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[illegible] Project Director of the [illegible] has [illegible] stated that "It has been recognised that to remain relevant in a comprehensive health care system, it is likely the model of extended inpatient care of adolescents will continue [illegible] with a clear focus on adolescents with severe and complex mental health disorders. International guidelines have indicated that inpatient care is [illegible] necessary only for the most severe and complex young people and the [illegible] day patient, community focused [illegible] youth mental health care." This statement supports the Barrett model. In addition, the current ACHS National Standards for Mental Health Services [illegible] nothing that would lead anyone to conclude that an extended inpatient facility like Barrett "does not meet current Standards or future standards for contemporary models of care for young people". In fact, it states that [illegible] a range of evidence based treatments and facilities [illegible] and support programs which [illegible] recovery". [illegible] states that "The MHS provides the least restrictive and most appropriate treatment and support possible [illegible] given to the consumer's needs and preferences, the demand [illegible] and the availability of support and safety of those involved." And this again supports the Barrett model [illegible] and support possible [illegible]

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[illegible]

Terms of Reference

Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee

1. Purpose and Functions

The purpose of the Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee (Governance Committee) is to:

- Develop a pilot service model of residential rehabilitation for young people (16 – 18 years) with mental health problems that may benefit from extended mental health treatment care in a community setting.
- Contribute as relevant to the preparation of a contractual service agreement between service partners of YPETRI House.
- Provide strategic and operational governance for the ongoing delivery of services through YPETRI House, during the pilot period from February to December 2014, to ensure that milestones and key deliverables of the initiative are met in the required timeframes, and that all accountabilities are fulfilled.
- Establish a multidisciplinary Referral Panel that will receive and triage statewide referrals into YPETRI House.
- Provide governance to the risk management process and associated mitigation strategies of the pilot initiative, and escalate in a timely manner to the Adolescent Mental Health Extended Treatment Initiative (AMHETI) Steering Committee and/or Chief Executives of Children's Health Queensland and Aftercare.
- Prepare and provide update reports to the to the AMHETI Steering Committee and the Chief Executives of Children's Health Queensland and Aftercare, as required.
- Provide an escalation point for the resolution of issues and barriers associated with the delivery of quality services by YPETRI House.
- Prepare an evaluation of the pilot program following its conclusion in December 2014.

2. Guiding principles

- The *Health Services Act 1991*
- *Fourth National Mental Health Plan*
- *Queensland Plan for Mental Health 2007-2017*
- *Mental Health Act 2000*

3. Authority

Committee members are individually accountable for their delegated responsibility and collectively responsible to contribute to advice provided by the Committee to the Chair in the interests of a whole-of-service position.

The Committee will endorse all key deliverables for approval by the Chief Executives of Children's Health Queensland and Aftercare.

Decision Making:

- Recommendations of the Governance Committee will be by majority and will be made in writing to the AMHETI Steering Committee.
- If there is no group consensus in relation to critical matters, the co-Chairs will jointly escalate the issue/s to the AMHETI Steering Committee and/or Chief Executives of Children's Health Queensland and Aftercare (whichever is appropriate to the issue at hand).
- Decisions (and required actions) will be recorded in the minutes of each meeting.

4. Frequency of meetings

Meetings will be held fortnightly on Thursday from 3.30pm for one hour duration unless otherwise advised.

In addition, the Chair may call additional meetings as necessary to address any matters referred to the committee or in respect of matters the committee wishes to pursue within its Term of Reference.

Attendance can be in-person or via teleconference.

The Governance Committee is life limited for the duration of the pilot of YPETRI House until December 2014. The Chair will advise the Committee members approximately one month prior to the dissolution of the Governance Committee.

5. Membership

Medical Director	CYMHS, CHQ HHS	Co Chair
National Operations Manager	Aftercare	Co Chair
Project Manager	AMHETI, CHQ HHS	Member
Service Manager	Aftercare	Member
A/Director of Strategy	MHSS, West Moreton HHS	Member
A/Director	Planning and Partnership Unit, MHAOD Branch	Member

Membership will take into account issues associated with confidentiality and conflicts of interest (including contestability).

Chair:
The Committee will be co-chaired by the Medical Director of CYMHS CHQ and the National Operations Manager of Aftercare (or their delegate). The delegate must be suitably briefed prior to the meeting and have the authority to make decisions on behalf of the Chair.

Each Chair will hold their seat for two quarters of the 12 month period – January, February, March (Aftercare) / April, May, June (CHQ HHS) / July, August, September (Aftercare) / October, November, December (CHQ HHS).

Secretariat:
The Secretariat will be provided by CHQ, who will facilitate the provision of the:

- Venue
- Agenda
- Minutes of previous meetings
- Briefs for any agenda items that require endorsement by the Chair three (3) working days prior to the meeting.

Proxies:
Proxies are not accepted for this Governance Committee, unless special circumstances apply and specific approval is given for each occasion by the Chair.

Other Participants:
The Chair may request external parties to attend a meeting of the committee. However, such persons do not assume membership or participate in any decision-making processes of the committee.

6. Quorum

The quorum will be half the number of official committee members plus one.

7. Reporting

The Governance Committee provides the following:

- Reports (verbal and/or written) to the AMHETI Steering Committee and/or the Chief Executives of Children's Health Queensland and Aftercare, as required.

8. Performance and Reporting

Performance will be determined by the purpose and functions of this TOR being met within the required timeframes.

The Secretariat will coordinate the endorsement of status reports and other related advice to be provided to the AMHETI Steering Committee and to the Chief Executives of Children's Health Queensland and Aftercare, as required.

Members are expected to respond to out-of-session invitations to comment on reports and other advice within the timeframes outlined by the Secretariat. If no comment is received from a member, it will be assumed that the member has no concerns with the report/advice and it will be taken as endorsed.

Members must acknowledge and act accordingly in their responsibility to maintain confidentiality of all information that is not in the public domain.

Document history

Version	Date	Author	Nature of amendment
1.0	02/12/13	Senior Project Officer, MHSS, West Moreton HHS	Initial Draft
1.1	14/01/14	Senior Project Officer, MHSS, West Moreton HHS	Incorporated initial feedback
1.2	31/01/14	Senior Project Officer, MHSS, West Moreton HHS	Incorporated feedback
1.3	09/03/14	A/Director of Strategy, MHSS, West Moreton HHS	Transferred to CHQ template. Reflected changes in Committee roles and responsibilities, and establishment of Referral Panel.
Final	11/03/14	Secretariat, YPETRI Governance Committee	Finalisation of feedback.

Previous versions should be recorded and available for audit.

