Dr Brett McDermott, Executive Director Mater Child and Youth Mental Health Service (CYMHS) had made a statement in the context of having given evidence to the Child Protection Commission of Inquiry, that the BAC would be closed. Attached and marked **LG-**

6 is a copy of that email. This caused concern in the public and mental health sector domains which I believe could have been at least partially mitigated had WMHHS had the opportunity to appropriately plan a communications strategy with staff, patients and their families before making any announcements. Other than impacting on time frames regarding announcements and commencement of broader stakeholder meetings, I do not believe it ultimately affected the governance or change processes that followed.

(d) WMHHS prepared a Project Plan for the Barrett Adolescent Strategy which established the governance structures for the development of an alternative contemporary State-wide model of care to replace the services provided at BAC. Attached and marked **LG-7** is a copy of the Project Plan.

(e) I chaired the Expert Clinical Reference Group (**ECRG**) which considered contemporary models of care for subacute mental health treatment and rehabilitation for adolescents in Queensland, knowing that the Redlands project would now not proceed.

(f) I was a member of the Planning Group which considered the recommendations of the ECRG as well as other inputs, and made recommendations to the Health Service Chief Executive, WMHHS regarding service delivery.

(g) On 13 May 2013 I was seconded to the position of Director of Strategy, Mental Health and Specialised Services at WMHHS where my role responsibility was across the Division of Mental Health and Specialised Services, although between May 2013 and January 2014 a significant portion of my time was committed to work regarding BAC. I have not held a clinical role at any point in my employment with WMHHS, and did not have any clinical responsibilities associated with my role. I also did not have any operational or workforce responsibilities for BAC. My BAC involvement included:

(i) Preparation of project plans and written briefings, preparation of responses to correspondence and written complaints, engagement with

internal and external key stakeholders associated with the BAC Strategy, and provision of high level strategic advice to my line manager Sharon Kelly and to Health Service Chief Executive Lesley Dwyer.

(ii) I attended BAC Weekly Update Meetings at which progress of matters associated with the BAC Strategy was discussed. This included BAC patient and workforce issues, patient transition processes, communications, updates from other State-wide committees relevant to BAC, and review of the Issues Register.

(iii) I sought submissions from the WMHHS clinical team and the patient-receiving HHS services/care providers for funding packages to support the transition of particular patients from BAC to other HHS services/care providers. I ensured these submissions engaged all relevant decision-makers in their preparation and finalisation, and acted as a conduit to the dissemination of information relevant to the submission.

(iv) I was often the WMHHS point of contact for Dr Anne Brennan about any issues associated with BAC that required escalation to a senior member of staff, in the event that Sharon Kelly was not available.

(v) I was the point of contact and person who engaged with key stakeholders such as MHAODB and mental health services at other HHSs at a high level to overcome barriers to transitions, because my previous role as Director of Planning and Partnerships meant that I had established relationships at senior executive level within mental health services at most HHSs across the State and had an established relationship with MHAODB.

(vi) I was a member of the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee **(SWAETRI)** that was chaired by Children's Health Queensland Hospital and Health Service **(CHQHHS),** which had oversight for the implementation phase of

the BAC Strategy, including planning and implementation for new and expanded statewide service options for adolescents requiring extended treatment and rehabilitation..

(vii) I was a member of the Young People's Extended Treatment and Rehabilitation Initiative, which provided strategic, clinical and operational governance to the development and implementation of the WMHHS, CHQHHS, and Aftercare Transition Services.

(viii) I co-chaired the SWAETRI Service Options Implementation Working Group Forum on 1 October 2013 with multidisciplinary representatives from across the State from the mental health and non-government sectors.

4 Explain the purpose of the Barrett Adolescent Strategy meetings and Dr Geppert's role in these meetings.

4.1 So far as I am aware there was only one meeting specifically called the Barrett Adolescent Strategy Meeting. That meeting was held on 23 July 2013. I attended the meeting in my capacity as Acting Director of Strategy, Mental Health and Specialised Services. Attached and marked **LG-8** is a copy of the minutes of that meeting.

