Meeting Attendance Register

Statewide Adolescent Extended Treatment & Rehabilitation Implementation Steering Committee

Name	Position
Date: 26/08/13	
Paul Letters	A/Divisional Director CYMHS CHQ HHS
Stephen Stathis	Clinical Director CYMHS CHQ HHS
Jaimee Keating	ESO, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Trevor Sadler	Director Barrett Adolescent Centre, The Park Centre for MH
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Date: 09/09/13	
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Jaimee Keating	ESO, CYMHS CHQ HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Trevor Sadler	Director Barrett Adolescent Centre, The Park Centre for MH
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Paul Letters	A/Divisional Director CYMHS CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Date: 23/09/13	
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Laura Johnson	Project Officer, WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Paul Letters	A/Divisional Director CYMHS CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Amelia Callaghan	State Manager Headspace
Janelle Bowra (Proxy for R. Ho)	Nurse Unit Manager, Mental Health, Metro South HHS

Name	Position
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Marie Kelly (Conf Call)	A/Director Planning & Partnership Unit MHAODB
Date: 09/10/13	
Judi Krause	Divisional Director, CYMHS CHQ HHS
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, WM HHS
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Laura Johnson	SW AETR Project Officer, WM HHS
	Consumer Representative
Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service
Date: 21/10/13	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Laura Johnson	SW AETR Project Officer, WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Consumer Representative
	Carer Representative
Amelia Callaghan	State Manager Headspace
Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service
Date: 04/11/13	
Judi Krause	Divisional Director, CYMHS CHQ HHS

Name	Position
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Amelia Callaghan	State Manager Headspace
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Laura Johnson	SW AETR Project Officer, WM HHS
	Consumer Representative
Date: 18/11/13	
Judi Krause	Divisional Director, CYMHS CHQ HHS
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Laura Johnson	SW AETR Project Officer, WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
	Consumer Representative
	Carer Representative
Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service
Date: 02/12/13	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Laura Johnson	SW AETR Project Officer, WM HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health,

Name	Position
	Mental Health Service Group, Townsville Hospital and Health Service
Date: 16/12/13	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Laura Johnson	SW AETR Project Officer, WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Amelia Callaghan	State Manager Headspace
Date: 13/01/14	
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Laura Johnson	SW AETR Project Officer, WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Kristen Breed for Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Carer Representative
	Consumer Representative
Date: 28/01/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Josie Sorban	Director of Psychology, CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
	Carer Representative
	Consumer Representative
Date: 10/02/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Josie Sorban	Director of Psychology, CHQ HHS

Name	Position
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service
Amelia Callaghan	State Manager Headspace
	Carer Representative
Date: 10/03/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Josie Sorban	Director of Psychology, CHQ HHS
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Amelia Callaghan	State Manager Headspace
	Carer Representative
	Consumer Representative
Date: 07/04/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Amelia Callaghan	State Manager Headspace
Date: 02/06/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS

Meeting Agenda

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	26 August 2013
Time:	9am – 10am
Venue:	Rm 30, CYMHS Cnr Roger & Water Streets Spring Hill
Teleconference Details:	***** Please advise secretariat if you are using T/C*****

Co-Chair:	Judi Krause	Divisional Director CYMHS CHQ HHS
Co-Chair:	Dr Stephen Stathis	Clinical Director CYMHS CHQ HHS
Secretariat:	Jaimee Keating	ESO, CYMHS CHQ HHS
Attendees:	Dr Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
	Dr Trevor Sadler	Director Barrett Adolescent Centre, The Park Centre for MH
	Josie Sorban	Director of Psychology, CHQ HHS
		Carer Representative
	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Apologies:	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
	Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Amelia Callaghan	State Manager Headspace
	Richard Nelson	Queensland Alliance
Invitees		

* Attachments accompany this item papers to be tabled if available

1.	Presentations		
Item no	Item	Time	Action Officer
1.0			

2.	**Meeting Opening**		
Item no	**Item**	**Time**	**Action Officer**
2.1	Welcome and Apologies		Chair
2.2	Statement of Conflict/Interest		Chair
2.3	Confirmation of the minutes from the previous meeting –		Chair
2.4	Statement of achievements		Chair

3.	**Business Arising from previous minutes**

Item no	Item	Time	Action Officer
3.1	Nil.		

4.	**Matters for Decision**		
Item no	**Item**	**Time**	**Action Officer**
4.1	Committee Objectives		
4.2	Committee TOR (meeting frequency/ dates)		
4.3	Committee Action Plan		
4.4	Working Group Membership and Objectives		
4.5	Communication Plan		

5.	**Matters for Discussion**		
Item no	**Item**	**Time**	**Action Officer**
5.1	Overview of Child & Youth Mental Health System and Service Planning in Queensland to-date – presentation		LG
5.2	Overview of Expert Clinical Reference Group Recommendations and Media Announcement		LG

6.	**Standard Agenda Items**		
Item no	**Item**	**Time**	**Action Officer**
6.1	BAC Consumer Transition Working Group update		
6.2	Financial and Workforce Planning Working group update		
6.3	Service Options Working Group update		
6.4	Risk Management		
6.5	Progress of key milestones and deliverables.		
6.6	Other business		

7.	**Matters for Noting**		
Item no	**Item**	**Time**	**Action Officer**
7.1	Major correspondence		
7.2	Minutes of Working Groups		

8.	**For Information (papers only)**		
Item no	**Item**	**Time**	**Action Officer**
8.1			

	Next Meeting
Date:	TBC
Time:	
Venue:	

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	26/08/2013	Time:	09:00	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Co-Chair:	Divisional Director CYMHS CHQ HHS
Co-Chair:	Clinical Director CYMHS CHQ HHS
Secretariat:	ESO CYMHS
Attendees:	A/Director of Strategy, Mental Health & Specialised Services WM HHS
	Director Barrett Adolescent Centre, The Park Centre for MH
	Director of Psychology, CHQ HHS
	Carer Representative
	A/Executive Director Office of Strategy Management, CHQ
	A/Divisional Director CYMHS CHQ HHS
Observers/ Guests:	Enter name(s)
Apologies:	Operational Manager Alcohol, other Drugs & Campus, Mater
	A/Director Planning & Partnership Unit MHAODB
	State Manager Headspace
	Queensland Alliance

Item No	Topic	Action	Committee member	Due date
1.	**Presentations**			
	Nil.			
2.	**Meeting opening**			
2.1	Welcome and apologies		DD CYMHS	
2.2	Statement of Conflict/Interest	Carer Representative advised that they would like anonymity outside of direct group and broader QH membership. Decision to make all correspondence of this group reflect positions and not names of individuals.		
2.3	Confirmation of Minutes	Nil.		
	Business			
3.	**Business Arising from Previous Meetings**			
	Nil. **Recommendation:**	**Discussion Points:**		

4.	Matters for Decision			
4.1	**Committee objectives** **Recommendation:** ▪	**Discussion Points:** Not discussed.		
4.2	**Committee TOR** **Recommendation:** ▪ Changes to TOR.	**Discussion Points:** Include in TOR. • Purpose: include oversight of development and adaptation of relevant Models of Service to fit Queensland's requirements for AET&R services. • Authority: Chair has the authority to make final decisions if consensus is not reached. • Member: include inviting experts in the field/ key stakeholders to provide guidance and direction where deemed necessary as ex officio members of the group. • Meeting dates will be fortnighly, Mondays at 8.30am – 10am secretariat will send electronic appointments.	Chair	9/9
4.3	**Committee Action Plan** **Recommendation:** ▪ Nil.	**Discussion Points:** • The draft project plan will be tabled and discussed at the next meeting. • The branch is providing project funding for both CHQ and WM HHS's. CHQ have tentatively secured a project leader and the Clinical Director CYMHS will contribute .2 FTE. Update given next meeting. • WM HHS will also host a project officer.	Chair	9/9
4.4	**Working Group Membership and Objectives** **Recommendation:** ▪ Carer/Consumer reps to be included in W.G **for Consumer Transition and Service Options Implementation**	**Discussion Points:** • Discussed membership of working groups – draft membership to be disseminated to group for feedback. This is to include a brief outline of the purpose of each W.G. • The TOR of W.G's are to articulate the role of each member, particularly cluster reps. • Group requested the Expert Clinical Reference Group Recommendations (preamble) be circulated – this will be distributed individually in hard copy – **not for further distribution**	Secretariat / A.Dir. Strategy WM HHS	9/9 9/9 9/9

			A/Dir. of Strategy, Mental Health & Specialised Services WM HHS	
4.5	**Communication Plan** **Recommendation:** ▪ All communication is via the Co-chairs. ▪ All correspondence is confidential.	**Discussion Points:** • All correspondence is confidential and not for further distribution. • All media/ community sector communication is via the co-chairs who will liaise with CHQ & WM Communication & Engagement teams.		
5.	**Matters for Discussion**			
5.1	Overview of Child & Youth Mental Health System and Service Planning in Queensland to-date – presentation by LG attached **Recommendation:** ▪ New service options need to consider implications of ABF and other funding criteria.	**Discussion Points:** • Presentation ppt will be disseminated to the group. • Any recommendations on alternative models of care for AET&R need to be in scope for Activity Based Funding to be eligible for Commonwealth growth funding. • Send National Mental Health Service Planning Framework / Project Communiqué with minutes.	Secretariat	Completed. Sent with minutes 30.8.13
5.2	Overview of Expert Clinical Reference Group Recommendations and Media Announcement – presentation by LG combined with previous agenda item	**Discussion Points:** • Send Recommendations/ Ministerial media announcement with minutes.	Secretariat	Completed. Sent with minutes 30.8.13
6.	**Standard Agenda Items**			
6.1	Service Options Working Group update	**Discussion Points:** Nil.		
6.2	BAC Consumer Transition Working Group update	**Discussion Points:** Nil.		
6.3	Financial and Workforce Planning Working group update	**Discussion Points:** Nil.		
6.4	Risk Management	**Discussion Points:** Nil.		
6.5	Progress of key milestones and deliverables.	**Discussion Points:** Nil.		
6.6	Other business	**Discussion Points:**		

		Nil.		
7.	**Matters for Noting**			
7.1	Major Correspondence	Nil.		
7.2	Minutes of Working Groups	Nil.		
8.	**For Information**			
8.1	YPARC Model	• A recent site visit was conducted to Victoria to review the YPARC model of service and other contemporary models within the continuum of care for adolescent ET&R • A brief description of the Y-PARC model will be disseminated with the minutes. • A full report of the Victorian Site visits will be finalised today and forwarded to the CHQ CE and recommendations and findings discussed with the group at the next meeting.	Secretariat	Completed. Sent with minutes 30.8.13
8.2	Sites	The Department of Health is negotiating with the CE's of CHQ, WM HHS and Metro South for an interim site for a bed based facility in Logan. Decisions re: governance and finances need to be decided at chief executive level. This group is not involved in influencing this interim planning.		Remove.
Next meeting 9 September 2013, 8.30 – 10am CYMHS Spring Hill.				

ENDORSED BY:

Signature: **Date:** /09/13

Name:
Position:

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Overview of CYMHS in Queensland

Outline

1. Service Planning in Queensland:
   - Queensland Plan for Mental Health 2007-17
   - Barrett Adolescent Strategy
   - CYMHS in Queensland
   - Service funding

2. Service Planning in Australia:
   - National Mental Health Service Planning Framework

Queensland Plan for Mental Health 2007-17

- Whole-of-Government document to guide reform and development of mental health services in Queensland:
  - Defines the number and type of mental health staff to be ‘grown’;
  - Identifies priority areas e.g., perinatal mental health;
  - Identifies where new service models and facilities should be provided in Qld;
  - Associated with a 2-stage funding process through Queensland Government. **Only Stage 1 funded to-date.**
  - Likely to be revised in association with QMHC.

- http://www.health.qld.gov.au/mentalhealth/abt_us/qpfmh/08132_qpfmh07.pdf

Barrett Adolescent Strategy

- Stage 1 of QPMH: replace BAC
  - Building at The Park, WM HHS not meeting building standards and to be decommissioned
  - The Park to become an adult only, secure and forensic mental health facility by 2014
  - Plan to develop contemporary service model for adolescent extended treatment and rehabilitation
- QPMH funding to build new adolescent service at Redlands
- Capital works at Redlands ceased 2012
  - Budget overruns
  - Unresolvable environmental and building issues associated with the site at Redlands
  - Capital funding provided through Stage 1 of QPMH was redirected
  - Operational funding (now $2M) retained

Barrett Adolescent Strategy cont.

- WM HHS commenced Barrett Adolescent Strategy
  - Planning Group & Expert Clinical Reference Group December 2012
  - Comprehensive communication strategy
  - 7 Recommendations submitted May 2013
  - Ongoing consultation with Minister for Health, DoH, QMHC, DETE, CHQ
  - 7 Recommendations accepted
  - Announcement 6 August 2013 http://www.health.qld.gov.au/westmoreton/html/bac/
  - CHQ to assume governance

Four Tiers of Service Provision Proposed

1 Public community Child & Youth Mental Health Services (existing)

2a Adolescent Day Programs (existing and new)

2b Adolescent Community Residential (new)

3 Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new)

Current CYMHS Service Provision in Queensland

- Acute inpatient units:
  - Royal Children's Hospital (10 bed) 0-13yo
  - RBWH (12 bed) 14-17yo
  - Mater (12 bed) 0-17yo
  - Logan (10 bed) 13-17yo
  - Gold Coast (8 bed) 0-17yo
  - Toowoomba (8 bed) 13-17yo
  - Townsville (8 bed) 12-17yo to open Sept 2013

CYMHS in Queensland cont.

- Adolescent Inpatient Extended Treatment and Rehabilitation Service
  - Statewide: Barrett Adolescent Centre (15 bed) located at West Moreton HHS

CYMHS in Queensland cont.

- Day Programs
  - Mater
  - Townsville
  - Toowoomba
  - Barrett Adolescent Centre

CYMHS in Queensland cont.

- Community CYMHS teams
- Evolve Therapeutic Services
- e-CYMHS
- Child and Youth Forensic Outreach Service

CYMHS in Queensland cont.

- *headspace*
- Non Government Services
  - e.g., Time Out House Initiative (Cairns)
- Private practice
  - Psychiatrists, psychologists etc.
- Medicare Locals

Service Funding

- Queensland model for Activity Based Funding (ABF) is being developed for MH
- Patient activity = $ + access to ‘growth’ $
- CYMHS non admitted activity not currently deemed in scope by Independent Hospital Pricing Authority for 2013-14 (revised annually)
- MHAODB advocating for CYMHS non-admitted activity to be ‘in scope’ for ABF

National Mental Health Service Planning Framework

- National project to develop framework advising levels of resourcing + whole of system mental health service planning and delivery
- Commissioned by Dept of Health & Ageing – NSW and QLD taking lead roles
- Expert Working Groups: broad representation across Australia (nominated by each jurisdiction)
- Range of service models, including BAC and Rivendell were considered by EWG and other age specific expert groups
- Work of groups now complete and being consolidated into a model for redefining and testing
- Distribution date of Framework ?
- http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nmhspf

West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations

Barrett Adolescent Strategy

July 2013

Queensland Government

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	**Accept with the following considerations.** The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	**Accept with the following considerations.** This body of work should be incorporated into the statewide planning and implementation process (as above).