"LG-20"

From: Laura Johnson
Sent: 18 Dec 2013 10:43:19 +1000
To: Leanne Geppert
Subject: BAC_Consumer_Meeting_181213
Attachments: BAC_Consumer_Meeting_181213.doc

Hi Leanne,

As requested please find the draft file note from the meeting this morning.

Thanks
Laura

Laura Johnson
Project Officer - Redevelopment
Mental Health & Specialised Services

West Moreton Hospital and Health Service
T:
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West Moreton Hospital and Health Service
Barrett Adolescent Centre Consumer Meeting

File / Meeting Note	
Date/Location:	8.45am 18 December 2013. Meeting with teleconference option.
Attendees:	**CHQ*:** Dr Peter Steer (CE) Assoc Prof Stephen Stathis (Clinical Director), Ingrid Adamson (Project Manager SWAETR **West Moreton**: Linda Hardy (A/CE Leanne Geppert (A/ED, MHSS), Dr Anne Brennan (A/Clinical Director BAC).

Discussion:	1. [redacted] 2. [redacted] 3. [redacted] 4. [redacted] 5. [redacted] 6. [redacted] 7. [redacted] 8. Minister Office needs to be updated and briefed on discussions. 9. Urgent correspondence received from (Ms A Earls) through MD09 that needs to be addressed regarding young people being transitioned earlier then expected from BAC. 10. It is no longer viable or safe for young people to stay in BAC. The young people will receive better care outside of BAC. 11. The transition process does not just happen over night it takes place over a period of time. It is not safe to commence transitions at end of January 2014. 12. A closure date had to be set but was not set on clinical need. 13. [redacted]
Action Taken / Decisions:	14. [redacted] 15. [redacted]

West Moreton Hospital and Health Service
Barrett Adolescent Centre Consumer Meeting

	16
Outcome:	17. Linda Hardy to provide briefing to Lesley Dwyer. 18. Contact to be made with Ministers Adviser as a matter or urgency. Briefing to be provided on the rationale behind decisions regarding consumers at BAC. Update Peter Steer on details of briefing. 19. West Moreton and CHQ to formulate a response to urgent correspondence (Ms A Earls). Leanne Geppert to forward correspondence to Peter Steer.

"LG-21"

From: Leanne Geppert
Sent: 18 Dec 2013 13:14:28 +1000
To: Laura Johnson;Stephen Stathis;Elisabeth Hoehn;Peter Steer;Ingrid Adamson;Linda Hardy;Anne Brennan
Subject: BAC_Consumer_Meeting_181213
Attachments: BAC_Consumer_Meeting_181213.doc

Hi all
these are the draft notes from this morning's meeting - please let me know if there are any amendments required, regards, Leanne

Dr Leanne Geppert
Acting Executive Director
Mental Health & Specialised Services

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West Moreton Hospital and Health Service

Barrett Adolescent Centre Consumer Meeting

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Discussion:

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]
6. [redacted]
7. Minister's Office (senior advisor) needs to be updated and briefed on discussions.
8. Urgent correspondence received from (Ms A Earls) through MD09 that needs to be addressed regarding young people being transitioned earlier then expected from BAC. Unanimous recommendation not to meet with Ms Earls – address via standard written correspondence pathway.
9. Key issues – a closure date was set as 2/2/14, however, clinical needs of inpatients will be the primary drivers associated with transition plans of individuals and it may be that there are no inpatients at a time prior to 2/2/14. The holiday program will be delivered as planned. There is no gap to service provision – the individual consumers are having their care needs met.

Action List:

10. [redacted]
11. [redacted]
12. [redacted]
13. Linda Hardy and Leanne Geppert to provide briefing to Lesley Dwyer.
14. Linda Hardy and Leanne Geppert to seek options for joint CHQ and WM briefing of the Minister's Adviser as a matter of urgency and communicate options. Briefing to be provided on the rationale behind decisions regarding consumers at BAC.
15. West Moreton and CHQ to formulate a response to urgent correspondence (Ms A Earls). Leanne Geppert to forward correspondence to Peter Steer.

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BAC Holiday Day Program 16 Dec 2013 – 24 Jan 2014

Implementation Plan

Action	Responsibility	Timeframe	Outcome	Other
Recruit Program Manager (PM)	Aftercare	2 Dec 2013	Appropriately qualified and competent PM recruited	Strong child and youth clinical background and good management and leadership skills required.
Establish HDP Governance Group	Aftercare and QH	2 Dec 2013	Relevant staff identified and engaged in the Governance Group.	Brief Terms of Reference, membership and frequency of meetings agreed upon.
PM to develop HDP in consultation with QH staff, BAC clients and based on client profile and diagnosis	Program Manager AC with support of QH staff	9 Dec 2013	Outline of 4 day per week (9am -3pm) HDP developed and agreed upon by all key stakeholders as per Attachment 1.	Program to include a balance of therapeutic, social and recreational activities, including a weekly group for families and carers.
Two Support Staff recruited	Program Manager AC	9 December 2013	Suitably qualified support staff recruited.	Staff with good community mental health experience, group facilitation and/or youth work.
Appropriate WH HHS staff member identified and engaged to support the HDP.	WM HHS	9 December 2013	Suitably qualified and knowledgeable staff member allocated by WM	Time allocated by the staff member to HDP may vary from full day to part days.
Induction and orientation of Aftercare and QH staff	Aftercare NOM and WM HHS ED MH	10 December 2013	Staff inducted and orientated to program, Aftercare and WM HHS	
Qualified session facilitators identified and engaged for the duration of the HDP.	Program Manager AC	13 December 2013	All relevant session facilitators engaged and external social and recreational facilities sources and tentatively booked.	Aftercare will engage some staff internally e.g. art therapist, music tutor, community development officer, etc. Need to determine availability of external session facilitators over the Christmas holiday period and cost.

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BAC HDP Commences	Program Manager and Support Staff AC and session facilitators	16 December 2013	Clear, concise, well-structured and forward looking day program implemented.	Need to identify appropriate space at the BAC or The Park to run HDP.
Client satisfaction survey developed and completed on a weekly basis by participants.	Program Manager AC	Satisfaction survey developed by the 16th Dec and completed by participants at the end of each week.	High response to satisfaction survey; participants satisfied with HDP and providing insight into what they are not benefiting from; and review of future HDP activities based on satisfaction survey feedback.	Need to review existing QH and Aftercare client satisfaction survey tools.
Identify an appropriate outcome measure to be administered at the commencement, half way through and end of HDP.	Program Manager AC in collaboration with QH staff.	16 December 2013 6 January 2014 24 January 2014	Outcome data collected, compiled, reviewed and presented to Governance Group and to inform ongoing development of program.	
Program concludes with social function where participants, families/carers and staff are invited and participants are awarded a graduation certificate.	Program Manager	24 January 2014	Positive completion of the HDP and benefits recognised by participants, families/carers, and staff. Create a positive environment for moving to Phase 2 of the project i.e. a community residential with a day program.	
HDP Reviewed	Governance Group and PM	30 January 2014	Review documented and a report provided to WM HHS CEO and Board and Aftercare Board.	