4.2 On 23 May 2013 the West Moreton Hospital and Health Board **(WMHHB)** approved the development of a communication and implementation plan inclusive of financial strategy to support the proposed closure of BAC.

4.3 The purpose of the meeting on 23 July 2013 was to discuss the implementation stage of the Barrett Adolescent Strategy in view of the WMHHB decision, given that a range of key stakeholders had been identified as integral to this stage of the process. It was at this point, and was an outcome of this meeting, that governance for the implementation was shifted from WMHHS and assumed by CHQHHS via the SWAETRI. The SWAETRI was established for that purpose and was to report to another new body, that being the Chief Executive and Department of Health Oversight Committee. Attached and marked **LG-9** and **LG-10** are copies of the Terms of Reference for those committees respectively.

5 We understand that Dr Geppert was the Chair of the Expert Clinical Reference Group.

(a) Explain Dr Geppert's role in this Group.

5.1 I was the Chair of the ECRG. I note that the full minutes and agendas of the ECRG are held by MHAODB and I do not have access to all of them at this time.

5.2 The role of the Chair was to be an enabler for the members of the ECRG to consider and debate issues and to reach a consensus opinion which could be placed into a report that would be considered by the Planning Group of WMHHS.

5.3 In addition, as Chair of the ECRG, I was also a member of the Planning Group for the purposes of reporting to the Planning Group regarding the ECRG's deliberations and report. Dr Trevor Sadler, Clinical Director BAC was also a member of both the ECRG and the Planning Group for the same reason.

(b) How and by whom was Dr Geppert appointed to this Group?

5.4 On 23 November 2012 Chris Thorburn, Acting Director Services Redesign WMHHS emailed me and asked if I would chair the ECRG. It is my understanding that consultation had occurred between MHAODB and WMHHS regarding this. I have been unable to locate any formal paperwork regarding that appointment.

(c) Who were the other members of this Group and what was their expertise?

5.5 The other members of the ECRG and their expertise is as follows:

(a) Dr Trevor Sadler, Clinical Director BAC;

(b) Dr Michele Fryer, Faculty of Child and Adolescent Psychiatry;

(c) Dr James Scott, Consultant Psychiatrist Early Psychosis, Metro North Hospital and Health Service;

(d) Dr David Hartman, Clinical Director, Community Youth Mental Health Service,

Townsville Hospital and Health Service;

(e) Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South-Western Sydney Local Health Districts;

(f) Ms Josie Sorban , Director of Psychology, Community Youth Mental Health Service, CHQHHS;

(g) Ms Amanda Tilse, Operational Manager, Alcohol, Other Drugs and Campus Mental Health Services, Mater Children's Hospital;

(h) Ms Amelia Callaghan, State Manager Queensland, NT and WA, Headspace;

(i) Ms Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit and Day Service, Townsville Hospital and Health Service;

(j) Mr Kevin Rodgers, Principal of the Barrett School;

(k) a consumer representative, whose name can be supplied to the Commission on request, whose role was to provide input from the perspective of being a former patient recipient of mental health services;

(l) a carer representative, whose name can be supplied to the Commission upon request, whose role was to provide input from the perspective of a parent or carer of an adolescent patient recipient of mental health services.

(d) What activities did Dr Geppert undertake as part of this Group (particularly in relation to considering the necessity of Tier 3 – inpatient services)?

5.6 The activities I undertook as part of the ECRG were:

(a) I chaired the meetings of the ECRG.

(b) In my role as Chair, I reported up to the Planning Group. Dr Sadler and I were members of both the ECRG and the Planning Group to provide a continuity link and ensure that the ECRG recommendations were adequately conveyed to members of

the Planning Group.

(c) My Planning and Partnerships Unit team at MHAODB provided the resources for the secretariat services to the ECRG.