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	**Accept with the following considerations.** Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework *(in draft)*. However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in

ECRG Recommendation	Planning Group Recommendation
	Queensland to meet the requirement of this recommendation. Contestability reforms in Queensland may allow for this service component to be provider agnostic.

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

ECRG Recommendations	Planning Group Recommendations
a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.	**Accept.**
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.	**Accept with the following considerations.** While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit. The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.	**Accept.** The ECRG and the Planning Group strongly supported this recommendation.

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.	**Accept with the following considerations.** This issue requires further deliberation within the statewide planning process. The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.

5. Education resource essential: on-site school for Tiers 2 and 3

ECRG Recommendations	Planning Group Recommendations
a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.	**Accept with the following considerations.** The Planning Group recommends removing *"Band 7"* from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity. The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services. The Planning Group recommends consultation with DETE once a statewide model is finalised.

ECRG Recommendations	Planning Group Recommendations
b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).	**Accept with the following consideration.** The Planning Group recommends this statement should be changed to read as: Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

ECRG Recommendations	Planning Group Recommendations
a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.	**Accept with the following consideration.** Note that this service could be provider agnostic.
b) Governance should remain with the local CYMHS or treating mental health team.	**Accept.**
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	**Accept.**

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	**Accept.**
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	**Accept.**

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Project Communiqué

Issue 4 – June 2013

National MHSPF Mental Health Service Planning Framework

Project Overview

Using evidence based practice and epidemiological data, the National Mental Health Service Planning Framework (NMHSPF) Project aims to estimate the range and quantity of mental health care required by our population and the resources required to provide it. Established in July 2011 (using funds provided by the Australian Government Department of Health and Ageing), the NMHSPF Project initially concentrated on establishing the project governance and engaging various stakeholders around Australia to inform the modelling process. More recently, a Promotion and Prevention Working Group and additional subgroups specialising in age related care package development or threshold groups between bed based and community support services have been formed to contribute to the modelling process.

Key activities performed since the last Communiqué of September 2012 are outlined below.

Taxonomy for Mental Health Care

Project members have continued to develop the draft taxonomy of mental health care for the NMHSPF Project. The Promotion and Prevention Working Group developed an initial taxonomy for promotion and prevention items in December 2012 and then finalised a firmer draft taxonomy for promotion activities in February 2013 based on research evidence conducted out of session. Similar work for prevention activities is being conducted out of session.

The remaining service elements in the taxonomy continue to evolve as the model is developed. Care package development highlights elements that need amendment. Changes include separation from a group of services, inclusion into a group, or changes in the scope/boundary of the element where a function might be considered in more than one space.

Service Element Templates

Significant work has been conducted on the service element templates over recent months. Descriptions for each of the services are largely drafted, with quantitative detail being explored in conjunction with the care package process. The Service Element document will serve to explain the context and scope of the service elements specifically in relation to the NMHSPF Project, and so should not be considered a 'Data Dictionary' or 'Definitional' document.

Care Packages

The development of care packages has been the primary source of activity over the last 6 months. Care packages refer to a package of care (in a 'should be' world) for a particular population over a 12 month period. The care described is relevant to a particular target population and spans all appropriate services required by that population from across the entirety of the taxonomy. Note that the packages do not represent a 'path of care' but rather a proportion of people getting particular services at once.

The care packages have been developed according to age group and include a separate set of care packages for: 0-4yrs, 5-11yrs, 12-17yrs, 18 – 64yrs and 65+ years. Within each age group are care packages designed for individuals with mild, moderate and severe illness.

As the care packages are now more developed, the next step is to apply the population figures to each care package. This process is called Service Mapping and is informed by the epidemiological data and other sources describing service utilisation. Towards the end of this process, the quantity of services contained in a care package is multiplied by the population attributed to it.

Staffing Profiles

Other key work has included the development of Staffing Profiles for services that are provided by a team or mixed staff arrangement. The staffing profile ratios the various staff within the hours of service modelled in the care package. The staff profile accommodates any kind of team, regardless of role, level or sector and will allow for greater accuracy in determining the multidisciplinary resources required to perform the mental health care modelled.

Project Documentation

Behind the scenes of the active modelling work, the project team has started to develop the templates and content of the various project documents that will be required at the completion of the Project. The following compendium of documentation is currently proposed:

- NMHSPF Framework Document – Outlines the context of the mental health system and how the tool relates to its various parts.
- NMHSPF Technical Manual – Outlines the development of the modelling tool, including project governance, key decisions and data information.
- NMHSPF User Guide for the Estimator Tool – The instruction manual for the user.
- NMHSPF Service Element Descriptors – Reference document of service element descriptions with staffing profiles.
- NMHSPF Care Packages – Reference document of care packages.
- NMHSPF Glossary – Glossary of terms (may be included within one of the other documents depending on size)
- NMHSPF Final Project Report (to the NMHSPF Executive Group) – Outcomes of project, gap analysis of projections vs actual and whatever else.

What can we expect in the next 6 months?

The finalisation of care packages and service mapping is the primary modelling focus, with the validation process progressing over the next 3 months. The draft Service Element Descriptions document and taxonomy is also scheduled for final review and endorsement by the project membership in the coming months. Finally, the estimator tool will be reviewed by stakeholders and following incorporation of feedback, will be delivered to the Executive Group with all associated documentation at the completion of the Project.

Due to the volume and complexity of work generated in the Project, the NMHSPF Project has been granted a 3 month extension by the Department of Health and Ageing, with a revised completion date of 30 September 2013.

How can I keep up to date?

Due to the complexity of the Project structure, the NMHSPF Project Team is the primary communication point for the Project. All enquiries regarding the Project can be directed in writing to:

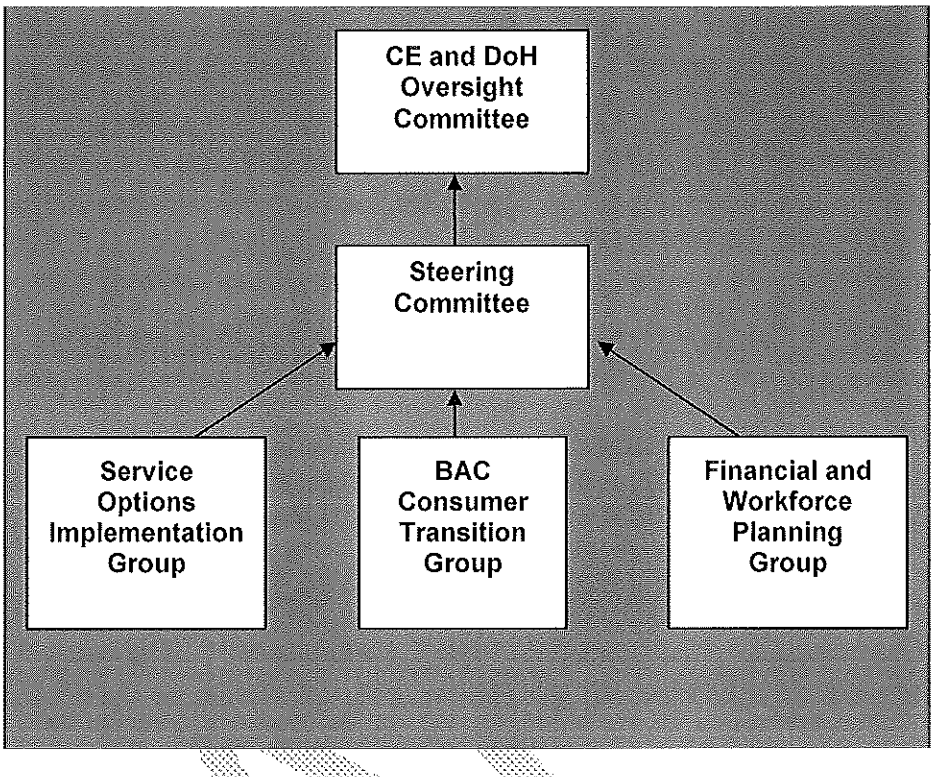
Mr Brian Woods
NMHSPF Project Director
NSW Ministry of Health
Level 4, 73 Miller Street | LMB 961
NORTH SYDNEY NSW 2059

Alternatively, biannual Project Communiqués and other project material will be made available on the Australian Government Department of Health & Ageing website for general public access: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nmhspf

PM Plus Template

Project Governance

Structure



CE and DoH Oversight Committee

- DDG, DoH **(Chair)**
- CE, CHQ
- CE, WM HHS
- CE, MS HHS
- Other CE membership as required

Steering Committee

- DD, CYMHS, CHQ **(Co-Chair)**
- Clinical Director, CYMHS, CHQ **(Co-chair)**
- Director of Strategy, MHSS, WM HHS
- Director, PPU, MHAODB
- Senior representative of Qld Alliance (as NGO peak body)
- Consumer representative
- Carer representative
- 3 senior representatives from HHSs with adolescent mental health services – multidisciplinary and representation of northern, central and southern clusters
- Clinical Director BAC
- Senior representative of Metro South HHS
- Senior representative of *headspace*

PM Plus Template

Queensland Health

Project Plan

Statewide Adolescent Extended Treatment and Rehabilitation

Implementation Strategy

Owner:	Children's Health Queensland
Contact Details:	Judi Krause / Stephen Stathis
Division/Unit:	XXXX
Document Status:	Draft v3

Revision History

Revision Date	Version No.	Author	Description of Change/Revision
30/07/13	v1	A/Director of Strategy, MH&SS, WM HHS	Initial draft for consideration with key stakeholders.
01/08/13	v2	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Sharon Kelly, Stephen Stathis and Judi Krause 01/08/13.
16/08/13	v3	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Stephen Stathis and Judi Krause on 15/08/13 and based on CE teleconference 16/08/13.

Project Statement:

Queensland's public mental health system has undergone significant reform over the past ten years. The reform agenda includes a shift from institution-based service models, including extended treatment and rehabilitation, to more contemporary models of care that align with state and national policy. The impact of these important reforms has seen the care of consumers moved primarily into community-based settings that support the consumer to engage in their own local neighbourhoods and facilities. This has been particularly vital for consumers requiring medium to longer-term care.

In alignment with the Queensland Plan for Mental Health 2007-17 (QPMH), a key area for reform within Mental Health and Specialised Services (MHSS) in the West Moreton Hospital and Health Service (WM HHS) is the development of The Park Centre for Mental Health (The Park) as an adult-only forensic and secure mental health campus. The high secure services have been expanded, and a new service option was established on the campus (Extended Forensic Treatment and Rehabilitation Unit) in July 2013.

In light of these significant changes, it is no longer safe or contemporary to provide long-term inpatient care for adolescents at the Barrett Adolescent Centre (BAC) on The Park campus. Compounding these changes at a service provision level, the existing infrastructure of the BAC is unable to be refurbished and the building will be decommissioned.

A new statewide service model for the delivery of adolescent mental health extended treatment and rehabilitation is required. The foundations of this initiative have been completed, including broad consultation and planning processes. WM HHS commenced the Barrett Adolescent Strategy in December 2012, forming an Expert Clinical Reference Group (ECRG) that fed into an overarching Planning Group. Seven recommendations were submitted by the ECRG to the Planning Group, and were considered by the WM Hospital and Health Board in May 2013. Further consultation and communication processes were then initiated with key stakeholders, including the Minister for Health, the Queensland Mental Health Commissioner, Children's Health Queensland HHS, the Department of Health, and the Department of Education, Training and Employment.

The initiative has now moved into the implementation phase, of which this Project Plan forms the basis.

Work Unit: Queensland Health - Mental Health, Child and Youth.

Work Site: Multi-site Project conducted via a partnership between West Moreton HHS, Children's Health Queensland HHS, and Department of Health. Other HHSs will be engaged dependent on the service options implemented.

Project Scope & Business Case

Project Scope

Objectives	1. Finalise the development of (and then implement) service options within a statewide model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline. 2. Ensure continuity of care for adolescents currently admitted to BAC, and support their transition to the most appropriate care option/s that suit their individual needs and are located in (or as near to) their local community. 3. Within the context of a changing service model early 2014, review the admission criteria to BAC for all new consumers post 5 August 2013. 4. Oversee the redistribution of BAC operational funds and other identified funding to adolescent mental health service models that support the identified target group. 5. Develop a consistent and transparent communication plan regarding the implementation of the new service options. 6. Consider in all decision-making the key principles and recommendations as defined through the ECRG and Planning Group of the Barrett Adolescent Strategy (attached).
	Performance indicators of these objectives will be: 1. Endorsed statewide model of service for adolescent mental health extended treatment and rehabilitation. This statewide model will give consideration to a range of service options including community, day program and bed-based care, and to a range of service providers. 2. Commencement of service provision through alternative service option/s that meet the needs of the adolescent target group starting early 2014, and support transition of services from BAC accordingly. NOTE: While not all alternative service options will necessarily be available early 2014, there will be no gap to service delivery for the target group. 3. Successful discharge or onward referral of all current BAC consumers, which is evidenced by their individual needs being met. 4. Ongoing communication with key stakeholders and a reduction in negative media and correspondence. 5. Broad stakeholder engagement.

Purpose	As a result of this project, we expect to see: • High quality, effective extended treatment and rehabilitation mental health care options available to consumers that are based on contemporary models of care and take into account the wide geographical spread of Queensland. • Improved, strengthened intersectoral partnerships in delivering adolescent mental health care. • Value for money in the delivery of care for adolescents requiring extended treatment and rehabilitation mental health care. • Finalisation of The Park campus as an adult facility, and progress the planning towards The Park being a forensic and secure mental health service facility.

Benefits	Achievement of the project purpose will create a range of benefits for consumers and improved service efficiencies including: • increased access for adolescent consumers to their families, community and social networks by having greater access to more local mental health services. • improved service options for adolescent consumers through more contemporary models of care. • improved working partnerships with the NGO sector. • realisation of the deinstitutionalisation plan for The Park as identified in the QPMH. • The Park will become an exclusively secure and forensic mental health facility for adults. • a supported process to transition current adolescent consumers to alternative care that best meets their needs. • potential for a more cost effective service delivery model that better meets the rehabilitation needs of the consumer.

Rationale & Background

Rationale/ Background	This proposal aligns with the following strategic and planning directions: *1. The Blueprint for better healthcare in Queensland* (2013) a. Health services focused on patients and people; b. Providing Queenslanders with value in health services; c. Investing, innovating and planning for the future. *2. Queensland Plan for Mental Health* (2007-17) (QPMH) a. Integrating and improving the care system;

b. Participating in the community;

c. Coordinating care.

3. National Mental Health Service Planning Framework (under draft)

Through Stage 1 of the QPMH, an adolescent extended treatment unit was funded to replace the existing 15-bed BAC that provides statewide inpatient care (located on The Park campus). The replacement service was to be located at Redlands within Metro South HHS, and had an indicative commissioning date of November, 2013. Upon operation of the replacement 15-bed unit, the existing BAC was to be decommissioned due to the building not meeting accreditation standards and due to The Park becoming an adult-only forensic and secure mental health facility in 2014.