Example BAC Holiday Day Program Weekly Planner 9am – 3pm (Week 1)

Monday 16 Dec	Tuesday 17 Dec	Wednesday 18 Dec	Thursday 19 Dec	Friday 20 Dec
9am • Introduction to staff and program • Icebreaker activities so participants know each other better and staff • Complete Outcome measure	**9am Optional Groups** • Art Therapy • Music – playing, writing, recording (visit studio at ADORS at Mater)	**9am Optional Groups** • Self-care/management • Impact of drug and alcohol missus and abuse on MH	**9am** • Tennis games at local Tennis Centre	**9am** • **Family/Carer Group** - Understating MI - Self-Care - Support Services - etc
10.30 Morning Tea	**10.30 Morning Tea**	**10.30 Morning Tea**	**10.30 Morning Tea**	**10.30 Morning Tea**
11.00 • Drum Beat Session	**11.00** • Healthy Eating – Nutrition – preparing lunch	**11.00** • Roller Skating at Bundamba Skateway	**11.00 Optional Groups** • Sexual Health • Small Group Tutoring – e.g. creative writing or writing poetry	
12.30 Lunch/Free time	**12.30 Lunch/Free time**	**12.30 Lunch/Free time**	**12.30 Lunch/Free time**	
1.30 Optional Groups: • Mindfulness • Body Image	**1.30** Visit Headspace Ipswich and meet staff, learn about eHeadspace and meet youth Advisory Group Members.	**1.30 Optional Groups** • Understating MI • Maintaining Good Mental Health	**1.30 Optional Groups** • Finding employment • Returning to School/TAFE/UNI • **Complete satisfaction Survey**	

Other potential groups (some gender specific and others not) that may be run in subsequent weeks:

- Trauma
- Two Wheels – Bike Repair
- Fishing
- Bush walking
- Job readiness
- Yoga
- Zumba
- Gym

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WM HHS Adolescent Residential and Day Program February 2014

Implementation Plan

Action	Responsibility	Timeframe	Outcome	Other
Initiate establishment of Residential and associated Day Program	Program Manager Aftercare	6 January 2014	Clear plan development for establishment of a community residential and associated day program with detailed costings to present to the Governance Group.	Draw on learnings and evaluation of Aftercare's TOHI in Cairns and Kurinda in Sydney, and the YPARC in Victoria. Community engagement strategy developed and a local agencies advisory group established.
Expand existing BAC Holiday Day Program Governance Group to oversee Phase 2 of the initiative	WM HHS, Aftercare and other relevant agencies within the local and specialists from the State-wide youth agencies.	17 January 2014	Relevant staff identified and engaged in the new Governance Group. Youth representation, community and Carer involvement in decision making	Terms of Reference, membership and frequency of meetings reviewed and agreed upon. Identify integration strategy with mainstream services during holiday season.
Suitable community based residential facility with up to 5-6 bedrooms identified, leased and furnished. Suitable Day Program developed based on client assessment and skill acquisition needs, and the learnings from HDP	Program Manager	31 January 2014	An appropriately zoned residence leased and a series of community integration and therapeutic interventions developed within a day program and agreed to by all key stakeholders.	Finding a large, suitably zoned, and suitably priced residence close to public amenities may be challenging.
Residential and Day Program staffing and roster developed	Program Manager AC	31 January 2014	Staff roster and staff to client ratio developed and endorsed by Governance Group.	Need to decide if the residence will be 3, 4 or 5 beds; the optimum number of staff to residents across the three shifts; if the night shift will include both a stand up and sleep over; if there will be on call provisions and by whom?
Appropriately qualified staff recruited for residential and day program.	Program Manager AC	7 February 2014	Suitably qualified and experienced staff recruited and able to start within a	

"LG-23"

			fortnight.	
Appropriate WH HHS staff member identified and engaged to support the Residential and Day Program on an ongoing basis.	WM HHS	7 February 2014	Suitably qualified and knowledgeable staff member allocated by WM HHS	Staff member may spend up to 4 hours daily at the residential working with individuals and/or participating in or leading some day program activities.
Induction and orientation for all staff	Aftercare NOM, WM HHS ED MH and other relevant staff and agencies.	13-14 February 2014	Staff inducted and orientated to program, Aftercare and WM HHS	A clear indicted program needs to be developed to ensure that staff are able to hit the ground running.
Operation and clinical governance policies and procedures developed	Program Manager	21 February 2014	Policies and procedures endorsed by Governance Group	Draw on existing policies and procedures utilised by TOHI, Kurinda, Headspace, YPARC, WMHHS, etc.
Qualified session facilitators identified and engaged for some activities within the Day Program.	Program Manager AC	21 February 2014	All relevant session facilitators engaged and external social and recreational facilities sources and tentatively booked.	Aftercare will engage some staff internally e.g. art therapist, music tutor, community development officer, etc. Need to determine availability of external session facilitators over the Christmas holiday period and cost.
Residential and Day Program commence	Program Manager and Staff employed by AC, WM HHS staff member and session facilitators	28 February 2014	Program fully ready to take residences and to commence day program. .	
Identify an appropriate outcome measure/s to be administered at entry into residence and commencement of Day Program.	Program Manager AC in collaboration with WMHHS staff member.	28 February 2014	Outcome data collected, compiled, reviewed and presented to Governance Group and to inform ongoing staff practice and program management.	
Explore options for external evaluation of the Program with local Universities or QCMHR.	Governance Group and PM	28 March 2014	Evaluator engaged at the commencement of the program; evaluation methodology agreed; and ethical clearance etc. achieved.	

"LG-24"

Young Person's Extended Treatment & Rehabilitation Initiative (YPETRI House) MODEL OF SERVICE

1. What does the Service intend to achieve?

Young people with mental health issues frequently encounter more than their fair share of problems, especially in maintaining family relationships, getting full-time work, and finding a stable place to live. The YPETRI short-term residential program seeks to address these problems by providing a supported accommodation service for young people who have mental health issues and who may have become isolated from their families or require support outside of the family home. The service also assists with family/relationship restoration, schooling and other skills training, in addition to learning about how to achieve and support good mental health.

The key functions of the YPETRI House are to:

- Provide short-term accommodation for young people with mental health issues, with the main goal of achieving independence to return to the family home, or other accommodation options, by providing a range of support services and life skills training and education.
- Arrange, coordinate and support access to a range of services for young people to maintain good mental health and wellbeing
- Support the transition for young people to live as active participants in their community of origin.