(d) Following the first meeting of the ECRG on 7 December 2012, I provided a summary of the meeting to the Planning Group, which included feedback to the Planning Group as to the Terms of Reference for the ECRG. Attached and marked **LG-11** is a copy of the Summary of Meeting. I provided informal updates to Sharon Kelly as the Chair of the Planning Group and my line manager Dr Bill Kingswell thereafter.

(e) I set agendas for meetings of the ECRG based on the Terms of Reference, and with input from the ECRG and the Planning Group members as identified through their discussion raised in each previous meeting.

5.7 The ECRG members interacted on a collegiate and didactic basis. In considering the matters within the Terms of Reference, the members brought to the discussion the benefit of their particular experience and expertise. It was for that reason that a broad membership was chosen which included regional and interstate clinicians, community mental health and inpatient mental health specialists, non-government providers, an educational provider and consumer and parent/carer perspectives.

5.8 Specifically in relation to the necessity of a Tier 3 inpatient service, the broad representative nature of the ECRG membership meant that a wide spectrum of models of care were represented. Between them, these members had both academic and practical experience with different models of care which were debated and discussed at length in the ECRG meetings. This included extensive discussions regarding the necessity and principles of Tier 3 services. A range of contemporary models of care and service types were considered.

5.9 It was not the role of the ECRG to develop a precise model of service. This is made clear in the ECRG's report. A precise model of service requires that the specifics of the following be articulated:

(a) what services are to be provided and by who;

(b) where the services are to be provided;

(c) how the services will be provided.

5.10 The MHAODB has templates for developing models of care. The role of the ECRG was not that. The ECRG's role was more of a systemic approach and the aim was to recommend the broad components of a service continuum for patients in this particular cohort across Queensland.

(e) What was the relationship between this Group and the Barrett Adolescent Strategy Planning Group?

5.11 The ECRG prepared a report which it submitted to the Planning Group for its consideration, along with other elements, for the Planning Group to make recommendations to the West Moreton Health Service Chief Executive.

5.12 Dr Sadler and I were members of both the ECRG and the Planning Group.

6 What briefings did Dr Geppert provide to, and what meetings or consultations did Dr Geppert have with, the Department of Health (including the Director of Mental Health) and other Hospital and Health Services (including Children's Health Queensland Hospital and Health Service (CHQHHS) in relation to the closure of the BAC?

6.1 In relation to briefings to the Department of Health (including the Director of Mental Health):

(a) I prepared the first draft of many written briefing notes sent by WMHHS to the Department of Health from May 2013 onwards regarding closure of BAC. I provided the drafts to Sharon Kelly who made any changes she required and submitted the brief to the Health Service Chief Executive, Lesley Dwyer, who was the approver of briefs to be provided to the Department.

(b) I did not provide any written briefs on my own account.

(c) I attended a verbal briefing provided by Lesley Dwyer to the Director-General on 17 June 2013. Present were Lesley Dwyer, Sharon Kelly and I on behalf of WMHHS, the then Director-General, Tony O'Connell and the then Deputy Director-General, Michael Cleary. I do not believe I made any direct contribution.

6.2 I do not recall providing any briefings on my own account to other Hospital and Health Services in relation to closure of BAC.

6.3 I do not believe that I held meetings or consultations as a WMHHS decision-maker with the Department of Health (including the Director of Mental Health) in relation to closure of BAC as such meetings and consultations would have taken place between Sharon Kelly, Lesley Dwyer and Mary Corbett with their equivalents at the Department of Health, namely Dr Kingswell, the Director-General and the Minister respectively. I attended some meetings with Sharon Kelly and/or Lesley Dwyer in a support and/or information role, and I provided advice in their preparation for many of these meetings.

6.4 I do not believe that I held meetings or consultations as a WMHHS decision-maker with other Hospital and Health Services (including CHQHHS) in relation to closure of BAC as such meetings and consultations would have taken place between Sharon Kelly, Lesley Dwyer or Mary Corbett with their equivalents at the particular Hospital and Health Service. I may have attended meetings with Sharon Kelly and/or Lesley Dwyer in a support and/or information role, and I provided advice in their preparation for many of these meetings.