The Redlands adolescent extended treatment capital program encountered multiple delays and a significant budget over-run. There were unresolvable environmental barriers associated with the site, and the Department of Health ceased the capital program and redirected the capital funds towards other high priority health initiatives. Operational funding that equates to approximately $2M in 2013/14 was retained and has been approved by the Department of Health to fund new adolescent mental health extended treatment and rehabilitation service options.

In December 2012, WM HHS initiated the Barrett Adolescent Strategy to identify new service options for adolescents requiring mental health extended treatment and rehabilitation in Queensland. An Expert Clinical Reference Group (ECRG) was convened, consisting of a consumer representative, a carer representative, an interstate Child and Youth Psychiatrist, multi disciplinary Child and Youth clinician representation (including north Queensland), a representative of BAC, a representative of the BAC School, and an NGO representative. The ECRG was chaired by the Director of Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch. The ECRG reported up to the WM HHS via a Planning Group, which was chaired by the Executive Director of Mental Health & Specialised Services, WM HHS.

A preamble and seven recommendations were submitted by the ECRG and considered by the WM HHS Board in May 2013 (Attachment 1). This was followed by comprehensive consultation with the Minister for Health, the Queensland Mental Health Commissioner, CHQ HHS, Department of Education Training and Employment, and the Department of Health.

The seven recommendations were accepted by the WM HHS Board. Minister for Health, the Honourable Lawrence Springborg MP made an announcement on 6 August 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014 (related documents at Attachments 2 and 3). Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

This project plan forms part of the next phase of the Strategy.

Assumptions	• Key stakeholders will work in partnership to implement this phase of the initiative. The lead governing body for the project will be CHQ HHS, in partnership with WM HHS and Department of Health. • Identified funding sources will remain available to the identified adolescent target group and their mental health service needs. The identified funding sources include: a) BAC operational funding (amount to be defined); b) $2M operational funding from the ceased Redlands Adolescent Extended Treatment and Rehabilitation Unit; c) $1M operational funding for NGO delivered services (e.g., Residential Rehabilitation); and d) Other potential DoH funding as defined by Mental Health Alcohol and Other Drugs Branch. This will include temporary 'bridging' funds to support the transition process from the current service model to the newly defined service options. • Workforce management strategies will be developed to support BAC staff. • Timely approval will be received from the project stakeholders to enable major stages of the project to be implemented as planned. • The Steering Committee and Working Groups will commit to actioning tasks both in and out of session to meet defined timelines, and thus support the timely completion of this project and the achievement of outcomes for the consumer group. • The transfer of consumers to alternative care options will be underpinned by individual consumer choice and health care needs, and will be supported by the relevant 'home' HHSs. • The stakeholders of this project will contribute resources (including staff time and content expertise) for the duration of the project. • The Mental Health Alcohol and Other Drugs Branch will provide temporary funding of $300,000 to support the temporary appointment of 2 project officers to CHQ and 1 project officer to WM HHS. • Timeframes associated with this project can and will align with the timeframes around the procurement processes for engaging NGO services. • The governance of the new service options will be held by CHQ HHS and a model will be defined as a priority. • The site/s for delivery of any potential bed-based service option (e.g., Youth Prevention and Recovery Care [Y-PARC] service) will be identified and negotiations regarding governance will be held as a priority. • Admissions to BAC post [redacted] will require urgent attention and consideration. • Service options considered by the Steering Committee will not be limited to a Y-PARC model. Consideration will be given to all recommendations for service needs that were defined by the ECRG.

	This will include consideration of community-based options such as Intensive Mobile Youth Outreach Services, Day Programs, residential rehabilitation services, and bed-based services. • The service options identified will be modified (as required) to suit the needs of the target group within a Queensland setting, and will take into account the wide geographical spread of Queensland. • Service options will broadly align with the draft National Mental Health Service Planning Framework. • Not all service options within the statewide model that will be proposed will be necessarily available early 2014. However, there is a commitment to ensuring there is no gap to service delivery for the adolescent target group.

Constraints	1. There is no capital funding currently identified to build new infrastructure. 2. Transfer processes and time frames of operational funding to new service providers and HHSs need to be defined and negotiated. 3. Timeframes and imperatives associated with the procurement processes of NGO contracting are tight and may be restrictive to timely progress. 4. Queensland has early / developing experience in the delivery of some models being proposed (e.g., the Y-PARC model, Intensive Mobile Youth Outreach Service, residential rehabilitation for adolescent mental health consumers, and other partnership models between the public and non government sectors). 5. A governance model for the statewide service delivery of adolescent mental health extended treatment and rehabilitation care is yet to be clearly defined and endorsed in Queensland. 6. Alternative service options for BAC consumers must be available by early 2014, when The Park transitions to an adult forensic and secure mental health facility.

Internal Partners/Clients/ Stakeholders	Nature of Involvement
Consumers, carers and significant others	• Membership of the Steering Committee (and Working Group/s as identified by Steering Committee)
West Moreton Hospital and Health Service	• Project partner • Responsibility for transition of consumer care and BAC operational funding • Responsibility for support of and information provision to BAC staff • Joint responsibility for communications / media with CHQ • Support timely achievement of Strategy objectives • Support CHQ in project planning and implementation
Children's Health Queensland	• Lead project partner – governance for project including secretariat and chairing responsibilities of steering committee, and project planning and implementation • Drive timely achievement of Strategy objectives • Governance over new statewide service model – governance model to be defined • Lead negotiations with other HHS regarding new service options and support service implementation • Joint responsibility for communications / media with WM HHS
DoH - MHAOD Branch	• Project partner • Provide funding and / or identify funding sources (as agreed / negotiated) between key stakeholders) for both the Project and defined service options • Provide advice, information and data on national and state direction regarding policy and service planning as relevant to the Project • Participate in statewide negotiations and decision-making processes
Metro South HHS	• Participate in discussions and negotiations relevant to the delivery of service options that are being considered for delivery within MS HHS
Other Queensland HHSs	• Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee) • Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need

External Partners/Clients/ Stakeholders	Nature of Involvement
Non government service providers	• Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee) • Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need

Project Key Dates & Milestones

Key Milestones during Implementation Phase	Milestone #	Milestone Description	Completion Date
	1	**Establish detailed project plan and draft TOR for Steering Committee**	9 August 2013
	2	**Endorsement of project plan**	9 August 2013
	3	**Implementation - Inaugural Steering Committee meeting**	26 August 2013
	4	**Finalisation**	February 2014

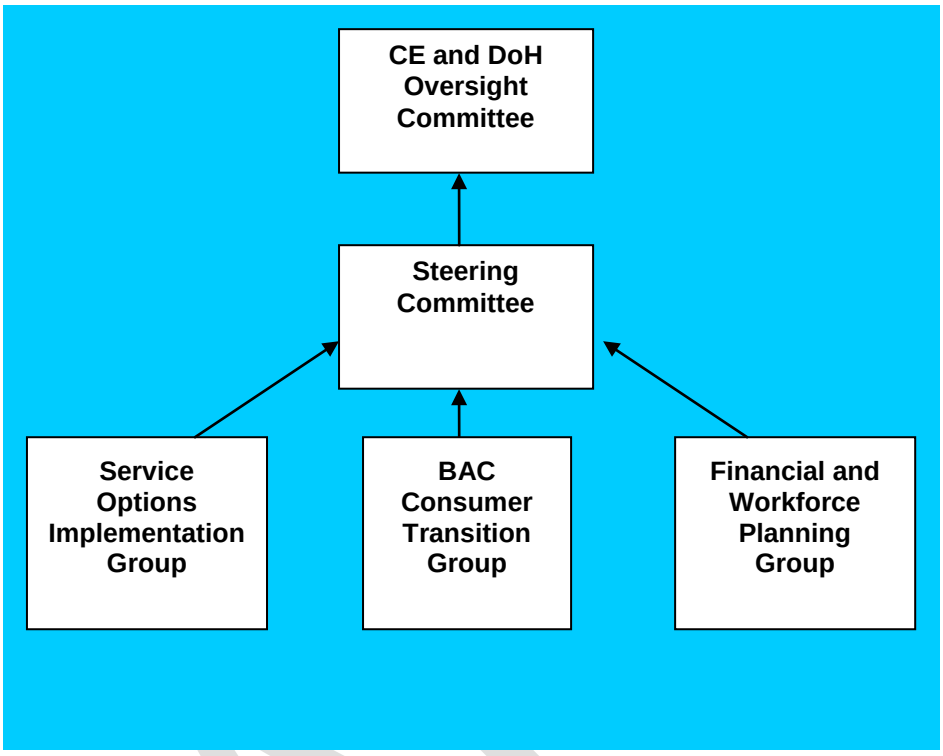
Overall Project Budget & Cost Management

Project Team	Financial Year*	Non Labour Costs*	Temp FTE ($)*	Total $*
	2013/14 CHQ	15%	2 x Project Officers	**$200,000**
	2013/14 WM HHS	15%	1 x Project Officer	**$100,000**
	Total*			**$300,000**

Funding Source and Resource Contribution from Stakeholders	• MHAODB has committed to providing temporary project funding to CHQ and WM HHS for 2013/2014. • Secretariat and Chairing of Steering Committee is the responsibility of CHQ. • WM HHS responsible for all matters related to the closure of BAC.

Project Governance

Structure



CE and DoH Oversight Committee

- DDG, DoH **(Chair)**
- CE, CHQ
- CE, WM HHS
- CE, MS HHS
- Other CE membership as required

Steering Committee

- ED, CYMHS, CHQ **(Co-Chair)**
- Clinical Director, CYMHS, CHQ **(Co-chair)**
- Director of Strategy, MHSS, WM HHS
- Director, PPU, MHAODB
- Senior representative of Qld Alliance (as NGO peak body)
- Consumer representative
- Carer representative
- 3 senior representatives from HHSs with adolescent mental health services – multidisciplinary and representation of northern, central and southern clusters
- Clinical Director BAC
- Senior representative of Metro South HHS
- Senior representative of *headspace*

	Working Group 1 – Service Options Implementation • **Chair to be determined** • ED, CYMHS, CHQ • Director of Strategy, MHSS, WM HHS • Clinical Director, CYMHS, CHQ • MHAODB representative • 3 HHS representatives – northern, central and southern clusters • NGO representative **Working Group 2 – BAC Consumer Transition** • Clinical Director BAC **(Chair)** • 2 BAC clinical staff representatives • BAC school representative • 3 HHS representatives – northern, central and southern clusters • WM HHS Consumer Advocate **Working Group 3 – Financial and Workforce Planning** • Senior Social Worker WM HHS **(Chair)** • Business Manager WM HHS • HR Director WM HHS • MHAODB representative • CHQ representative • Operational Seniors of Allied Health and Nursing for BAC <u>Monthly status reports provided to:</u> • CE and DoH Oversight Committee • QMHC • DETE • Identified HHS Boards Administrative and operational support will be provided to the Steering Committee and Working Groups by the Project Team. Terms of Reference to be developed by Steering Committee. It is noted the Steering Committee and Working Groups will meet fortnightly utilising suitable mediums for communication. Working Group membership to be defined by Steering Committee.

Project Management Roles & Responsibilities	**Role**	**Name(s)**
	Project Lead	XXXX
	Project Manager	XXXX
	Project Sponsor	XXXX

PM Plus Template

Recommendations & Decisions

Recommendations (Project Manager)

Next Step	☐ *Progress to Implementation* ☐ *Cease* *Comments:*		
	Prepared By	*Name*:*	Dr Leanne Geppert (A/Director of Strategy, WMHHS) in consultation with Dr Stephen Stathis (Clinica Director, CHQ) and Judi Krause (ED, CHQ)
		Date:*	16/0813
		Phone Number:*	
		Email:*	
	Cleared By (if applicable)	*Name*:*	
		Title:*	
		Work Unit/Site:*	
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		Work Unit/Site:*	
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		Email:*	
		Signed:*	
		Date:*	
		Comments:	

Approval/Decision (Higher Authority)

Next Step	☒ Progress to implementation phase* *{ Recommendations & Decisions / HA Decision}* ☐ Revise project plan and resubmit ☐ Cease *Comments:*

Governance	**Project Manager***	
	Project Sponsor*	

Resources	☐ Approved ☐ Not approved ☐ N/A		
	Amount	$	
	Parameters of Project Manager Authority	**Time:**	**Parameters of Project Manager Authority**
		Cost:	
		Quality:	
		Other:	
	Approved By	**Name*:**	
		Title*:	
		Work Unit / Site*:	
		Phone Number*:	
		Email*:	
		Signed:	*{Higher Authority Decision}*
		Date*:	*{Recommendations & Decisions/HA Decision Date}*

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Steering Committee Action Plan

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
Planning and Definition Stage									
Project Governance and Sponsorship established	*WM HHS, CHQ and DoH*		√						
Steering Committee & TOR established	*WM HHS, CHQ and DoH*		√						
Steering Committee templates to be developed (e.g., status reporting template, agenda, minutes etc.)	*WM HHS and CHQ*		√						
Working Groups & TOR established	*WM HHS and CHQ*		√	√					
Working Group templates to be developed (e.g., status reporting template, agenda, minutes etc.)	*WM HHS and CHQ*		√						
Communications Strategy developed	*Steering Committee – Project Officer CHQ*		√	√					
Risk Register developed	*Steering Committee – Project Officer CHQ*		√	√					
Project Plan and Action Plan prepared and endorsed	*WM HHS in collaboration with CHQ and DoH*		√						
Project Officers appointed	*CHQ and WM HHS*		√	√					
Define governance model for Statewide AETR service provision	*CE & DoH Oversight Committee*		√	√					
Execution Stage									
Monthly CE & DoH meetings	*Chair – CE & DoH Oversight Committee*		√	√	√	√	√	√	√
Fortnightly Steering Committee meetings	*Co Chairs - Steering Committee*		√	√	√	√	√	√	√
Fortnightly Working Group meetings	*Chairs - Working Groups*			√	√	√	√	√	√
Provide overview of CYMHS and Qld Service Planning Context to Steering Committee	*WM HHS*		√						
Overview of BAC Strategy to Steering Committee	*WM HHS*		√						
Complete site visit to Victoria – mental health service models	*CHQ and WM HHS*		√						
Monthly Reporting to CE & DOH Oversight Committee	*Steering Committee – Project Officer CHQ*		√	√	√	√	√	√	√
Monthly Reporting to respective Board Chairs, DoH DG, QMHC, DETE	*CE & DoH Oversight Committee*			√	√	√	√	√	√
Fortnightly Report to Steering Committee	*Each Working Group*			√	√	√	√	√	√
Fortnightly review and monitoring of Working Group actions and timelines	*Steering Committee*			√	√	√	√	√	√
Identify new service options based on ECRG recommendations and interstate site visits – relay to Service Options Implementation Working Group	*Steering Committee*			√					

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
Task Service Options Implementation Working Group with • *Develop service model elements document for each service option (what service type, where, when to be established, who are the service providers/partners, target group, local governance model)* • *Develop implementation plan for each service option including staffing profiles, need for contract management, other resources* • *Cost new service options in liaison with Financial and Workforce Planning Working Group*	*Steering Committee*			√					
Task Financial and Workforce Planning Working Group with • *Define options and prepare workforce strategy for BAC staff* • *Communication plan for BAC staff (+ other stakeholders as required incl. Unions)* • *Cost drivers and implications of ABF* • *Define funding sources and amounts* • *Identify process for transitioning funding – how, what, where, who* • *Cost new service options in liaison with Service Options Implementation Working Group*	*Steering Committee*			√					
Task BAC Consumer Transition Working Group with • *Oversee discharge planning process and principles, and risk mitigation planning* • *Develop communication plan for consumers, families, home HHSs, education/vocation, other service providers/stakeholders etc* • *Define waitlist group, and oversee individual care planning principles and then support positive outcomes*	*Steering Committee*			√					
Review and endorse service options implementation plan (submitted by Service Options Implementation Working Group)	*Steering Committee*				√				
Review and endorse BAC workforce strategy (submitted by Financial and Workforce Planning Working Group)	*WM HHS*			√					
Review and endorse financial strategy (submitted by Financial and Workforce Planning Working Group).	*Steering Committee*				√				
Monitor progress of BAC Consumer Transition Working Group	*Steering Committee*			√	√	√	√	√	√
Monitor correspondence	*Steering Committee*			√	√	√	√	√	√
Project Consolidation Stage									
Review and endorse service options implementation plan (submitted by Steering Committee)	*CE & DoH Oversight Committee*				√				
Review and endorse financial strategy (submitted by Steering Committee)	*CE & DoH Oversight Committee*				√				
Project Closure Stage & Commencement of Service Provision									
Endorsed model/s of service to be localised by relevant HHSs	*Local HHS*					√	√		
Finalise transition of funding for new service options	*DoH*					√			
Refurbishment of facilities (as relevant)	*Local HHS*					√	√	√	
Staff recruitment to new service options (as relevant)	*To be determined*						√	√	

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
Contract NGO service provision (as relevant)	*To be determined*					√	√	√	
Commence service provision	*Local HHS*							√	√
Finalise transition of BAC consumers to alternative service options	*WM HHS in partnership with local HHSs*							√	
Project Evaluation and Report	*Steering Committee – Project Officer CHQ*							√	√

1. Y-PARC MODEL OF CARE

4.1 Vision

To provide a safe and welcoming environment for young people experiencing mental health issues where they will receive a comprehensive assessment and a range of individualised treatment and community options to support their recovery and facilitate return to their community.