There is a developmental focus of care, with an emphasis on holistic care involving families, carers and organisations across the youth sector.

The service is provided within a recovery-oriented approach that emphasises individual strengths, builds resilience and enhances opportunities for social inclusion. YPETRI operates on the premise that, given the appropriate supports, young people can and do recover from mental health problems and mental disorders.

YPETRI House functions contribute to:

- providing high quality care to young people with a focus on building resilience, fostering individual wellbeing, and assisting in the recovery of an appropriate developmental trajectory
- assisting young people to maintain hope and progress in their recovery, and to live with mental health issues where such issues persist in the long term
- supporting young people and their families/carers, including facilitating smooth transition to other appropriate services
- reducing the need for inpatient admissions
- assisting young people to maintain or regain engagement in developmentally appropriate learning or vocational tasks

- working with young people to develop their personal support systems, and live successfully within their community
- decreasing stigma and discrimination within the local community and reducing barriers to social inclusion for young people.

YPETRI House will be able to:

- provide safe, high quality support and interventions that demonstrate best practice principles and reflect evidence based care
- provide information, advice and support to young people
- offer information and advice to other health service providers
- establish effective, collaborative partnerships with Queensland Health mental health services/teams, headspace, local health services, and other service providers and stakeholders e.g. General Practitioners (GPs), educational/vocational services, other non-government organisations (NGOs) and community groups
- establish a detailed understanding of local resources for the support of young people with mental health issues
- appropriately involve young people and their families/carers in all aspects or support
- support/uphold the rights of young people to make informed decisions and to actively participate in their recovery
- convey hope, optimism and a belief in recovery from mental health issues and disorders to young people, their families/carers and the wider community
- promote and advocate for improved access to general health care services for young people
- support health promotion, prevention and early intervention strategies for young people.

2. Who is the Service for?

The YPETRI House is for young people aged 16-21 years of age, who are experiencing mental health issues which are impacting on their capacity to live independently in their community.

Young people engaged with YPETRI will present with a range of moderate to severe, persistent mental health difficulties and/or disorders, who require specialised and skilled service responses. Many young people will also present with peer, family and social functioning problems, which can exacerbate mental health problems and disorders.

3. What does the Service do?

The key components of the YPETRI Residential are defined here. These components are essential for the effective operation of the YPETRI residential service.

KEY COMPONENT	KEY ELEMENTS	COMMENTS
3.1 WORKING WITH OTHER SERVICE PROVIDERS	**3.1.1** Strong partnerships are developed with other local health and mental health service providers, headspace, as well as with education services, the Department of Communities, Child Safety and Disability Services (DCCSDS), other NGOs and community support services.	Clear and regular contact and communication processes are maintained. Formal agreements such as memorandums of understanding are developed where possible. Joint planning will occur for the development of programs to better meet the needs of young people and their families/carers
	3.1.2 When more than one service provider is involved in service delivery, YPETRI will participate in discussions regarding the young person's care, as required.	Collaborative relationships will be developed with key clinical and non-clinical support services, such as housing, welfare, educational and vocational support, child protection, justice and recreational service providers.
	3.1.3 As specific needs and goals are identified, young people and their families/carers will be assisted in accessing an appropriate range of non-clinical support structures.	
	3.1.4 GPs may be involved as the primary service providers for young people across the entire diagnostic range.	Young people will be encouraged and supported to engage with a GP, if not already, either directly or through headspace.

KEY COMPONENT	KEY ELEMENTS	COMMENTS
	3.1.5 There is active engagement with a range of primary health care providers to meet the general health care needs of young people.	Young people will be encouraged and supported to engage with appropriate primary health care providers, as required.
	3.1.6 Young people receiving treatment in the public, private and NGO mental health sectors (e.g. by psychiatrists, psychologists and other mental health care teams/services) are supported to continue this engagement.	Roles and responsibilities of each agency involved will be negotiated and clearly established to ensure best practice
	3.1.7 To ensure effective communication, YPETRI will engage the assistance of appropriate services when young people have specific needs (e.g. sensory impairment, transcultural needs).	Relationships will be developed with the following services: • interpreter services • hearing impaired/deafness • transcultural mental health • indigenous mental health
	3.1.8 YPETRI will develop strong links with local hospital emergency departments, mental health acute care teams and mental health inpatient units so that service accessibility is supported.	Partnerships with local mental health services/ teams will be developed and supported.
3.2 REFERRAL, ACCESS AND TRIAGE	**3.2.1** All referrals will be via a single point of entry.	Clear information regarding local referral pathways to YPETRI will be available to young people, their families/carers and other service providers.
	3.2.2 Referrals will be tabled and discussed at a Panel, convened between Aftercare and Queensland Health and consisting of appropriately qualified staff.	YPETRI referrals will be fully discussed at Panel meetings and a decision made based on a number of factors including need, level

KEY COMPONENT	KEY ELEMENTS	COMMENTS
		of risk, alternative supports available, goals of placement, and current House occupancy.
	3.2.3 Consent to referral will be obtained.	The young person's consent to referral must be noted on the referral form, and signed by the young person. Young people presenting independently will be asked, where capable, to provide informed consent. The young person will be encouraged to involve parents and/or guardians in knowledge of treatment however; the best interests of the young person are placed above any parental right to be informed.
	3.2.4 A decision is made at Panel meetings regarding the most appropriate services (YPETRI and/or other) to meet the needs of the young person.	This decision will take into account - the nature of the problem - the acuity and severity of the young person's mental health issues - the complexity of the condition (including comorbidity) - the extent of functional impairment - the level of distress experienced by the young person and/or family/carers - the availability of other appropriate services.
	3.2.5 Young people unable to be housed immediately in YPETRI will be supported appropriately.	Younge people requiring an immediate residential or inpatient response will be

KEY COMPONENT	KEY ELEMENTS	COMMENTS
		managed by Queensland Health. Young people waiting for placement in YPETRI House will be supported and offered access to the YPETRI daytime living skills program. This will be managed by Aftercare, in collaboration with Queensland Health.
3.3 ASSESSMENT	**3.3.1** YPETRI will complete a comprehensive, ongoing assessment with each young person. Routine assessments will be timely, reflecting the needs of individual young people.	An ongoing assessment will explore the young person's strengths and goals, barriers to improvement, and the young person and family/carer perception of progress toward recovery goals. YPETRI will facilitate and support, where indicated, psychological, cognitive, functional, vocational, social and physical aspects of the young person's functioning.
	3.3.2 Assessments will initiate a collaborative discussion, between YPETRI and the young person's treating CYMHS team, of treatment and recovery goals, including the young persons' goals, strengths, resilience, and capacity for self-management. The assessment should also include collateral information from family/carers and other service providers, including mental health providers, GPs and schools.	A formulation of the circumstances, symptoms, relationships and co-morbidities, as well as the contributing, maintaining and protective factors, will be developed and contribute to planning.
	3.3.3 Initial and ongoing assessments will include both risk assessment and drug and alcohol use assessment.	Risks identified are incorporated into a risk management plan.