6.5 I acted in the role of Executive Director Mental Health and Specialised Services in Sharon Kelly's absence from 13 November 2013 until 1 December 2013 while she was acting in a position in another HHS, and again from 14 December 2013 to 12 January 2014 while she was on leave.

7 When, how and by whom, did Dr Geppert first become aware that the BAC was to be closed?

7.1 It was my understanding from at least 2008 that the existing BAC at The Park site would likely be closed. In my role as Director of Planning and Partnerships MHAODB, I was aware that it was part of the QPMH that BAC was to close and the services were to be

relocated to a facility to be built at a site adjacent to the Redlands Hospital. The QPMH provided funding for the construction of the Redlands facility, and a project plan was in progress in relation to that project.

7.2 The Redlands project encountered environmental and other issues, and cost overruns. The project was halted, with the formal decision in August 2012 that funding for the project would be withdrawn. However, the services re-design which was occurring at The Park made continued co-location of BAC on The Park campus inappropriate.

7.3 On 7 November 2012 I had a discussion with Sharon Kelly regarding the need to finalise a Brief to the Minister regarding closure of BAC, following which MHAODB would arrange a meeting in collaboration with WMHHS and other stakeholders to delineate alternative service models.

7.4 On behalf of WMHHS, my team was asked to co-ordinate a meeting of key senior stakeholders including MHAODB, WMHHS, Townsville HHS, Mater CYMHS, Metro South HHS, CHQHHS, Gold Coast HHS and Darling Downs HHS which was held on 15 November 2012. At this meeting, WMHHS sought the support, advice and collaboration of the other services in developing an alternative model of service to replace the services then being provided at BAC. My team drafted the email invitation, which was sent by Lesley Dwyer, noting that the BAC facility had been identified by the Australian Council of Healthcare Standards (**ACHS**) as unsafe and necessitating urgent replacement, and that there was concern regarding its co-location with adult forensic and secure services at The Park. Attached and marked **LG-12** is a copy of my email listing the invitees to that meeting and Lesley Dwyer's email inviting attendance.

7.5 Subsequent to this, consideration of a plan for the future of the services being provided at BAC was ongoing through the layers of review and recommendation comprising the review of the ECRG concerning service models, considerations by the Planning Group, recommendations by the Planning Group to the West Moreton Health Service Chief Executive, by the Health Service Chief Executive to the West Moreton Hospital and Health Board and, ultimately, briefing of the Minister for Health for a decision.

7.6 I did not reach full confidence that BAC was to be closed until the Minister for Health formally made a decision that BAC was to be closed, which was announced by the Minister on 6 August 2013.

8 We understand that the WMHHS provided briefings and ongoing guidance to the Queensland Mental Health Commissioner in relation to how to respond to queries in relation to the BAC.

(a) When did Dr Geppert and her team provide briefings or guidance to the Queensland Mental Health Commissioner?

8.1 I assisted in the preparation of a range of information provided by WMHHS to the Queensland Mental Health Commissioner, Dr Lesley van Shoubroeck, regarding BAC, which included information for the 2014 Budget Estimates process and information to assist the Queensland Mental Health Commission respond to correspondence they received about BAC. I drafted a letter to the Commissioner for Children and Young People and Child Guardian, which the Queensland Mental Health Commissioner was copied into.

8.2 I provided the Queensland Mental Health Commissioner with prepared documents such the BAC Fast Facts and Staff Communiques, and ECRG documentation, all of which had previously been approved by WMHHS.

8.3 I authored a Briefing Note for Noting which was sent by the Health Service Chief Executive, Lesley Dwyer to the Queensland Mental Health Commissioner dated July 2013 providing an update regarding the Barrett Adolescent Strategy. Attached and marked **LG-13** is a copy of that Briefing Note.

(b) In each instance, what briefing or guidance did Dr Geppert and her team provide to the Queensland Mental Health Commissioner?