4.2 Values

Youth

- We acknowledge that "youth" represents a distinct phase of life and that support, treatment and care will acknowledge young people's individual and group identity, unique life-stage issues along with their help-seeking needs and behaviours.
- We will provide a developmentally oriented and culturally attenuated approach to the care and treatment of mental and substance use disorders, which acknowledges the evolving nature and complex pattern of morbidity.

Collaboration

- We work collaboratively and in partnership with young people, their carers and families and with youth service partners and local communities to provide relevant and flexible services.
- We communicate openly with others, in order to provide consistent, co-ordinated support.
- We are accessible and responsive to young people, their carers, families and to our service partners and community to provide flexible service options.
- We believe that it is important to provide the right service at the right time.

Accountability

- We are accountable to young people, their carers and families, to our service partners and local communities by supporting their participation in our service's development and delivery.

- We work within existing legislation and the Charter of Human Rights in order to provide safe and appropriate mental health services.
- We use our resources responsibly to provide the most effective service we can by providing the least invasive approach to treatment that evidence states will be effective.
- We believe in the ongoing evaluation of services and welcome feedback, and use these to improve our practices.

Respect

- We respect people's rights and treat them with dignity.
- We recognise that people should be treated as individuals.
- We utilise a recovery or whole of person approach that promotes social inclusion, relapse prevention and engagement in meaningful occupation.
- We provide a service that is non-discriminatory, and sensitive to people's sexuality, gender, and cultural background.

Excellence

- We use current best practice and evidence-bases to inform the services we provide.
- We review, reflect and learn from our experiences, and support our staff to continually develop their skills and knowledge.
- We encourage innovation and support new ideas, initiatives and the expansion of services.
- We strive to develop an academic culture of learning and research.

4.3 Underpinning Beliefs and Assumptions

The model of care of service provision for the Y-PARC is based on several underpinning beliefs and clinical assumptions. These are described below:

A Recovery Focus

This underpinning belief aligns with concepts informing the development of services provided by all of the agencies involved in the Y-PARC. Recovery, as it is personally defined by a young person involves a holistic approach that addresses a range of factors that impact on people's wellbeing, such as housing,

education, employment and family and social relationships. It encourages self-determination and self-management of mental health and wellbeing and works with principles of change. It supports young people to define their goals, wishes and aspirations. It involves tailored, personalised and strength based care that is responsive to young people's unique strengths, circumstances, needs and preferences while also supporting other principles of recovery and restoration.

Holistic & Systemic Care

Built on a bio-psycho-social framework of health care, this underpinning belief assumes the position that working in partnership, and considering all components of a young person's social system in their mental health care (both assessment and treatment) promotes a young person's mental health and wellbeing. It also assumes that application of this systemic approach supports a young person's continuing broader development. This framework also considers the cultural and spiritual framework of a young person and their social system.

Therapeutic Milieu

A therapeutic milieu is a structured group setting in which the existence of the group is a key force in the outcome of treatment. Using the combined elements of positive peer pressure, trust, safety and repetition, the therapeutic milieu provides an idealized setting for group members to work through their psychological issues.

Key principles of milieu therapy are to:

- Promote respect for individuals, both the young person and staff;
- Use opportunities for communication between the young person and staff for maximum therapeutic benefit;
- Encourage the young person to act at a level equal to their ability and increase their self-esteem to promote autonomy;
- Promote socialization;
- Encourage individuals to be responsible for their own actions;
- Use peer pressure to reinforces rules;
- Use group discussions to manage challenging behaviour.

4.4 Y-PARC Aims and Key Objectives

The objectives of the Y-PARC are to:

1. Prevent further deterioration in mental state and associated disability, particularly where without a Y-PARC admission an acute hospital based admission is likely (step up)
2. Enable earlier discharge from acute hospital based care through the provision of an intensive safe and supportive residential community based mental health program (step down)
3. Provide short-term transitional recovery care and support and thereby minimise the trauma and impact of a first episode or relapse of mental illness in young people and their families/carers
4. Promote and support strong family and carer engagement and thereby reduce stress and the risk of family breakdown and carer burden which may be exacerbated when young people become acutely unwell
5. Provide a youth friendly environment which promotes early help seeking and voluntary engagement and participation in treatment and recovery
6. Provide an integrated approach to clinical, recovery and psychosocial interventions with a particular focus on assisting young people to maintain, engage or re-engage in positive and supportive social, family, educational and vocational connections with their local community despite fluctuations in mental state and need for support

Service level objectives of the Y-PARC are to:

1. Provide an additional service option in the continuum of care for clinicians to use in tailoring services to the needs of clients and families
2. Supplement crisis intervention services and enhance access to inpatient services for those who need this the most, through the redirection of unnecessary inpatient admissions and the provision of actively supported

early discharge alternatives.

3. Provide an alternative to, and hence prevent, admission and readmission to acute hospital based mental health care where the person is assessed as clinically safe and appropriate.

5 CLIENT ELIGIBILITY CRITERIA

Inclusion Criteria

- Be aged between 16 and 25 years.
- Live or have a history of living in the SH ELMHS catchment.
- Be agreeable to entering the Y-PARC. Young people on Community Treatment Orders (CTO's) may enter the Y-PARC if they voluntarily agree.
- Have a significant mental health problem or disorder or be at high risk and vulnerable, with significant functional impairment associated with emotional and behavioural problems and significant psychological distress.
- Be identified as being able to receive treatment and support safely and effectively within a community based residential service setting and have been assessed by staff from the mental health service and partner agency as being able to benefit from this type of care.
- Require short-term residential support with intensive clinical treatment and recovery oriented interventions to prevent or reduce the risk of further deterioration or relapse that would otherwise be likely to lead to admission to an acute mental health in-patient unit (step up).
- Have been directly or recently discharged from an acute mental health in-patient service and are able to benefit from short-term, intensive treatment and support as a transitional care and recovery arrangement (step down).

Exclusion Criteria

- Clients undergoing the first day of Clozapine commencement.
- Clients who's clinical and recovery needs are assessed as being such that the Y-PARC facility and program is unable to meet their treatment needs due to their level of acuity and or risk.

  Safety or risk can include concerns regarding the safety of the young person themselves related to predisposition to self-harm and suicidal thinking and behaviour, intent of harm towards other young people, staff, family or the community. While self-harm and suicidal thoughts are often associated with many mental health problems and disorders, clinical assessment is required

to determine the extent of risk where significant concerns regarding the young person's behaviour; their capacity to engage with service providers and comply with treatment.

- The Y-PARC facility is an environment that is designed to support clinical and recovery focused interventions and the varying dynamics of the client mix and therapeutic milieu may at times not be suitable for an individual.

Meeting Agenda

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	9 September 2013
Time:	8.30am – 10am
Venue:	Rm 30, CYMHS Cnr Roger & Water Streets Spring Hill *(parking via Roger St entrance)*
Teleconference Details:	***** Please advise secretariat if you are using T/C*****

A/Chair:	Dr Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
A/Secretariat:	Jaimee Keating	ESO, CYMHS CHQ HHS
Attendees:	Ingrid Adamson	SW AETR Project Manager
	Dr Trevor Sadler	Director Barrett Adolescent Centre, The Park Centre for MH
	Josie Sorban	Director of Psychology, CHQ HHS
		Carer Representative
T/C	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
	Paul Letters	A/Divisional Director CYMHS CHQ HHS
	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
	Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Amelia Callaghan	State Manager Headspace
Apologies:	Judi Krause (Co-chair)	Divisional Director CYMHS CHQ HHS
	Dr Stephen Stathis (Co-chair)	Clinical Director CYMHS CHQ HHS
	Richard Nelson	Queensland Alliance
Invitees		

* Attachments accompany this item papers to be tabled if available

1.	**Presentations**		
Item no	Item	Time	Action Officer
1.0			

2.	**Meeting Opening**		
Item no	**Item**	**Time**	**Action Officer**
2.1	Welcome and Apologies		Chair
2.2	Statement of Conflict/Interest		Chair
2.3	Confirmation of the minutes from the previous meeting 26/8/13 *(attached)*		Chair
2.4	Statement of achievements		Chair

3.	Business Arising from previous minutes		
Item no	**Item**	**Time**	**Action Officer**
4.2	TOR – for endorsement *(attached)*		Group
4.3	Draft Action Plan – *see Item 4.3*		Chair
4.4	Working Group Membership & Objectives *(attached)*		Group

4.	Matters for Decision		
Item no	**Item**	**Time**	**Action Officer**
4.1	Draft Project Monthly Status report – for consideration *(attached)*		Chair
4.2	Draft Action Plan – for endorsement *(attached)*		

5.	Matters for Discussion		
Item no	**Item**	**Time**	**Action Officer**
5.1	Project Plan *(will be available at the meeting)*		Chair

6.	Standard Agenda Items		
Item no	**Item**	**Time**	**Action Officer**
6.1	**Service Options Working Group update**		
6.2	**BAC Consumer Transition Working Group update**		
6.3	**Financial and Workforce Planning Working group update**		
6.4	**Risk Management**		
6.5	**Progress of key milestones and deliverables.**		
6.6	**Other business**		

7.	Matters for Noting		
Item no	**Item**	**Time**	**Action Officer**
7.1	**Major correspondence** - Discuss single point of responsibility for correspondence.		Chair
7.2	**Minutes of Working Groups** – nil.		

8.	For Information (papers only)		
Item no	**Item**	**Time**	**Action Officer**
8.1			

	Next Meeting
Date:	23 September 2013
Time:	8.30am – 10am
Venue:	Room 30 CYMHS Spring Hill.

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	09/09/2013	Time:	08:30	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

A/Chair:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG)
A/Secretariat:	ESO CYMHS (JCK)
Attendees	Director Barrett Adolescent Centre, The Park Centre for MH (TS) Director of Psychology, CHQ HHS (JS) Carer Representative A/Director Planning & Partnership Unit MHAODB (MK) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) SW AETR Project Manager (IA) A/Divisional Director CYMHS CHQ HHS (PL) Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service (RH)
Apologies	A/Executive Director Office of Strategy Management, CHQ (DM) State Manager Headspace (AC) Queensland Alliance (RN) Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	**Presentations**			
	Nil.			
2.	**Meeting opening**			
2.1	Welcome and apologies • Welcomed Ingrid Adamson, Project Manager CHQ HHS to group. • The WM HHS Project Officer will be appointed shortly and will attend future meetings.		Chair	
2.2	Statement of Conflict/Interest	Nil.		
2.3	Confirmation of Minutes	Confirmed	PL	
2.4	Statement of achievements	Nil.		
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	**Committee TOR** **Discussion Points:** • Discussed change to 4. Frequency of Meetings paragraph • Need to review 8. Performance and Reporting to reflect both HHSs.	Make changes to TOR as discussed. Endorse out of session.	LG LG	23/09 23/09

Item No	Topic	Action	Committee member	Due date
	• TS to follow up on Consumer rep for Steering Committee **Recommendation:** Update and send for 'out-of-session' endorsement	Follow up consumer rep for membership	TS	23/09
3.2	**Draft Action Plan – carried over – see item 4.2 below**			
3.3	**Working Group Membership and Objectives** Draft membership listing tabled for discussion. **Discussion Points:** • No feedback received regarding draft Working Group membership. • Group discussed and acknowledged the need for a balance of Steering Committee representation on Working Groups. *WG 1 Service Options Implementation* • Discussion re DETE representation on WG. DETE have established a WG and have indicated that they will work with DoH and will develop a model to suit our recommendations. Committee agreed to invite a DETE W.G. member to a future meeting to exchange information on service option developments when further work has progressed (and prior to service model endorsement). • LG to liaise with Janet Martin, WG 1 Chair, to establish membership (for approval via this group -out of session) and convene meeting within the week. Membership to include a Consumer rep and Carer rep and remove JK. • WG is to base service option development on ECRG recommendations, site visits and NMHPF – LG clarified the WG would not be starting over but rather building on what has been developed/defined to date. • Discussed relevance of contract management and contestability for the Service Options Implementation Strategy. Committee would benefit from a presentation regarding contestability at a later date – MK suggested someone from the Health Renewal Portfolio Office. • Discussion held re: recommending models. This group should determine the best service model for adolescents needs, even if there is no capital to support recommendations at this point in time. The WG should not limit recommendations based on bed availability but rather on target group needs, contemporary and endorsed service models, and best practice.	Invite DETE WG member to share information at a future meeting. Contact each WG Chair to establish membership and convene meetings within the fortnight. Identify most suitable contact to provide presentation	LG LG MK	23/09

Item No	Topic	Action	Committee member	Due date
	WG 2 BAC Consumer Transition • TS queried what is happening with the Logan Hospital consideration. LG advised that this is in the remit of the CE DoH Oversight Committee to decide. This Steering Committee will (for the interim) focus on service options and broader geographical locations, not on the particulars about specific sites. • LG clarified that this WG is chartered with guiding and overseeing the progress of safe consumer transition planning. This includes ensuring a strong and clear communication plan. It is not the role of the Steering Committee to develop individual consumer discharge/transition plans. • TS raised the need for good communication between this WG and the BAC team reviewing wait lists – recommended that there is a need to engage with Dr Darren Neillie A/Dir of Clinical Service WM HHS in the WG. *WG 3 Financial & Workforce Planning* • TS raised BAC staff transition. LG advised that BAC staff (excl. DETE staff – this will be decided by DETE) will not be automatically relocated but rather will participate in the normal DoH HR processes. Details regarding transition will be defined through this WG. • TS raised the risk of losing qualified and experienced staff which was noted by the Committee. • HR advice and communication to WM HHS staff is a priority for this WG. **Recommendation:** ▪ LG to contact each WG chair to establish membership and convene meetings within the fortnight. ▪ Invite DETE rep to future meetings prior to recommended model being endorsed at this group. ▪ LG to contact Darren Neillie to determine communication channels between groups	Invite DN membership	LG	23/09
4.	**Matters for Decision**			
4.1	**Project Monthly Status Report – for consideration** Draft tabled. **Discussion Points:** • The Project Manager and Officer will update the status report on a monthly basis **Recommendation:**	Update monthly for committee	IA & WM HHS P.O.	