KEY COMPONENT	KEY ELEMENTS	COMMENTS
		Young people with co-morbid drug and alcohol issues and mental health issues will be eligible for entry to YPETRI. Alcohol and drug use education will be provided, as part of maintaining health and well-being
	3.3.4 Assessment will involve input from all key service providers, family/carers, and significant others where appropriate.	Relevant information will be sought and recorded with due regard for the young person's right to privacy.
	3.3.5 Physical and dental health will be routinely assessed, managed and documented.	Documented evidence of physical and oral health assessments or referral will be in the young person's file. Clinical alerts (e.g. medical conditions, allergies) must be documented in the young person's file. Young people will be actively supported to access primary health care services and health improvement activities. Any potential health issues identified will be discussed with the young person.
	3.3.6 Risk assessments will be conducted at referral, assessment and as clinically indicated. Risk assessments will include an assessment of risk to self and others.	All risk assessments will be recorded in the young person's file, and will be used to formulate a risk management plan, developed in collaboration with the young person's

KEY COMPONENT	KEY ELEMENTS	COMMENTS
		treating CYMHS team. Risk management protocols will be consistent with Aftercare policy. NEED TO ADD HYPERLINK
	3.3.7 The outcome of assessments will be communicated to the young person, family/carers, and other stakeholders as appropriate, in a timely manner, and with due respect for the young person's right to privacy.	Efforts will be made to ensure communication of the results of assessments is provided within three business days.
	3.3.8 Child safety concerns will be addressed in accordance with Aftercare policy.	Child safety protocols will be consistent with Aftercare policy. NEED TO ADD HYPERLINK
	3.3.10 At the time of acceptance to YPETRI, a general information pack about the service will be available for young people and their families/carers.	Information on YPETRI, compliments/complaints processes, and young person rights and responsibilities will be provided to all young people in an accessible manner.
3.4 **REVIEW**	**3.4.1** Team review meetings will be held fortnightly.	Meetings will be attended by the Service Manager and all rostered staff, as well as the young person's treating CYMHS case manager. There will be an established agenda for discussion of young people, with concise documentation of the content of the discussion and the ongoing plan of care recorded on the young person's file.

KEY COMPONENT	KEY ELEMENTS	COMMENTS
		The Service Manager will take responsibility for ensuring that assessments and management plans are adequate and fully completed by the young person's key worker, in collaboration with the treating CYMHS team. A review will provide an in-depth, resilience and recovery-oriented review of the young person. The opinions and observations of the young person, family/carers and other service providers/ stakeholders will be included and considered in reviews. Outcomes of reviews will be discussed with the young person and their family/carers. Any care planning or changes to recovery plans will involve the young person.
	3.4.2 All referrals will be discussed at the next scheduled Panel meeting, as soon as possible after referral.	The Service Manager will take responsibility for ensuring that new referrals, assessments and management plans are fully completed.
	3.4.3 Ad-hoc reviews will occur as required to review newly accepted young people, to address complex issues or following a critical event	The Service Manager will take responsibility for ensuring that assessments and management plans are fully completed.

KEY COMPONENT	KEY ELEMENTS	COMMENTS
	3.4.4 Each open case and the individual service plan will be discussed at formal case review meetings at intervals of no longer than two weeks, or when indicated.	A review will provide an in-depth, recovery-oriented review of the young person.
3.5 RESILIENCE & RECOVERY PLANNING	**3.5.1** A single comprehensive and individualised recovery plan will be developed with every young person, in collaboration with their treating CYMHS team and YPETRI.	Recovery plans will take into account relevant contributing, maintaining and protective factors, developed from the comprehensive and collaborative assessment. All services delivered by YPETRI are based on the principles of resilience and recovery. YPETRI considers how the concepts of resilience and recovery apply to young people and their families/carers. This includes acknowledgement that recovery takes into account developmental processes.
	3.5.2 The recovery plan is reviewed as needed, and at intervals of no longer than two weeks. Review of progress and planning for future goals, as well as exit from the program, will be integrated into the recovery plan.	A copy of the most current recovery plan will be kept in the young person's file. A review of the recovery plan can be initiated by a young person, or by any stakeholder, including team members and families/carers. Reviews of recovery plans will be performed in collaboration with the young person. Where clinically relevant, some components of the

KEY COMPONENT	KEY ELEMENTS	COMMENTS
		review process will include objective measurement tools, including but not limited to, outcome measures.
	3.5.3 Every effort will be made to ensure that recovery planning focuses on the young person's own goals.	Where conflicting goals exist this will be clearly outlined in the young person's file and recovery plan, and addressed in a way that is most consistent with the young person's goals, resilience and values.
	3.5.4 Recovery planning will be developed in partnership with every young person.	Young people will contribute as much as possible to every aspect of their recovery plan. Young people are strongly encouraged to take ownership of the recovery plan. Any changes to the recovery plan will be discussed and changed in partnership with the young person, their family/carers, and relevant service providers.
	3.5.5 Recovery plans will be developed in consultation with all relevant aspects of the young person's support and service networks.	
3.6 INTERVENTIONS	**3.6.1** Interventions, reviews and follow up processes will occur in a manner which ensures safety and meets the young person's individual needs.	Wherever possible, young people will be encouraged and supported to access services in their community of origin.
	3.6.2	

KEY COMPONENT	KEY ELEMENTS	COMMENTS
	Interventions are guided by assessment and formulation processes, using a developmentally appropriate, biopsychosocial approach, in collaboration with the young person's treating CYMHS team.	This will take into consideration the strengths and resilience within the individual, their family and their community. The consent of the young person to disclose information, and (where needed) to involve family/carers in treatment planning and delivery, will be sought in every case. Information sharing will occur in every case unless a significant barrier arises, such as inability to gain appropriate lawful consent Informed consent must be documented in the young person's file, detailing that the young person/guardian understands the treatment plan and that the guardian agrees to support the provision of ongoing care to the young person in the community. Education and information will be provided to the young person, family/carers and significant others at all stages of contact with YPETRI. A shared understanding will be fostered for all aspects of treatment, including risk management, with explicit, documented evidence of the shared understanding in the young person's file.
	3.6.3 Young people will be supported to access a range of biopsychosocial,	A range of short term, evidence-based, brief

KEY COMPONENT	KEY ELEMENTS	COMMENTS
	developmentally and culturally appropriate interventions which address the young person's individual needs. Efficacy of treatment and progress will be reviewed and evaluated throughout the episode of care.	intervention models and techniques may be utilised to increase resilience to cope with mental health issues. Group interventions will be available. Interventions will be based on resilience, recovery principles and best practice. Interventions will include relapse prevention strategies, assistance in accessing educational/ vocational services, psychoeducation, and assistance in accessing psychosocial supports. YPETRI will demonstrate a focus on strengths, connectedness, personal involvement, personal choice, resilience, and empowerment, and increasing the young person's confidence in accessing the mental health system and other community services and supports.
	3.6.5 Administration of prescription and non-prescription medications will be supervised in accordance with relevant Aftercare policy and risk management practices. NEED TO ADD HYPERLINK	The medication goals of the young person will be integrated with evidence based clinical treatment guidelines, and remain the responsibility of the prescriber and the young person. Where needed, education and strategies focused on medication compliance and adherence will be provided.

