

From: Trevor Sadler
Sent: 29 Mar 2013 12:44:18 +1000
To: [REDACTED]
Subject: Fwd: Re: Compromise Options

>>> Leanne Geppert 3/27/2013 3:59 pm >>>

Thank you for doing this extra work Trevor; it will definitely assist me in making the changes to the draft so that we at least go back with some compromises.
 Have a lovely Easter, Leann

Dr Leanne Geppert

**Director
 Planning & Partnerships Unit
 Mental Health Alcohol and Other Drugs Branch
 Health Services and Clinical Innovation Division
 Department of Health**

Level 2
 15 Butterfield Street
 Herston QLD 4006

PO Box 2368
 FORTITUDE VALLEY BC
 QLD 4006

Senior Lecturer

School of Medicine | Health | Griffith University | Gold Coast Campus

>>> "Sadler, Trevor" [REDACTED] 3/27/2013 3:40 pm >>>
 Hello Leanne,

Just a few thoughts.

Another SE Queensland based day program (apart from the Gold Coast) must include a residential option to accommodate extended regional services which won't have a day program. From the figures I supplied you, I don't think it can be argued that any of them have a compelling reason above another to have a day program there. It would be a combination of factors

- local youth population
- accessibility by public transport and interactions with local population
- demographics served depending on location within the HHS. For example, Sharon Kelly suggested a site in Ipswich that may be suitable. This immediately would take out of their population reckoning some of the western suburbs of Brisbane.
- Accessibility to supra-regional families e.g. Ipswich is less easily accessed from Brisbane Airport, but much of a muchness for Roma Street cf Prince Charles.

Secondly, it is very clear that our document will make it clear that any of the options listed will be a compromise and will not be equivalent to the existing Level 6 component. Here are my thoughts on the compromise options.

1. Compromise Option 1

Existing acute adolescent units have an allocated number of beds for long term kids and run their own rehab program.

2. Compromise Option 2

Existing acute adolescent units have an allocated number of beds for long term kids and run a rehab program and have nursing support coordinated from the new metro day program (which has staff from the existing BAC staff)

3. Compromise Option 3

Existing acute adolescent units have an allocated number of beds for long term kids and adolescents are transported to the metro north day program for the rehab component

4. Compromise Option 4

We explore with the Mater if they are vacant spaces after December 2014 (when QCH opens) for the inpatient and extended regional residential component i.e. the day program elsewhere would not need to have a regional component. BAC would transfer to here until there was money for a purpose built unit.

Options 1 - 3 are poor options with significant ramifications for the adolescents, and for acute systems. These need to be clearly spelt out. I have data on bed occupancy for the acute inpatient units. i will analyse this to detect trends for seasonal variations [REDACTED] This should be incorporated into the document.

Kind regards,

Trevor

This e-mail, together with any attachments, is confidential and intended for the named recipient(s) only. If you are not the intended recipient or have received this message in error, you are asked to immediately notify the sender and delete this message and any copies of this message from your computer system network and destroy any printed copies of this email. Any form of unauthorised disclosure, modification, distribution, publication or use of this e-mail message is prohibited.