Item No	Topic	Action	Committee member	Due date
	• A Project Status Report will be tabled for the committee on a monthly basis.			
4.2	**Committee Action Plan** Draft tabled **Discussion Points:** • Planning and Definition Stage is near completion • Execution Stage – the outputs from this stage will be recommended to the CE DoH Oversight Committee for endorsement. • To maintain communication linkages, SS and DM will sit on both the SW AETR Steering Committee and the CE DoH Oversight Committee. • Key priority areas are finalisation of the Project Plan and development of a Communication Plan and Risk Register. • Approval to share Victorian site visit report will be sort from CHQ CE. • Steering Committee to provide changes/ feedback to LG within 24hrs. If no feedback received, LG will consider plan to be approved and ready for submission to the CE DoH Oversight Committee for endorsement. **Recommendation:** ▪ Approve draft Steering Committee Action Plan. ▪ Submit Action Plan to oversight committee for endorsement.	IA to liaise with Oversight committee re communication process for actions/decisions to this Steering Committee. Finalise Project Plan, and develop Risk Register & Comms Plan Seek approval from CHQ CE to disseminate Victorian Site Visit Report. Send LG feedback on action plan	IA IA IA Steering Committee	23/09 23/09 23/09 10/09
5.	**Matters for Discussion**			
5.1	**Project Plan** Draft Project Plan tabled – time restrictions prohibited this plan being discussed during the meeting. **Discussion Points:** • **Recommendation:** ▪ Send draft project plan to Committee for review.	Draft Project Plan will be disseminated to Committee out-of-session (***not for further distribution***)	IA	TBC
6.	**Standard Agenda Items**			
6.1	**Service Options Working Group Update** **Discussion Points:**	Nil.		

Item No	Topic	Action	Committee member	Due date
	Recommendation:			
6.2	**BAC Consumer Transition Working Group Update** **Discussion Points:** **Recommendation:**	Nil.		
6.3	**Financial and Workforce Planning Working Group Update** **Discussion Points:** **Recommendation:**	Nil.		
6.4	**Risk Management** **Discussion Points:** **Recommendation:**	Nil.		
6.5	**Progress of key milestones and deliverables** **Discussion Points:** **Recommendation:**	Nil.		
6.6	**Other Business** **Discussion Points:** **Recommendation:**	Nil.		
7.	**Matters for Noting**			
7.1	**Correspondence Discussion** **Discussion Points:** • To date WM HHS has taken the responsibility of responding to correspondence. WM HHS has developed resources (fact sheets/ website) to assist in responding to correspondence. • LG proposed revisiting which HHS will be single point of contact for all correspondence – WM or CHQ • Decision to be referred to CE CHQ HHS. **Recommendation:**	Seek direction from CE CHQ HHS.	IA	23/09
8.	**For Information**			
8.1				
Next meeting 23 September 2013, 8.30 – 10am CYMHS Spring Hill.				

ENDORSED BY:

Signature: **Date:** /09/13

Name:
Position:

Steering Committee 09/09/13

Minutes were accepted

Terms of Reference have been amended – not about the transition of BAC to CHQ – being changed to evaluation of SW AETR options

LG wants to extend the Board to include West Moreton

Items needed:

- Access to Steering Committee Templates
- Action Register
- Risk Register
- Comms Strategy

Risk Register and Comms Plan to SC by next meeting – IA to action

Project Officer for WM HHS to be appointed (paper work going through) – how does this role interface with mine?

Governance Model for SW AETR to be done by CE Oversight Committee (CE OC) – is this the case? Do I need to be involved?

All Steering Committee Reports to go to CE OC

Question from Raymond Ho – has Richard Ashby CE MS HHS been involved? Yes, is on the CE OC

Feedback from Peter needed on Site Visit Report so that it can be circulated to SC – IA to FUP Hasn't read it as yet but if there are no issues, then ok for circulation

Did CE OC support the monthly reporting – IA to FUP Hasn't met as yet, so hasn't seen it

Discussed Working Groups

WG1 Service Model

LG clarified that they are not asking WG 1 to start again – need define best way forward on the service continuum

Trevor raised concern that DETE is not on WG – LG noted that DETE DG said education will be a component of the approach and have established their own working group (need to find out where this is and why it has been established) Speak to Leanne

[redacted] (carer) thinks it is imperative to involve education even if it is just the bringing together of two models – mainstream education system is not supportive of adolescent MH issues

Committee agreed to invite someone from DETE once we have something more concrete to present/discuss

NB: need to bring DETE and MH models together Deb's view is that DETE should be on the Steering Committee

Questions around contract management raised – what does it mean and will contestability be an option?

Committee agreed to a short presentation about contestability and what it might mean to this project – Marie suggested someone from the Health Renewal Portfolio Office – who are they? Deb's position is that this isn't needed right now – work out model first then determine what contract mgt, if any, is required

How does local governance model differ to the statewide model? Speak to Leanne

Amanda raised concerns with the overlap in membership of the SC and WG1 (perhaps to do with independence)
Looking at taking Judi off the group

WG2 BAC Transition
Trevor asked what is happening with Logan Hospital – LG asked the committee to put the issue of an interim site aside – this is now the remit of the CE OC (is that the case?) Yes
SC to stay focused on service models
Trevor raised whether we should be recommending a bed-based model where there is no capital funding for one
Committee agreed that the service model shouldn't be defined by what beds are available but rather by what is needed geographically
SC to agree service model – Qld Health to worry how to make the service available at identified sites
SC needs more clarity around what it can recommend – if they know of beds available, can they put them in recommendations
LG noted that we don't have enough information on where beds are available – whilst we have no capital funding, we could lease an option
I sited an email from Stephen Stathis to Bill Kingswell regarding accessing $9b of funding for capital but based on National Health Recommendations, he didn't feel it would be put toward a Tier 3 option – was seeking advice.
Logan is still a decision for the CE level – LG noted that we need communication down from the CE OC to SC – IA to FUP Stephen Stathis, Deb Miller, and IA will be on CE OC and can communicate to the Steering Committee

WG2 is not deciding or planning the transition per se but rather responding to the decision that is made.
Key role is to communicate with families, consumers, etc.
There is another group meeting regarding wait lists (Darren Healey?) – WG2 has not visibility of the decisions from this group – need better communication between groups

Trevor will chair WG2

WG3 Financial and Workforce Planning
Need clarity on money sitting in WM HHS
Need to get onto meeting with Staff and HR strategy, Communications etc. – needs addressing quickly

LG advised position to be taken:
Current BAC (excl. DETE) will become part of the normal QH processes – they need to go through normal processes when substantive position is no longer required.
This is different to the Redlands Project where it was pre-agreed that staff would move across
LG advised that there has been no discussion to date about picking up the current BAC staff and relocating them as is (despite what staff think).
LG made it clear that staff will not be picked up and relocated elsewhere

WG3 needs to work with staff quickly
Paul noted that execs are being asked when people will be transitioning across – LG maintained that we don't know – standard response is that "it is still being defined"
Trevor raised a concern with losing qualified staff with expertise – this was an accepted risk
LG stated that it was highly like that current BAC staff would not work in their current format in the future

Need a CHQ rep on WG3 – Deb to raise with Leanne re CHQ Finance or HR representative being chair

LG wants feedback on Action Plan within 24 hours before submitting to CE OC

IA to do monthly status reports going forward – need due dates and process Speak to Leanne

CE to endorse project plan – IA to FUP Hasn't read it yet – may need further work???

LG raised **single point of corro** – asked committee if they'd endorse me taking it on – I stated that Deb should be involved in decision; Jaimee advised Judi does corro work too; WM HHS has one FTE working on this – Deb to advise position Deb to resolve with Leanne

Josie asked if it were appropriate to include information from the Monthly Status Report in future corro responses – What are Deb's thoughts? No – not appropriate information for correspondence

Jaimee is not part of the project – will I be doing minutes/agendas going forward? Yes

Call Leanne to set up a meeting

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Steering Committee Action Plan

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
Planning and Definition Stage									
Project Governance and Sponsorship established	*WM HHS, CHQ and DoH*		√						
Steering Committee & TOR established	*WM HHS, CHQ and DoH*		√						
Steering Committee templates to be developed (e.g., status reporting template, agenda, minutes etc.)	*WM HHS and CHQ*		√						
Working Groups & TOR established	*WM HHS and CHQ*		√	√					
Working Group templates to be developed (e.g., status reporting template, agenda, minutes etc.)	*WM HHS and CHQ*		√						
Communications Strategy developed	*Steering Committee – Project Officer CHQ*		√	√					
Risk Register developed	*Steering Committee – Project Officer CHQ*		√	√					
Project Plan and Action Plan prepared and endorsed	*WM HHS in collaboration with CHQ and DoH*		√						
Project Officers appointed	*CHQ and WM HHS*		√	√					
Define governance model for Statewide AETR service provision	*CE & DoH Oversight Committee*		√	√					
Execution Stage									
Monthly CE & DoH meetings	*Chair – CE & DoH Oversight Committee*		√	√	√	√	√	√	√
Fortnightly Steering Committee meetings	*Co Chairs - Steering Committee*		√	√	√	√	√	√	√
Fortnightly Working Group meetings	*Chairs - Working Groups*			√	√	√	√	√	√
Provide overview of CYMHS and Qld Service Planning Context to Steering Committee	*WM HHS*		√						
Overview of BAC Strategy to Steering Committee	*WM HHS*		√						
Complete site visit to Victoria – mental health service models	*CHQ and WM HHS*		√						
Monthly Reporting to CE & DOH Oversight Committee	*Steering Committee – Project Officer CHQ*		√	√	√	√	√	√	√
Monthly Reporting to respective Board Chairs, DoH DG, QMHC, DETE	*CE & DoH Oversight Committee*			√	√	√	√	√	√
Fortnightly Report to Steering Committee	*Each Working Group*			√	√	√	√	√	√
Fortnightly review and monitoring of Working Group actions and timelines	*Steering Committee*			√	√	√	√	√	√
Identify new service options based on ECRG recommendations and interstate site visits – relay to Service Options Implementation Working Group	*Steering Committee*			√					

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
Task Service Options Implementation Working Group with • *Develop service model elements document for each service option (what service type, where, when to be established, who are the service providers/partners, target group, local governance model)* • *Develop implementation plan for each service option including staffing profiles, need for contract management, other resources* • *Cost new service options in liaison with Financial and Workforce Planning Working Group*	*Steering Committee*			√					
Task Financial and Workforce Planning Working Group with • *Define options and prepare workforce strategy for BAC staff* • *Communication plan for BAC staff (+ other stakeholders as required incl. Unions)* • *Cost drivers and implications of ABF* • *Define funding sources and amounts* • *Identify process for transitioning funding – how, what, where, who* • *Cost new service options in liaison with Service Options Implementation Working Group*	*Steering Committee*			√					
Task BAC Consumer Transition Working Group with • *Oversee discharge planning process and principles, and risk mitigation planning* • *Develop communication plan for consumers, families, home HHSs, education/vocation, other service providers/stakeholders etc* • *Define waitlist group, and oversee individual care planning principles and then support positive outcomes*	*Steering Committee*			√					
Review and endorse service options implementation plan (submitted by Service Options Implementation Working Group)	*Steering Committee*				√				
Review and endorse BAC workforce strategy (submitted by Financial and Workforce Planning Working Group)	*WM HHS*			√					
Review and endorse financial strategy (submitted by Financial and Workforce Planning Working Group).	*Steering Committee*				√				
Monitor progress of BAC Consumer Transition Working Group	*Steering Committee*			√	√	√	√	√	√
Monitor correspondence	*Steering Committee*			√	√	√	√	√	√
Project Consolidation Stage									
Review and endorse service options implementation plan (submitted by Steering Committee)	*CE & DoH Oversight Committee*				√				
Review and endorse financial strategy (submitted by Steering Committee)	*CE & DoH Oversight Committee*				√				
Project Closure Stage & Commencement of Service Provision									
Endorsed model/s of service to be localised by relevant HHSs	*Local HHS*					√	√		
Finalise transition of funding for new service options	*DoH*					√			
Refurbishment of facilities (as relevant)	*Local HHS*					√	√	√	
Staff recruitment to new service options (as relevant)	*To be determined*						√	√	

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
Contract NGO service provision (as relevant)	*To be determined*					√	√	√	
Commence service provision	*Local HHS*							√	√
Finalise transition of BAC consumers to alternative service options	*WM HHS in partnership with local HHSs*							√	
Project Evaluation and Report	*Steering Committee – Project Officer CHQ*							√	√

Queensland Health

Project Plan

Statewide Adolescent Extended Treatment and Rehabilitation

Implementation Strategy

Owner:	Children's Health Queensland
Contact Details:	Judi Krause / Stephen Stathis
Division/Unit:	XXXX
Document Status:	Draft v3

PM Plus Template

Revision History

Revision Date	Version No.	Author	Description of Change/Revision
30/07/13	v1	A/Director of Strategy, MH&SS, WM HHS	Initial draft for consideration with key stakeholders.
01/08/13	v2	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Sharon Kelly, Stephen Stathis and Judi Krause 01/08/13.
16/08/13	v3	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Stephen Stathis and Judi Krause on 15/08/13 and based on CE teleconference 16/08/13.

Project Statement:

Queensland's public mental health system has undergone significant reform over the past ten years. The reform agenda includes a shift from institution-based service models, including extended treatment and rehabilitation, to more contemporary models of care that align with state and national policy. The impact of these important reforms has seen the care of consumers moved primarily into community-based settings that support the consumer to engage in their own local neighbourhoods and facilities. This has been particularly vital for consumers requiring medium to longer-term care.

In alignment with the Queensland Plan for Mental Health 2007-17 (QPMH), a key area for reform within Mental Health and Specialised Services (MHSS) in the West Moreton Hospital and Health Service (WM HHS) is the development of The Park Centre for Mental Health (The Park) as an adult-only forensic and secure mental health campus. The high secure services have been expanded, and a new service option was established on the campus (Extended Forensic Treatment and Rehabilitation Unit) in July 2013.