8.4 As requested and approved by Sharon Kelly, updates were provided on the progress of the BAC Strategy and the process of closure once that commenced. The key messages for patients, families and staff were shared with the Queensland Mental Health Commissioner, along with information about the challenges for stakeholders. Relevant information was

provided to the Commissioner regarding complaints and correspondence received about BAC closure, to assist the Commissioner in her responses to complaints and correspondence. Details are provided in my response to question 8(a).

9 We understand that Dr Geppert attended a Parent and Carer Information Session on 10 December 2013.

(a) What was Dr Geppert's role in this Session?

9.1 My role in the Parent and Carer Information Session on 10 December 2013 was:

(a) I participated in a site visit with CHQHHS to facilities in Victoria (14 and 15 August 2013) in my role as a member of the SWAETRI, where we met Dr Sandra Radovini.

(b) I suggested that Dr Radovini be invited to come to Queensland to share her professional experience with those involved with the BAC Strategy. Through consultation with CHQHHS and the MHAODB, it was decided to invite Dr Radovini to provide an information session to BAC staff, another session for child and youth mental health professionals more broadly across the State, and an information session to parents and carers of BAC patients. Dr Radovini was invited to provide information and share her experiences of working with children and adolescents with complex and multiple mental health needs. The aim was to provide stakeholders with information as to how another State manages patients in this cohort.

(c) As I recollect, WMHHS was the primary funder for Dr Radovini to come to Queensland to give the sessions as suggested. CHQHHS and I liaised with Dr Radovini to make the necessary arrangements for her to come.

(d) Sharon Kelly was an apology to the parent and carer session, and so on her behalf I hosted the parent and carer session at WMHHS which involved welcoming attendees, providing an outline of the session and introducing Dr Radovini. I also gave a presentation on the Transitional Service Options which were being developed via the SWAETRI, with consultation across both WMHHS and CHQHHS.

(b) What were the key messages communicated during this session?

9.2 An individual invitation was sent to the parent/carer representative for each of the then BAC patients. Four of them advised they would be attending, although I recall that one of these was an apology on the day. The session attendance was therefore very small and was approached informally.

9.3 Dr Radovini informally spoke to the attending parents about how adolescent mental health services are provided in Victoria. She was not advocating any particular model of care, but simply providing information for the parents to understand that there are different models of care in operation in different places.

9.4 My presentation set out an interim plan of service provision for young people with severe and persistent mental health problems, as discussed and developed via the SWAETRI. Key issues outlined in the presentation included that:

(a) It is imperative to ensure there is no gap to service delivery for BAC patients.

(b) We were working within a partnership model that included WMHHS, CHQHHS, the Department of Health and Aftercare (non government service provider).

(c) The interim options were to be a pilot for future service options.

(d) We would focus on individual recovery-oriented packages of care that reconnected young people to their local communities.

(e) That clinical safety and risk mitigation were key priorities.

(f) That the interface between Queensland Health and the Department of Education Training and Employment was a high priority.

Attached and marked **LG-14** is a copy of my Power Point presentation.

9.5 Following my presentation, Dr Stephen Stathis from CHQHHS did a Power Point presentation with information about the services which CHQHHS proposed for adolescent

mental health services patients. He also talked about the site visits which had recently been done interstate to consider other models of care in place elsewhere. He spoke about the ECRG recommendations and the proposed model of care for all adolescent mental health services, not just extended treatment and rehabilitation services. Dr Stathis' Power Point presentation was subsequently made available on the CHQHHS website. Attached and marked **LG-15** is a copy of Dr Stathis' Power Point presentation.

10 What consultations, meetings or contact did Dr Geppert have with the families of BAC patients before and after the closure of the BAC?

(a) How were the views of families of BAC patients taken into account in the transition planning process?

10.1 I did not have a formal role as a first point of contact for families of BAC patients before or after closure of BAC. It was not part of my mandated role to have direct contact with parents and carers.

10.2 The consultations, meetings and contacts I had with the families of BAC patients before and after closure of BAC were:

(a)

(b)