KEY COMPONENT	KEY ELEMENTS	COMMENTS
	3.6.6 Access to interventions to improve the physical health of young people will be facilitated.	All young people will receive information about physical health issues. Young people will be supported to access primary health care and health improvement services.
3.7 **TEAM APPROACH**	**3.7.1** A multi-skilled team approach will be provided.	The young person and family/carers will be informed of the team approach to care upon entry to YPETRI (and at other times when needed).
	3.7.2 Clear clinical and operational leadership will be provided for the YPETRI team.	The Service Manager has the responsibility for leadership of the team.
	3.7.3 Rosters will be managed to ensure effective use of resources and to support staff to work in a safe and effective manner.	The Service Manager has responsibility for ensuring that rosters are managed efficiently and effectively.
	3.7.4 Specific skills and knowledge will be utilised as appropriate in all aspects of service provision.	.
3.8 **CARE COORDINATION**	**3.8.1** Co-ordination of care is an essential element of an effective service delivery system, ensuring that each young person is able to access the services they need, when they need them, and generally with one identified worker accountable for co-ordinating service provision.	A range of agencies will be involved in supporting the young person, including YPETRI staff, the treating CYMHS team, GPs, other health providers, and other NGOs.
	3.8.2 All young people will be assigned a key worker upon entry to YPETRI.	The key worker will be clearly identified and

KEY COMPONENT	KEY ELEMENTS	COMMENTS
		recorded in the young person's file. The key worker has primary responsibility for the co-ordination of care, including working with the young person on goal-setting, recovery and exit planning.
	3.8.3 Effort will be made to assertively link young people and their families/carers into appropriate services.	Collaborative relationships will be developed with other service providers, including schools, primary health care, housing, welfare, educational and vocational support, justice and recreational service providers.
3.9 CONTINUITY OF CARE	**3.9.1** Clear information is provided for young people, families/carers and referral sources about how to contact the service (and/or other supports) across a 24 hour, seven day period.	This will be documented in the young person's file. Service publications and relevant information documents will include this information from a broader perspective. Documented crisis management plans will be kept in the young person's file.
	3.9.2 The young person's key worker, treating CYMHS team, and other service providers, will be clearly identified in the young person's file, and communication maintained throughout YPETRI service provision.	The process for sharing information will be explicitly documented for each young person. Strategies to ensure continuity of care include good communication, coordination, collaboration, and continual reassessment between the key worker, the YPETRI team, the young

KEY COMPONENT	KEY ELEMENTS	COMMENTS
		person, family/carers, the young person's treating CYMHS team, primary care providers and other service providers.
	3.9.3 A team response is provided for planned and crisis interventions, and is not dependent on the key worker's availability.	The team response will be clearly documented in the young person's recovery plan and crisis management plan.
	3.9.4 Queensland Health Mental Health Services acute care and/or extended hours teams may provide a time-limited backup service for YPETRI young people who require an out-of-hours psychiatric crisis response.	Service links are established with acute care/extended hours teams and local emergency departments to ensure access to acute mental health crisis support outside working hours.
3.10 **EXIT PLANNING**	**3.10.1** Exit planning is considered from first contact with the young person and their family/carers, with support time-limited.	Exit planning will be a routine component of recovery planning and each review process.
	3.10.2 Exit will occur within 3 months, or when the young person is at a stage of recovery when they have graduated to needing less intensive care and have supports in place to manage in their community.	The decision to exit a young person is at the discretion of the Service Manager, in consultation with the key worker and team, and in consideration of time limits for service provision.
	3.10.3 Young people will be exited in a timely manner, consistent with the individual recovery plan.	
	3.10.4 Exit planning will incorporate strategies for relapse prevention, crisis management and clearly articulated service re-entry processes.	

KEY COMPONENT	KEY ELEMENTS	COMMENTS
	3.10.5 Comprehensive liaison will occur with all other service providers who will contribute to the young person's ongoing care. Wherever possible, service providers responsible for the provision of ongoing care will be involved in exit planning.	Families/carers will be routinely, directly involved in exit planning wherever possible. The key worker is responsible for ensuring that letters are sent to key service providers within one week of exit from YPETRI. Exit letters will indicate relevant information including progress of care, recommendations for ongoing care, and procedures for re-referral. YPETRI will support the young person to arrange appointments with other relevant service providers prior to exit. Relapse patterns and risk assessment/management information will be provided where available. Follow up direct contact with the young person by their key worker will occur, to ensure appropriate linkages have been made and the young person has settled into their community.
3.11 COLLECTION OF DATA , RECORD KEEPING AND DOCUMENTATIO N	**3.11.1** YPETRI will enter and review all required information into CareLink, and in the young person's file, in accordance with Aftercare policy. **3.11.2** YPETRI will utilise a range of routine outcome measures, as prescribed by	ADD HYPERLINK TO POLICY Routine outcomes data is presented at reviews, to

KEY COMPONENT	KEY ELEMENTS	COMMENTS
	Aftercare.	review progress and plan future goals. Results of outcomes are routinely discussed with young people.
	3.11.3 All contacts, processes and recovery planning will be documented in the young person's file and on CareLink.	Progress notes will be consecutive within the file, according to date.
	3.11.4 All record keeping will comply with legislative requirements and Aftercare policy, including for the retention and disposal of records.	Public Records Act 2002 Right to Information Act 2009 Information Privacy Act 2009 NEED TO ADD HYPERLINK TO AFTERCARE POLICY
	3.11.5 Records in the young person's file will be kept legible and up to date, with clearly documented dates, times, and author name.	Personal and demographic details of the young person, their family/carers/guardian and other health service providers will be kept up to date.
	3.11.6 Auditing processes will monitor the quality of record keeping and documentation (including written external communications), and support relevant staff skill development.	The Service Manager will be responsible for the regular audits of records/files.
	3.11.7 There will be a single hard copy file for each young person.	The written record will align with any electronic record.
3.12 MENTAL HEALTH PEER SUPPORT SERVICES	**3.12.1** All young people and families/carers will be offered information and assistance to access peer support services.	Peer support services may be provided by internal or external services.