In light of these significant changes, it is no longer safe or contemporary to provide long-term inpatient care for adolescents at the Barrett Adolescent Centre (BAC) on The Park campus. Compounding these changes at a service provision level, the existing infrastructure of the BAC is unable to be refurbished and the building will be decommissioned.

A new statewide service model for the delivery of adolescent mental health extended treatment and rehabilitation is required. The foundations of this initiative have been completed, including broad consultation and planning processes. WM HHS commenced the Barrett Adolescent Strategy in December 2012, forming an Expert Clinical Reference Group (ECRG) that fed into an overarching Planning Group. Seven recommendations were submitted by the ECRG to the Planning Group, and were considered by the WM Hospital and Health Board in May 2013. Further consultation and communication processes were then initiated with key stakeholders, including the Minister for Health, the Queensland Mental Health Commissioner, Children's Health Queensland HHS, the Department of Health, and the Department of Education, Training and Employment.

The initiative has now moved into the implementation phase, of which this Project Plan forms the basis.

Work Unit: Queensland Health - Mental Health, Child and Youth.

Work Site: Multi-site Project conducted via a partnership between West Moreton HHS, Children's Health Queensland HHS, and Department of Health. Other HHSs will be engaged dependent on the service options implemented.

PM Plus Template

Project Scope & Business Case

Project Scope

Objectives	1. Finalise the development of (and then implement) service options within a statewide model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline. 2. Ensure continuity of care for adolescents currently admitted to BAC, and support their transition to the most appropriate care option/s that suit their individual needs and are located in (or as near to) their local community. 3. Within the context of a changing service model early 2014, review the admission criteria to BAC for all new consumers post 5 August 2013. 4. Oversee the redistribution of BAC operational funds and other identified funding to adolescent mental health service models that support the identified target group. 5. Develop a consistent and transparent communication plan regarding the implementation of the new service options. 6. Consider in all decision-making the key principles and recommendations as defined through the ECRG and Planning Group of the Barrett Adolescent Strategy (attached).
	Performance indicators of these objectives will be: 1. Endorsed statewide model of service for adolescent mental health extended treatment and rehabilitation. This statewide model will give consideration to a range of service options including community, day program and bed-based care, and to a range of service providers. 2. Commencement of service provision through alternative service option/s that meet the needs of the adolescent target group starting early 2014, and support transition of services from BAC accordingly. NOTE: While not all alternative service options will necessarily be available early 2014, there will be no gap to service delivery for the target group. 3. Successful discharge or onward referral of all current BAC consumers, which is evidenced by their individual needs being met. 4. Ongoing communication with key stakeholders and a reduction in negative media and correspondence. 5. Broad stakeholder engagement.

Purpose	As a result of this project, we expect to see: • High quality, effective extended treatment and rehabilitation mental health care options available to consumers that are based on contemporary models of care and take into account the wide geographical spread of Queensland. • Improved, strengthened intersectoral partnerships in delivering adolescent mental health care. • Value for money in the delivery of care for adolescents requiring extended treatment and rehabilitation mental health care. • Finalisation of The Park campus as an adult facility, and progress the planning towards The Park being a forensic and secure mental health service facility.

Benefits	Achievement of the project purpose will create a range of benefits for consumers and improved service efficiencies including: • increased access for adolescent consumers to their families, community and social networks by having greater access to more local mental health services. • improved service options for adolescent consumers through more contemporary models of care. • improved working partnerships with the NGO sector. • realisation of the deinstitutionalisation plan for The Park as identified in the QPMH. • The Park will become an exclusively secure and forensic mental health facility for adults. • a supported process to transition current adolescent consumers to alternative care that best meets their needs. • potential for a more cost effective service delivery model that better meets the rehabilitation needs of the consumer.

Rationale & Background

Rationale/ Background	This proposal aligns with the following strategic and planning directions: *1. The Blueprint for better healthcare in Queensland* (2013) a. Health services focused on patients and people; b. Providing Queenslanders with value in health services; c. Investing, innovating and planning for the future. *2. Queensland Plan for Mental Health* (2007-17) (QPMH) a. Integrating and improving the care system;

b. Participating in the community;

c. Coordinating care.

3. National Mental Health Service Planning Framework (under draft)

Through Stage 1 of the QPMH, an adolescent extended treatment unit was funded to replace the existing 15-bed BAC that provides statewide inpatient care (located on The Park campus). The replacement service was to be located at Redlands within Metro South HHS, and had an indicative commissioning date of November, 2013. Upon operation of the replacement 15-bed unit, the existing BAC was to be decommissioned due to the building not meeting accreditation standards and due to The Park becoming an adult-only forensic and secure mental health facility in 2014.

The Redlands adolescent extended treatment capital program encountered multiple delays and a significant budget over-run. There were unresolvable environmental barriers associated with the site, and the Department of Health ceased the capital program and redirected the capital funds towards other high priority health initiatives. Operational funding that equates to approximately $2M in 2013/14 was retained and has been approved by the Department of Health to fund new adolescent mental health extended treatment and rehabilitation service options.

In December 2012, WM HHS initiated the Barrett Adolescent Strategy to identify new service options for adolescents requiring mental health extended treatment and rehabilitation in Queensland. An Expert Clinical Reference Group (ECRG) was convened, consisting of a consumer representative, a carer representative, an interstate Child and Youth Psychiatrist, multi disciplinary Child and Youth clinician representation (including north Queensland), a representative of BAC, a representative of the BAC School, and an NGO representative. The ECRG was chaired by the Director of Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch. The ECRG reported up to the WM HHS via a Planning Group, which was chaired by the Executive Director of Mental Health & Specialised Services, WM HHS.

A preamble and seven recommendations were submitted by the ECRG and considered by the WM HHS Board in May 2013 (Attachment 1). This was followed by comprehensive consultation with the Minister for Health, the Queensland Mental Health Commissioner, CHQ HHS, Department of Education Training and Employment, and the Department of Health.

The seven recommendations were accepted by the WM HHS Board. Minister for Health, the Honourable Lawrence Springborg MP made an announcement on 6 August 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014 (related documents at Attachments 2 and 3). Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

This project plan forms part of the next phase of the Strategy.

Assumptions	• Key stakeholders will work in partnership to implement this phase of the initiative. The lead governing body for the project will be CHQ HHS, in partnership with WM HHS and Department of Health. • Identified funding sources will remain available to the identified adolescent target group and their mental health service needs. The identified funding sources include: a) BAC operational funding (amount to be defined); b) $2M operational funding from the ceased Redlands Adolescent Extended Treatment and Rehabilitation Unit; c) $1M operational funding for NGO delivered services (e.g., Residential Rehabilitation); and d) Other potential DoH funding as defined by Mental Health Alcohol and Other Drugs Branch. This will include temporary 'bridging' funds to support the transition process from the current service model to the newly defined service options. • Workforce management strategies will be developed to support BAC staff. • Timely approval will be received from the project stakeholders to enable major stages of the project to be implemented as planned. • The Steering Committee and Working Groups will commit to actioning tasks both in and out of session to meet defined timelines, and thus support the timely completion of this project and the achievement of outcomes for the consumer group. • The transfer of consumers to alternative care options will be underpinned by individual consumer choice and health care needs, and will be supported by the relevant 'home' HHSs. • The stakeholders of this project will contribute resources (including staff time and content expertise) for the duration of the project. • The Mental Health Alcohol and Other Drugs Branch will provide temporary funding of $300,000 to support the temporary appointment of 2 project officers to CHQ and 1 project officer to WM HHS. • Timeframes associated with this project can and will align with the timeframes around the procurement processes for engaging NGO services. • The governance of the new service options will be held by CHQ HHS and a model will be defined as a priority. • The site/s for delivery of any potential bed-based service option (e.g., Youth Prevention and Recovery Care [Y-PARC] service) will be identified and negotiations regarding governance will be held as a priority. • Admissions to BAC post [redacted] will require urgent attention and consideration. • Service options considered by the Steering Committee will not be limited to a Y-PARC model. Consideration will be given to all recommendations for service needs that were defined by the ECRG.

	This will include consideration of community-based options such as Intensive Mobile Youth Outreach Services, Day Programs, residential rehabilitation services, and bed-based services. • The service options identified will be modified (as required) to suit the needs of the target group within a Queensland setting, and will take into account the wide geographical spread of Queensland. • Service options will broadly align with the draft National Mental Health Service Planning Framework. • Not all service options within the statewide model that will be proposed will be necessarily available early 2014. However, there is a commitment to ensuring there is no gap to service delivery for the adolescent target group.

Constraints	1. There is no capital funding currently identified to build new infrastructure. 2. Transfer processes and time frames of operational funding to new service providers and HHSs need to be defined and negotiated. 3. Timeframes and imperatives associated with the procurement processes of NGO contracting are tight and may be restrictive to timely progress. 4. Queensland has early / developing experience in the delivery of some models being proposed (e.g., the Y-PARC model, Intensive Mobile Youth Outreach Service, residential rehabilitation for adolescent mental health consumers, and other partnership models between the public and non government sectors). 5. A governance model for the statewide service delivery of adolescent mental health extended treatment and rehabilitation care is yet to be clearly defined and endorsed in Queensland. 6. Alternative service options for BAC consumers must be available by early 2014, when The Park transitions to an adult forensic and secure mental health facility.

Internal Partners/Clients/ Stakeholders	Nature of Involvement
Consumers, carers and significant others	• Membership of the Steering Committee (and Working Group/s as identified by Steering Committee)
West Moreton Hospital and Health Service	• Project partner • Responsibility for transition of consumer care and BAC operational funding • Responsibility for support of and information provision to BAC staff • Joint responsibility for communications / media with CHQ • Support timely achievement of Strategy objectives • Support CHQ in project planning and implementation
Children's Health Queensland	• Lead project partner – governance for project including secretariat and chairing responsibilities of steering committee, and project planning and implementation • Drive timely achievement of Strategy objectives • Governance over new statewide service model – governance model to be defined • Lead negotiations with other HHS regarding new service options and support service implementation • Joint responsibility for communications / media with WM HHS
DoH - MHAOD Branch	• Project partner • Provide funding and / or identify funding sources (as agreed / negotiated) between key stakeholders) for both the Project and defined service options • Provide advice, information and data on national and state direction regarding policy and service planning as relevant to the Project • Participate in statewide negotiations and decision-making processes
Metro South HHS	• Participate in discussions and negotiations relevant to the delivery of service options that are being considered for delivery within MS HHS
Other Queensland HHSs	• Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee) • Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need

External Partners/Clients/ Stakeholders	Nature of Involvement
Non government service providers	• Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee) • Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need

Project Key Dates & Milestones

Key Milestones during Implementation Phase	Milestone #	Milestone Description	Completion Date
	1	**Establish detailed project plan and draft TOR for Steering Committee**	9 August 2013
	2	**Endorsement of project plan**	9 August 2013
	3	**Implementation - Inaugural Steering Committee meeting**	26 August 2013
	4	**Finalisation**	February 2014

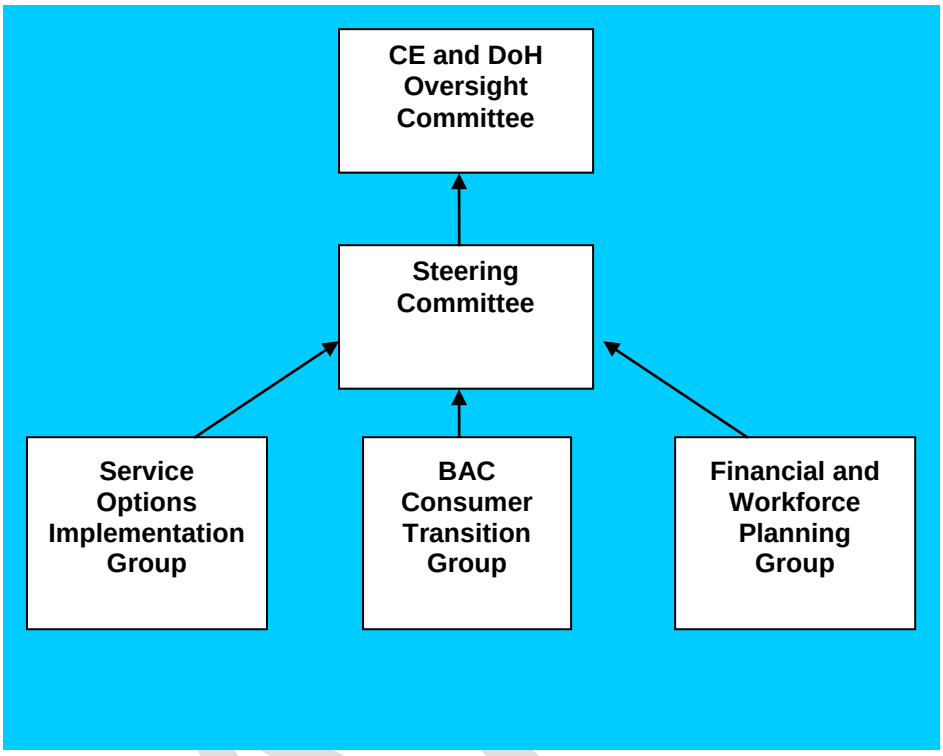
Overall Project Budget & Cost Management

Project Team	Financial Year*	Non Labour Costs*	Temp FTE ($)*	Total $*
	2013/14 CHQ	15%	2 x Project Officers	**$200,000**
	2013/14 WM HHS	15%	1 x Project Officer	**$100,000**
	Total*			**$300,000**

Funding Source and Resource Contribution from Stakeholders	• MHAODB has committed to providing temporary project funding to CHQ and WM HHS for 2013/2014. • Secretariat and Chairing of Steering Committee is the responsibility of CHQ. • WM HHS responsible for all matters related to the closure of BAC.

Project Governance

Structure



CE and DoH Oversight Committee

- DDG, DoH **(Chair)**
- CE, CHQ
- CE, WM HHS
- CE, MS HHS
- Other CE membership as required

Steering Committee

- ED, CYMHS, CHQ **(Co-Chair)**
- Clinical Director, CYMHS, CHQ **(Co-chair)**
- Director of Strategy, MHSS, WM HHS
- Director, PPU, MHAODB
- Senior representative of Qld Alliance (as NGO peak body)
- Consumer representative
- Carer representative
- 3 senior representatives from HHSs with adolescent mental health services – multidisciplinary and representation of northern, central and southern clusters
- Clinical Director BAC
- Senior representative of Metro South HHS
- Senior representative of *headspace*

	Working Group 1 – Service Options Implementation • **Chair to be determined** • ED, CYMHS, CHQ • Director of Strategy, MHSS, WM HHS • Clinical Director, CYMHS, CHQ • MHAODB representative • 3 HHS representatives – northern, central and southern clusters • NGO representative **Working Group 2 – BAC Consumer Transition** • Clinical Director BAC **(Chair)** • 2 BAC clinical staff representatives • BAC school representative • 3 HHS representatives – northern, central and southern clusters • WM HHS Consumer Advocate **Working Group 3 – Financial and Workforce Planning** • Senior Social Worker WM HHS **(Chair)** • Business Manager WM HHS • HR Director WM HHS • MHAODB representative • CHQ representative • Operational Seniors of Allied Health and Nursing for BAC <u>Monthly status reports provided to:</u> • CE and DoH Oversight Committee • QMHC • DETE • Identified HHS Boards Administrative and operational support will be provided to the Steering Committee and Working Groups by the Project Team. Terms of Reference to be developed by Steering Committee. It is noted the Steering Committee and Working Groups will meet fortnightly utilising suitable mediums for communication. Working Group membership to be defined by Steering Committee.

Project Management Roles & Responsibilities	**Role**	**Name(s)**
	Project Lead	XXXX
	Project Manager	XXXX
	Project Sponsor	XXXX

Recommendations & Decisions

Recommendations (Project Manager)

Next Step	☐ *Progress to Implementation* ☐ *Cease* *Comments:*		
	Prepared By	*Name*:*	Dr Leanne Geppert (A/Director of Strategy, WMHHS) in consultation with Dr Stephen Stathis (Clinica Director, CHQ) and Judi Krause (ED, CHQ)
		Date:*	16/0813
		Phone Number:*	
		Email:*	
	Cleared By (if applicable)	*Name*:*	
		Title:*	
		Work Unit/Site:*	
		Phone Number:*	
		Email:*	
		Signed:*	
		Date:*	
		Comments:	
		Name:*	
		Title:*	
		Work Unit/Site:*	
		Phone Number:*	
		Email:*	
		Signed:*	
		Date:*	
		Comments:	
		Name:*	
		Title:*	
		Work Unit/Site:*	
		Phone Number:*	
		Email:*	
		Signed:*	
		Date:*	
		Comments:	

Approval/Decision (Higher Authority)

Next Step	☒ Progress to implementation phase* *{ Recommendations & Decisions / HA Decision}* ☐ Revise project plan and resubmit ☐ Cease *Comments:*

Governance	**Project Manager***	
	Project Sponsor*	

Resources	☐ Approved ☐ Not approved ☐ N/A		
	Amount	$	
	Parameters of Project Manager Authority	**Time:**	**Parameters of Project Manager Authority**
		Cost:	
		Quality:	
		Other:	
	Approved By	**Name*:**	
		Title*:	
		Work Unit / Site*:	
		Phone Number*:	
		Email*:	
		Signed:	*{Higher Authority Decision}*
		Date*:	*{Recommendations & Decisions/HA Decision Date}*

Statewide Adolescent Extended Treatment & Rehabilitation Implementation Strategy

Monthly Status Report

Author:	Dr Leanne Geppert & Dr Stephen Stathis	**Sponsor:**	Children's Health Queensland, HHS	**Partners:**	West Moreton HHS and Department of Health
Report Date:	29 August 2013	**Project Start Date:**	August 2013	**Project End Date:**	February 2014

Description of Project:

It is no longer safe or contemporary service delivery to provide statewide adolescent mental health extended treatment and rehabilitation services at the Barrett Adolescent Centre, which is located at The Park Centre for Mental Health. Statewide governance around mental health extended treatment and rehabilitation for adolescents has moved to Children's Health Queensland and a new range of contemporary service options will be available from early 2014. This project will guide and support the definition and establishment of these new service options. The foundation of this initiative has been completed through the Barrett Adolescent Strategy.

Overall Status Summary:

Action Required | Caution | On Plan

Schedule	Financial	Scope	Risks / Issues	Overall
Action Required:	Action Required:	Action Required:	Action Required:	Action Required:
Caution: ■	Caution:	Caution: ■	Caution:	Caution:
On Plan:	On Plan: ■	On Plan:	On Plan: ■	On Plan: ■

Accomplished This Period	**Activities For Next Period**
• Public announcement of plan • Project governance established • Project Plan and Action Plan drafted • Steering Committee established • Inaugural Steering Committee meeting 26/8/13 • Recruitment of project staff commenced • Site visit to Victoria completed – report prepared	• Establish and task Working Groups • Communications strategy to be developed • Risk register to be developed • Define governance for statewide service model
Significant Risks Requiring Management Attention	**Issues Affecting Progress**
• Identification of single point responsibility for correspondence (CE & DoH Oversight Committee) • Endorse Project Plan and Action Plan (CE & DoH Oversight Committee)	• Nil currently

Statewide AETR: Working Groups

Working Group 1 – **Service Options Implementation**

- Janet Martin: Manager, Clinical Governance Office of the Chief Psychiatrist MHAODB **(Chair)** – confirmed
- Stephen Stathis: Clinical Director CYMHS CHQ HHS - confirmed
- Dr Leanne Geppert: Director of Strategy MHSS WM HHS - confirmed
- HHS Northern rep: nomination required
- HHS Central Rep - Trevor Sadler: Director Barrett Adolescent Centre The Park _ Centre for Mental Health - confirmed
- HHS Southern rep: nomination required
- NGO Representative: Richard Nelson to nominate rep (LG sent email)
- Consumer Carer Rep: nomination required

Working Group 2 – **BAC Consumer Transition**

- Trevor Sadler: Director Barrett Adolescent Centre The Park _ Centre for Mental Health – **(Chair)** confirmed
- Dr Darren Neillie, A/ Director of Clinical Service WM HHS - confirmed
- BAC Clinical Staff 1 rep: Trevor Sadler to nominate rep – LG asked Trevor to nominate
- BAC School rep: Trevor Sadler to nominate rep – LG asked Trevor to nominate
- HHS Northern rep: nominations required
- HHS Central Rep: nominations required
- HHS Southern rep: nominations required
- Nadia Beer: Consumer Advocate MH HHS – *not confirmed* (LG sent email)

Working Group 3 – **Financial and Workforce Planning**

- Paul Clare: Senior Social Work WM HHS **(Chair)** – confirmed
- Laurence McDowell: Business Manager WM HHS - *not confirmed* (LG sent email)
- Kathryn White: HR Director WM HHS - *not confirmed* (LG sent email)
- 2 x MHAODB reps: ~~Leanne Geppert to nominate~~ – (from R. Catchpoole's and M. Kelly's teams) – letter to be sent to Ruth and Marie requesting their delegates
- CHQ rep: Deborah Miller to liaise with CHQ CFO for rep (ABF team?)
- Operational Seniors of Allied Health and Nursing for BAC: Padraig McGrath and Lorraine Dowell WM HHS (LG to f/up)
- ~~Consumer Carer Rep:~~ ~~nominations required~~ Judi Stephen and Leanne discussed this as not relevant

Meeting Agenda

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	23 September 2013
Time:	8.30am – 10am
Venue:	Rm 30, CYMHS Cnr Roger & Water Streets Spring Hill *(parking via Roger St entrance)*
Teleconference Details:	***** Please advise secretariat if you are using T/C*****

A/Chair:	Dr Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Secretariat:	Ingrid Adamson	SW AETR Project Manager
Attendees:	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
	Paul Letters	A/Divisional Director CYMHS CHQ HHS
	Josie Sorban	Director of Psychology, CHQ HHS
		Carer Representative
	Elisabeth Hoehn	A/Clinical Director CYMHS CHQ HHS
	Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
	Richard Nelson	Queensland Alliance
	Amelia Callaghan	State Manager Headspace
Apologies:	Judi Krause (Co-chair)	Divisional Director CYMHS CHQ HHS
	Dr Stephen Stathis (Co-chair)	Clinical Director CYMHS CHQ HHS
	Raymond Ho	Clinical Services Program Manager, Metro South Addiction and Mental Health Service
Observers / Guests:		

* Attachments accompany this item; papers to be tabled if available

1.	**Presentations**	
Item no	**Item**	**Action Officer**
1.0	Nil	

2.	**Meeting Opening**	
Item no	**Item**	**Action Officer**
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting 09/09/13 *(attached)*	Chair
2.4	Statement of achievements	Chair

3.	Business Arising from previous minutes	
Item no	**Item**	**Action Officer**
3.1	Working Group Membership	Chair
3.2	Committee Action Plan	Chair
3.3	Draft Project Plan	IA
3.4	Single point of responsibility for correspondence decision	Chair

4.	Matters for Decision	
Item no	**Item**	**Action Officer**
4.1	Steering Committee Terms of Reference	Chair
4.2	Working Groups Terms of Reference	Chair

5.	Matters for Discussion	
Item no	**Item**	**Action Officer**
5.1	Chief Executive and Department of Health (CE DoH) Oversight Committee Terms or Reference	Chair
5.2	Barrett Centre Update	Chair

6.	Standard Agenda Items	
Item no	**Item**	**Action Officer**
6.1	**Service Options Working Group Update** • Memo sent to CEs of Mental Health Clusters seeking nomination of representative • Service Options Overview	Chair
6.2	**BAC Consumer Transition Working Group Update**	
6.3	**Financial and Workforce Planning Working group Update**	
6.4	**Risk Management** Risk register commenced – requires input from Working Groups	IA
6.5	**Progress of key milestones and deliverables**	
6.6	**Other business**	

7.	Matters for Noting	
Item no	**Item**	**Action Officer**
7.1	**Major correspondence**	

8.	For Information (papers only)	
Item no	**Item**	**Action Officer**
8.1	Victoria Site Visit Report (*refer attached*)	Chair

	Next Meeting
Date:	Wednesday 9th October 2013
Time:	8.30am – 10am
Venue:	Room 30 CYMHS Spring Hill.

Children's Health Queensland Hospital and Health Service

Children's Health Queensland Hospital and Health Service
Statewide Adolescent Extended Treatment & Rehabilitation Implementation
Steering Committee Action Item Register
(Status Indicators: Red = Significant delay, Amber = Slight delay, Green = On Track and Blue = Completed)

Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
26/08/13	4.2	Committee TOR	Include changes to purpose; authority; membership; and meeting dates	Leanne Geppert	09/09/13	Completed	
26/08/13	4.4	Working Group Membership	Include Carer/Consumer Reps on Service Options and Consumer Transition Working Groups	Leanne Geppert	09/09/13	Completed	
26/08/13	4.4	Working Group Membership	Circulate hard copy of ECRG Recommendations	Leanne Geppert	09/09/13	Completed	
26/08/13	8.1	YPARC Model	Disseminate Victorian Site Visit Report	Leanne Geppert	09/09/13	Completed	
09/09/13	3.1	Committee TOR	Circulate final version for out of session endorsement	Leanne Geppert	23/09/13		
09/09/13	3.1	Committee TOR	Identify consumer representative for Steering Committee	Trevor Sadler	23/09/13		
09/09/13	3.3	Working Group Membership	Invite DETE WG representative to future steering committee meeting for information exchange	Leanne Geppert	TBC		
09/09/13	3.3	Working Group Membership	Contact each working group to establish membership and convene meetings	Leanne Geppert	23/09/13		
09/09/13	3.3	Working Group Membership	Invite Darren Neillie (wait list team) membership to WG 2	Leanne Geppert	23/09/13		
09/09/13	4.2	Committee Action Plan	Finalise Project Plan and develop Risk Register and Comms Plan	Ingrid Adamson	TBC	Work commenced	
09/09/13	4.2	Committee Action Plan	Submit feedback to LG	Steering Committee	10/09/13	Completed	
09/09/13	4.2	Committee Action Plan	Submit Action Plan to CE DoH Oversight Committee for endorsement	Ingrid Adamson	18/10/13		

Children's Health Queensland Hospital and Health Service

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	23/09/2013	Time:	08:30	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

A/Chair:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG)
Secretariat:	SW AETR Project Manager (IA)
Attendees Conf Call	SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Director of Psychology, CHQ HHS (JS) Carer Representative A/Divisional Director CYMHS CHQ HHS (PL) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC) Nurse Unit Manager, Mental Health, Metro South HHS (JB) A/Clinical Director CYMHS (EH) A/Director Planning & Partnership Unit MHAODB (MK)
Apologies	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Queensland Alliance (RN)
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	**Presentations**			
	Nil	Nil		
2.	**Meeting opening**			
2.1	Welcome and Apologies • Welcomed Laura Johnston, SW AETR Project Officer, WM HHS		Chair	
2.2	Statement of Conflict/Interest	Nil		
2.3	Confirmation of Minutes	Confirmed		
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	**Working Group Membership and Objectives** *Working Group 1 – Service Options* • Went through proposed membership – still need a consumer representative. • EH suggested the a representative could be sought from Beautiful Minds • AT will also have a talk to people at the Mater to source a representative • AT raised that Mater did not have a	EH to source a consumer representative	EH	27/09

Item No	Topic	Action	Committee member	Due date
	representative on WG1. LG agreed to their participation. Amanda suggested a day unit representative • Committee agreed to progress with a meeting of WG1 irrespective of an identified NGO representative. • LG advised that the intent to bring the WG1 together as a half day workshop rather than a 1hr fortnightly meeting to expedite work. She advised that, in light of recent events at the Barrett Centre, it is important to progress quickly. The Committee supports this approach. *Working Group 2 – BAC Transition* • Anne Brennan is going to chair this group • Currently there has been no decision made regarding transition of consumers. Any decision regarding the reduction in bed numbers and taking no further admissions will impact on the work this WG undertakes. No decision had been made at the time of this meeting. • The BAC Team have started the process of looking at consumer care plans for the future based on individual clinical care needs. • LG has suggested that this WG adopt an approach similar to that of a Complex Needs Panel (involving DETE, Housing, Communities and CYMHS clinical staff) specific to the individual. • Committee agreed to change the name of the WG to BAC Transition Panel • Terms of Reference – [redacted] raised an issue with confidentiality of consumer identity (specifically in Status Reports, Plans and Risk Management). LG confirmed that any reporting will not identify individuals – this is not about clinical risk to the consumer but rather risks of the initiative, e.g. reduction in bed numbers will create pressure on other service options, etc. • LG proposed to change the Panel membership to include BAC staff in the first instance and to involve other HHS representatives where they are involved in the treatment of a specific individual. The Committee supported this change. • LG also advised that she spoke to Darren Nellie (from the Wait List Team) and he has agreed to participate on the Panel, as required. *Working Group 3 – Financial & Workforce Planning* • Branch representatives are still required. • Also revisiting the Chair for this WG • DM identified the need for a HR representative from CHQ HHS. • Nursing leads from WM HHS are also to be identified. DM suggested we may also need	AT to source a Mater representative. Branch reps to be identified Chair to be confirmed Confirm CHQ HR representative Confirm WM HHS	AT LG LG IA LG and IA	27/09 27/09 27/09 27/09