4. Related Services:

YPETRI will operate as part of a complex, multi-system environment aimed at supporting young people with mental health issues. YPETRI adopts a developmentally informed approach, promoting collaboration with relevant government and non-government agencies to maximise outcomes for young people and their families/carers, in a time-limited manner.

YPETRI will naturally have crucial interactions with Queensland Health Mental Health Services (both through governance, referral pathways to Panel, and collaborative care with CYMHS treating teams) and headspace, as well as developing linkages and partnerships with other key services and organisations including:

- Education Queensland and other education providers,
- Department of Communities (including Child Safety Services and Disability Services),
- alcohol, tobacco and other drug services,
- private mental health service providers,
- other NGOs,
- other Aftercare programs (e.g. PHaMS),
- specialist health clinics for young people,
- primary health care providers and networks,
- government and non-government community-based youth and family counselling and parent support services,
- housing and welfare services, and
- transcultural and Aboriginal and Torres Strait Islander services.

5. Caseload:

The YPETRI House has the capacity to safely accommodate up to 4 young people at a time, with the opportunity for up to 4 more young people to engage in the day program without residing in the house.

6. Workforce:

The YPETRI House has been established with a staffing ratio of 2:4 fulltime staff on every shift. This is to ensure maximum support for the young people, whilst also ensuring a safe and high quality effective service. YPETRI is staffed by a multi-skilled team of Adolescent Support Workers, and team members include a range of allied health and community services workers. Professional specialist areas are contributed through the team, and where necessary via other service providers, to tailor treatment planning and interventions. A roster of available casual staff also supports the House. Supervision and ongoing professional development are necessary components of maintaining a skilled mental health workforce within YPETRI. As such, all staff are expected to engage and participate in supervision and ongoing professional development, as well as mandatory training. Dedicated time is available for supervision and ongoing professional development for YPETRI staff. Staff are supported to maintain their own health and wellbeing, avoid burnout, and to access career development guidance.

7. Staff Training:

Staff will be provided with continuing education opportunities, mandatory training, supervision and other support mechanisms to ensure competence. All training will be based on best practice principles and evidence based treatment guidelines, and underpinned by a recovery framework.

All staff, including the Service Manager, will receive supervision, both operationally and clinically (as required). This supervision will be provided by appropriately qualified and skilled staff within Aftercare and/or Queensland Health, or via an approved external provider.

YPETRI will have dedicated time and resources for education and supervision, in addition to adequate staffing numbers. Education and training will include a focus on strategies and mechanisms to foster meaningful participation of young people and families/carers across service delivery, implementation and evaluation.

Education and training should include (but will not be limited to):

- orientation training for new staff
- promotion, prevention and early intervention strategies to build resilience and promote recovery and social and emotional wellbeing for young people
- developmentally appropriate assessment and interventions
- risk assessment and management, and associated planning and intervention
- evidenced based practice in service delivery
- child safety services training
- knowledge of mental health diagnoses and presentations
- communication and interpersonal processes.

8. Team and Service Governance:

The Service Manager is accountable for the direct management of the service and the team to ensure that appropriate services are delivered efficiently, and that service performance indicators are achieved. This includes:

- providing clinical governance, leadership and oversight
- operational management (including day to day clinical support and consultation to staff);
- resource, budget and administrative management
- systems maintenance
- staff operational/administrative supervision including performance management,
- liaison with mental health services, external organisations and community groups.

In YPETRI, formal team meetings will be held monthly, and case review meetings will be held fortnightly. The review meetings will be the forum at which newly accepted referrals are discussed. Formal case reviews will occur at least fortnightly, and both will be attended and chaired by the Service Manager.

The YPETRI Service Manager reports organisationally to the National Operations Manager, Aftercare. Reporting on organisational key performance indicators, budget integrity, strategic planning and direction, and operational issues is required on a regular basis.

The YPETRI Service Manager also has reporting accountability to the YPETRI Governance Committee. This Committee membership comprises of representatives from Aftercare and Queensland Health (West Moreton HHS, Children's Health Queensland HHS, and Mental Health, Alcohol and Other Drugs Branch), whose main purpose is to provide strategic, clinical and operational governance of the Young Person's Extended Treatment and Rehabilitation Initiative. Meetings are held weekly and the Service Manager is expected to provide regular reporting and feedback to these meetings.

9. Hours of Operation and Physical Environment:

The YPETRI House operates 24 hours a day, 7 days a week, 365 days a year.

The House is based within a traditional 'Queenslander' high-set dwelling. It occupies both levels of the property, with bedrooms and bathrooms on both levels, as well as staff offices on the upper level. Both levels also have large common living areas and back decks, with ample room for young people to socialise, participate in program activities, and have space for 'chill out/quiet' time. A large shared kitchen/meals area can accommodate activities around living skills (cooking, food preparation, etc) as well as a communal gathering space.

It is located in Greenslopes, an inner-city Brisbane suburb, and is in close proximity to both the Mater Children's Hospital and the Princess Alexandra Hospital, which are serviced by well-established mental health services for young people, including after-hours teams. The House is located within the Children's Health Queensland Hospital and Health Service (Queensland Health).

The YPETRI house is also well-serviced by local community support groups and non-government organisations, including HeadSpace and PHaMS. It is in close proximity to a range of community services and within walking distance of a number of metropolitan public transport systems.

10. YPETRI functions best when:

- there is an explicit understanding and attitude that young people can and do recover from mental health problems and mental disorders,
- there is an adequate skill mix within the team, with expertise and knowledge regarding working with young people with mental health issues, and necessary interventions being demonstrated by the majority of staff,
- the service has strong and effective working relationships with mental health services and primary care supports,
- the service has a good general knowledge of and contact with local resources,

- the service occupies a stakeholder position in the community, and is able to respond to local issues relevant to service delivery for young people with mental health issues,
- clear and strong clinical and operational leadership roles are provided,
- there is clear and explicit responsibility for a specified population and clear links to specified organisations,
- collaborative care arrangements are in place across different service providers, and shared recovery plans are utilised,
- strong internal and external partnerships are established and maintained,
- the service is regularly reviewed and assertively managed,
- all staff are provided with professional support, supervision and training.

11. Review:

This Model of Service Delivery will be reviewed in July 2014.

"LG-25"

Department RecFind No:	
Division/HHS:	CHQHHS WMHHS
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: CEs, Children's Health Queensland and West Moreton Hospital and Health Services **Date requested:** **Action required by:**

SUBJECT: **Closure of the Barrett Adolescent Centre and status of new adolescent mental health services**

Proposal
That the Director-General:

Note the closure of the Barrett Adolescent Centre (BAC).
Note the status of new adolescent mental health extended treatment and rehabilitation services
And
Provide this brief to the Minister for information.

Urgency
1. Urgent – to provide the Minister with an update on the closure of the BAC, and the current status of the adolescent mental health extended treatment initiative.

Headline Issues
2. The top issues are:
   - All remaining BAC consumers have been discharged, and where relevant to individual need, have transitioned to alternate care options.
   - As of 31st January 2014, the BAC has now officially closed.
   - Children's Health Queensland Hospital and Health Service (CHQ HHS) has commenced implementation of new adolescent mental health services to ensure no gap in service.

Blueprint How does this align with the Blueprint for Better Healthcare in Queensland?
- Providing Queenslanders with value in health services – value for taxpayers' money.
- Better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

Key issues
4. All BAC consumers have been discharged. Consumers requiring ongoing care have been supported to transition to alternative care options that are appropriate for their individual needs.
5. Consumers requiring ongoing care are being supported by services provided through (or as close to) their local HHS, and involve a range of service providers such as public, private and non-government organisations. These care packages have been supported and coordinated by the acting Clinical Director of BAC. CHQ will continue to provide ongoing support as required to ensure there is no gap to service provision.
6. Consistent with project objectives, CHQ will establish an enhanced, contemporary accessible service for the young people of Queensland.
7. In addition, the following services are currently being established:
   a. A 5-bed Residential Rehabilitation Unit at Greenslopes.
   b. From early February 2014, the Mater Hospital will provide two interim subacute inpatient beds until new funding is sourced for a longer term bed-based option in the Lady Cilento Children's Hospital.

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c. Recruitment processes for a Statewide Panel, six Assertive Mobile Outreach Services (AMYOS) Teams, and two Psychiatrists are underway, with the first appointments being made from March. The AMYOS Teams will be located in north Brisbane, south Brisbane, Townsville, Darling Downs, Gold Coast, and Redcliffe/Caboolture.
d. A new Day Program Unit will be established in north Brisbane by June 2014. This will be in addition to existing Day Program Units located at the Mater Hospital, Toowoomba, and Townsville.
e. Further investigation being conducted into an opportunity to construct a new Step Up/Step Down Unit in Cairns utilising funding identified by the Mental Health, Alcohol and Other Drugs Branch.

8. The above services are also supported by existing community Child and Youth Mental Health Services, and seven acute inpatient units located throughout Queensland (RCH, RBWH, Mater, Logan, Robina, Toowoomba, and Townsville).
9. The first phase of service implementation will utilise existing recurrent funding from the BAC and the ceased Redlands Project. Implementation of the full proposed model of care is dependent upon new operational and capital funding. A business case, seeking recurrent funding for service implementation over a four year timeframe, will be submitted to the Department of Health Service Agreement Unit through the next Relationship Management Group Meeting on the 14th February 2014.
10. Once operational, the Chair of CHQ HHS proposes to make a media announcement regarding the services available to the community across Queensland, and seeks the minister's interest in participating in this announcement.

Background

11. In August 2013, the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. CHQ HHS is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
12. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.

Consultation

13. This brief has been prepared in collaboration between representatives from Children's Health Queensland and West Moreton Hospital and Health Services.
14. Michael Cleary, Deputy Director General Health Service and Clinical Innovation Division, and Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch, have been kept informed of interim service planning and future model of care developments through participation on the Chief Executive and Department of Health Oversight Committee.

Attachments Nil.

Recommendation

That the Director-General:

Note the closure of the Barrett Adolescent Centre (BAC).
Note the status of the future adolescent mental health extended treatment and rehabilitation services
And
Provide this brief to the Minister for information.

EXHIBIT 55

Department RecFind No:	
Division/HHS:	CHQHHS WMHHS
File Ref No:	

APPROVED/NOT APPROVED NOTED

IAN MAYNARD
Director-General

/ /

To Minister's Office For Noting ☐

Director-General's comments

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4 February 2014	xx February 2014	xx February 2014

Department RecFind No:	
Division/HHS:	CHQHHS WMHHS
File Ref No:	

Briefing Note

The Honourable Lawrence Springborg MP
Minister for Health

Requested by: CE, West Moreton Hospital and Health Service | Date requested: 24 January 2014 | Action required by: 29 January 2014

SUBJECT: Update on the Barrett Adolescent Centre

Recommendation
That the Minister:

Note that all inpatients and day patients of Barrett Adolescent Centre (BAC), West Moreton Hospital and Health Service (HHS) have been discharged to appropriate care options.

Note closure of the Barrett Adolescent Centre on 31st January 2014.

Note the status of the new adolescent mental health extended treatment and rehabilitation services being established:

f. A 5-bed Residential Rehabilitation Unit at Greenslopes.
g. From early February, the Mater Hospital will provide interim subacute inpatient beds until new funding is sourced for a longer term bed-based option in the Lady Cilento Children's Hospital.
h. Recruitment processes for a Statewide Panel, six Assertive Mobile Outreach Service (AMYOS) Teams, and two Psychiatrists are underway, with the first appointments being made from March. The AMYOS Teams will be located in north Brisbane, south Brisbane, Townsville, Darling Downs, Gold Coast, and Redcliffe/Caboolture.
i. A new Day Program Unit will be established in north Brisbane by June 2014. This will be in addition to existing Day Program Units located at the Mater Hospital, Toowoomba, and Townsville.
j. Further investigation being conducted into an opportunity to construct a new Step Up/Step Down Unit in Cairns utilising funding identified by the Mental Health, Alcohol and Other Drugs Branch.

Note the first phase of service implementation will utilise existing recurrent funding from the BAC and the ceased Redlands Project. Implementation of the full proposed model of care is dependent upon new operational and capital funding. A business case seeking recurrent funding for service implementation over a four year timeframe will be submitted.

Department RecFind No:	
Division/HHS:	CHQHHS WMHHS
File Ref No:	

APPROVED/NOT APPROVED NOTED NOTED

LAWRENCE SPRINGBORG
Minister for Health

Chief of Staff

/ / / /

Minister's comments

Briefing note rating

1 2 3 4 5

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

Please Note: All ratings will be recorded and will be used to inform executive performance.

"LG-26"

Brief Consumer Transition Summary

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Anne Brennan 29/1/14

Barrett Adolescent Centre Consumers Review 03/03/2014

Dr Anne Brennan has called the young person or a family member or one of their treating team to ascertain their current level of functioning and to ensure all ex BAC consumers are receiving appropriate level of care in the community. Significant issues are highlighted.

Waitlist and Assessment List consumers were reviewed throughout February.