Item No	Topic	Action	Committee member	Due date
	nursing leads from CHQ HHS. **Recommendation:** • EH and AT to identify representatives for WG1 • WG1 to meet in a series of half day workshops • WG2 renamed to BAC Consumer Transition Panel • WG2 membership altered to include BAC Staff only – HHS representatives will be involved on an 'as needs' basis. • WG3 representatives still required - LG and IA to identify representatives within MHAODB and CHQ respectively	and CHQ Nursing Lead representatives		
3.2	**Committee Action Plan** • No feedback received so Action Plan is considered endorsed. This will now be incorporated into Project Plan.	Incorporate into Project Plan	IA	09/10
3.3	**Project Plan** • Project Plan, Risk Register, and Communications Plan are still under development. • Draft Project Plan will be circulated to Committee members before the next meeting	Finalise Project Plan	IA	09/10
3.4	**Single point of responsibility for correspondence decision** • Committee was advised that WM HHS will retain responsibility of correspondence until SW AETR transition to CHQ HHS. LG still to speak with Lesley Dwyer to confirm this position.	LG to speak with LD regarding correspondence position	LG	09/10
4.	**Matters for Decision**			
4.1	**Steering Committee Terms of Reference** • DM confirmed the role of this Committee is to endorse and recommend options to the Oversight Committee (for decision making). The ToR have been adjusted to reflect this. Committee supported changes made and the ToR are now finalised. • The identified Consumer Representative has since advised that they are unable to participate on Committee. • Committee asked for suggestions for a replacement consumer representative. EH advised that CHQ has a parent group in Beautiful Minds. PL will speak with Sophie or Tamara about whether they could recommend someone.	PL to advise of consumer rep for Committee	PL	09/10
4.2	**Working Groups Terms of Reference** *Working Group 1* • Functions Dot Point 4: LG recommended change to *Develop an options paper for the Governance Model for SW AETR services* • Nil other comments *Working Group 2* • Changes as noted above in Item 3.1	Update TOR Update TOR	IA IA	25/09 25/09

Item No	Topic	Action	Committee member	Due date
	Working Group 3 • Functions Dot Point 1: EH asked whether the Workforce Strategy will impact DETE staff – ToR to note it excludes DETE staff although ongoing liaison and communication with DETE will occur. • LG has spoken with Peter Blatch, from DETE. He has advised that he is not aware of any working group being established and that there should be no working group for DETE. He is happy for a DETE representative to attend the Steering Committee once a service options model has been developed – they will then develop their DETE models in synergy with the agreed model of service. They continue to be committed to being part of ongoing discussions. • Nil other comments	Update TOR	IA	25/09
5.	**Matters for Discussion**			
5.1	**Chief Executive and Department of Health (CE DoH) Oversight Committee Terms or Reference** • [redacted] queried whether it was necessary for the Chair to appoint a Proxy in his absence. DM advised that the Proxy would most likely be Lesley Dwyer in all instances. • LG advised that Lesley Dwyer thought the DDG would be chair. DM will confirm with DDG. • LG queried whether bi-monthly meetings were frequent enough and whether the Oversight Committee meetings could be added onto the back of CE meetings. DM will speak with the DDG's office to see what frequency will work best. • LG raised that Lesley Dwyer thought a CE from North Qld should also be included in the membership – CHQ will approach the CE Townsville HHS • Nil other comments	DM to confirm DDG as chair DM to confirm frequency of meetings with DDG office CHQ to approach Townsville HHS CE re Committee membership	DM DM IA	27/09 27/09 27/09
5.2	**Barrett Centre Update** • LG confirmed that EH is standing in for TS while an investigation is underway. • EH advised that the current focus is on ensuring continuity of care for consumers. • Most communication undertaken in the past few weeks has been face-to-face or via phone with consumers, families, and staff. • Another BAC Fact Sheet is due for publication soon.			
6.	**Standard Agenda Items**			
6.1	**Service Options WG Update** • LG advised that a memo was sent to CEs of Mental Health Clusters seeking nomination of representatives, which have now been received. • LG took the committee through the Service Options Overview. • Committee agreed the arrows in the diagram			

Item No	Topic	Action	Committee member	Due date
	need to be two way. • LG advised that IMYOS is similar to our Mobile Intensive Treatment Teams (MITT) Streams however Qld doesn't currently have anything similar for Adolescents. • LG also advised that Day Units work well in Qld and that we need more of them. • LG advised that Resi Rehab is like the Therapeutic Residential Service (in Goodna, etc) however consumers need to be in the Child Safety stream to access that service. • Discussed that Tier 2b could potentially be a residential-only model (focused on life skills building toward independent living) with no therapeutic service. This model doesn't necessarily need intensive in-reach from CYMHS but rather a focus on teaching adolescents how to access services they need from the community. • LG also advised that components of the YPARC model are useful but not wholly suited to a statewide approach. It also targets a different age group. • Committee commented that a statewide policy is needed on the Target Group. • Further discussion is also needed regarding length of stay. • IA raised the importance of showing the linkages with adult and paediatric MH – EH confirmed this was important particularly as consumers reach 18yo. • JB asked if there was data on current BAC consumers that could be shared with the Committee. LG is progressing this with WM HHS following a request from CHQ HHS Board Chair. **Recommendation:**	LG to provide data on current BAC consumers	LG	27/09
6.2	**BAC Consumer Transition Panel Update** **Discussion Points:** **Recommendation:**	Nil		
6.3	**Financial and Workforce Planning WG Update** **Discussion Points:** **Recommendation:**	Nil		
6.4	**Risk Management** **Discussion Points:** • IA advised that the Risk Register is under development however requires input from Working Groups before it can be finalised. **Recommendation:**			

Item No	Topic	Action	Committee member	Due date
6.5	**Progress of key milestones and deliverables** **Discussion Points:** **Recommendation:**	Nil		
6.6	**Other Business**	Nil		
7.	**Matters for Noting**			
7.1	**Major correspondence**	Nil		
8.	**For Information**			
8.1	Victoria Site Visit Report circulated to the Committee with the meeting agenda.	Noted		
Next meeting Wednesday 9th October 2013, 9am – 10.30am, CYMHS Spring Hill.				

ENDORSED BY:

Signature: **Date:** /09/13

Name:
Position:

Ingrid Adamson - Request for SW AETR Steering Committee review of Service Options Overview and Diagram

From: Ingrid Adamson
To: SW AETR Steering Committe
Date: 25/09/2013 11:07 AM
Subject: Request for SW AETR Steering Committee review of Service Options Overview and Diagram
Attachments: Model of Care Overview v1.1.doc; Model of Care Overview Diagram v1.1.docm

Good Morning and thank you again for your time on Monday.

As we discussed during the meeting, work has started on the service options for statewide adolescent extended treatment and rehabilitation. We are now seeking your input on the information we are collating for the Service Options Working Group. We'd greatly appreciate any contributions you can make to the first attached document, "Model of Care Overview". The Model of Care Overview Diagram has also been attached for your information.

We understand that each of you have a variety of experience and varying levels of knowledge in regard to the services currently offered. Please focus on those services you are able to provide information on and collectively we will be able to flesh out a rich picture of current services.

So that I can keep track of all your review and edits, would you please save your version of the *Model of Care Overview* document with your name at the end? That way, if I have any questions regarding the information you have included, I can also get back in touch with you.

In the interest of progressing things quickly, we are in the process of convening the first workshop for the Service Options Working Group next Tuesday. It would therefore be sincerely appreciated if you are able to provide any information you have to me by **close of business this Friday, 27th September**.

Again, thank you for your time and I look forward to hearing from you.

Warm regards,
Ingrid

Ingrid Adamson
Project Manager - SW AETRS
Office of Strategy Management

Children's Health Queensland Hospital and Health Service

Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

Adolescent Extended Treatment and Rehabilitation Models
Summary of Site visits to Victoria

Date: Visits conducted from 14 – 16 August 2013

Purpose: To review alternative models of Adolescent Rehabilitation and Extended Treatment

Reviewers:

- Dr Stephen Stathis, Clinical Director, Children's Health Queensland (CHQ) Child and Youth Mental Health Services (CYMHS)
- Ms Judi Krause, Divisional Director, CHQ CYMHS
- Dr Leanne Geppert, A/Director of Strategy, Mental Health & Specialised Services, West Moreton HHS
- Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre (BAC).

Sites visited:

- Royal Children's Hospital (RCH) Parkville
- Orygen Youth Health, Western Hospital and Parkville sites
- Mindful Centre for Training & Research in Developmental Health
- Y-PARC Dandenong, Southern Health
- Youth Support & Advocacy Service - Residential Facility – Noble Park
- Y-PARC Frankston, Peninsula Health Service.

BACKGROUND

The site visits was precipitated by the announcement that the Barrett Adolescent Centre (BAC), a fifteen bed inpatient adolescent extended treatment and rehabilitation facility based at The Park, Wacol, would be closing in late December 2013. An Expert Clinical Reference Group (ECRG) had identified a range of recommendations across the continuum of extended treatment and rehabilitation spectrum to best meet the diverse needs of this cohort.

Characteristics of Adolescents requiring extended treatment and rehabilitation:

- severe and complex mental illness
- impaired development secondary to their mental illness
- persisting symptoms and functional impairment despite previous treatment delivered by other components of child and adolescent mental health services including CYMHS community clinics, Evolve, day programs and acute inpatient child and youth mental health services
- will benefit from a range of clinical interventions

Severe and complex mental illness in adolescents occurs in a number of disorders. Many adolescents present with a complex array of co-morbidities as outlined below:

1. Persistent depression, usually in the context of childhood abuse. These individuals frequently have concomitant symptoms of trauma eg. PTSD, dissociation, recurrent self-harm and dissociative hallucinoses.

2. Adolescents diagnosed with a range of disorders associated with prolonged inability to attend school in spite of active community interventions. These disorders include Social Anxiety Disorder, Avoidant Disorder of Childhood, Separation Anxiety Disorder

and Oppositional Defiant Disorder. It does not include individuals with truancy secondary to Conduct Disorder.

3. Complex post traumatic stress disorder. These individuals can present with severe challenging behaviour including persistent deliberate self harm and suicidal behaviour resistant to treatment within other levels of the service system.

4. Persistent psychosis non responsive to integrated clinical management (including community-based care) at a level 4/5 service.

5. Adolescents with a persistent eating disorder such that they are unable to maintain weight for any period in the community. These typically have co-morbid Social Anxiety Disorder.

Royal Children's Hospital, (RCH) Parkville / Orygen Youth Health Service and Mindful Centre for Training and Research in Developmental Health.
These sites represented mental health care for adolescents in the Western metropolitan region of Melbourne. RCH and Orygen Youth Health (OYH), at Western Hospital provided acute inpatient services. RCH admitted an age range of 12 – 18 year olds and OYH admitted 16 – 25 year olds. Neither service had access to extended treatment and rehabilitation beds. They managed the cohort described above by offering an Intensive Mobile Youth Outreach Service (IMYOS). Dr Sandra Radavini, Child Psychiatrist from the Mindful Centre for Training and Research in Developmental Health was a co-founder of the IMYOS team.

The IMYOS model is a sub-acute program targeting difficult to engage, high risk young people with complex needs 15 – 24 years, who are experiencing mental health difficulties. IMYOS teams have caseloads of approximately eight and work as part of the integrated MH service. They provide assertive outreach mental health assessment and treatment to young people who are homeless, have substance abuse or forensic history and clients who are unable to leave their residences due to severe anxiety or psychosis. IMYOS also inreach to youth residentials managed by the Non-Government sector.

Y-PARC (Dandenong)

The Youth Prevention and Recovery Care Service (Y-PARC) is a collaboration between Southern Health (SH), Mind Australia (Mind) and Youth Support & Advocacy Service (YSAS).

SH is the largest health service in Melbourne and provides comprehensive integrated health care services to nearly 1.294 million people in the south-eastern suburbs of metropolitan Melbourne and nearby catchment populations.

The Mental Health Program is one of the largest integrated public mental health services in Victoria. The programs support more than one million people across Southern Health's geographically and culturally diverse catchment population including areas of significant socioeconomic disadvantage.

Mind Australia is a community managed mental health service supporting people recovering from the effects of mental health problems for over 30 years in Victoria and more than four years in South Australia. Mind provides support services to approximately 5,000 people every year, including families and carers. Mind is a leading non-government provider of consumer focussed, recovery oriented mental health services in the community managed mental health sector, with high levels of expertise, knowledge and skills. Mind Staff have a

minimum qualification of Certificate IV in Mental Health and the majority have Bachelor Degrees in Psychology, Social Work or a related field.

YSAS is an accredited community service organisation providing a range of innovative and client centred services to vulnerable young people aged 10 to 25 years. Operating from metropolitan and regional Victoria, services provided include: early intervention, youth outreach, short-term residential withdrawal, residential rehabilitation, home-based withdrawal, primary health, family reconciliation, day programs, youth supported accommodation, young parents support and alcohol and drug youth consultancy.

The Y-PARC is an element of the acute end of the clinical service continuum and aims to provide a short term residential treatment service in a youth friendly environment to young people aged 16 to 25 years. This 10 bed facility is a purpose built home-like environment to meet the needs of young people.

The partnership between SH, Mind and YSAS recognises the unique opportunity to provide young people and their carers/families with support during the early stages of an illness or episode and to provide them with treatment and strategies to manage mental health problems and engage them in recovery focused interventions and activities.

The Y-PARC model of care recognises the impact that mental health problems can have during the developmental stages and the resulting lower rates of participation in age appropriate activities for these young people. The model of care also recognises the importance of the formation of local partnerships with relevant services such as community mental health services, alcohol and other drug services (AOD), housing, primary health, education and vocational/training services.

The key principles of the Y-PARC model of care include but are not limited to**:**

- Early in life, early in illness and early in episode interventions;
- Treating young people with dignity & respect;
- Providing a supportive and safe environment, and an understanding of young people's physical, sexual and emotional safety needs;
- Gender sensitive care which considers gender identity and sexual preferences; and an awareness that a wide range of other factors interplay with gender identity which may have a negative impact on young people's health and wellbeing;
- Trauma informed care that gives insight into how trauma can have enduring effects on people that may interrelate with mental health and AOD issues, and developmental and age related issues; and
- Providing an individual client recovery focus as well as family/carers engagement in care planning.
- CALD Population sensitivity

SH have primary responsibility for the delivery of clinical services, and Mind have primary responsibility for the operational management. Staff from SH, Mind and YSAS work together and form collaborative professional working relationships in providing a clinical /recovery focussed service to clients.

Frankston Y-PARC

The Frankston Y-PARC is a collaboration between Peninsula Health Mental Health Service (PHMHS), Mind Australia (Mind) and Peninsula Support Services (PSS). PHMHS provides a range of integrated mental health services within the designated catchments of Frankston, Chelsea, and the Mornington Peninsula.

PSS is a community managed mental health service that supports people adversely affected by their mental health issues. Based in the local area PSS supports approximately 600 people per year with a range of services including; Home Based Outreach (1:1 support), Rehabilitation Groups, HACC Day Programs, Carer Support and a duty/intake service.

Y-PARC	**Dandenong – 10 beds**	**Frankston – 10 beds**
Target Population Characteristics **(same across both sites)**	• 16-25 yrs • live in catchment/ client of SH mental health • voluntarily agree • significant mental health issues/ high risk/ vulnerable • Safe to treat within community setting – low to moderate risk • Step up or step down from acute inpatient services	• 16 – 25yrs • live in catchment/ client of PHMHS • voluntarily agree • significant mental health issues/ high risk/ vulnerable • Safe to treat within community setting – low to moderate risk • Step up or step down from acute inpatient services
Exclusion Criteria (same across both sites)	• Clozapine 1st day treatment • Level of acuity or risk assessed as too high (actively suicidal, homicidal or aggressive) • No capacity to engage and comply with treatment • Milieu not conducive • Actively using illegal substances	• Clozapine 1st day treatment • Level of acuity or risk assessed as too high (actively suicidal, homicidal or aggressive) • No capacity to engage and comply with treatment • Milieu not conducive • Actively using illegal substances
Client Mix (Varies – this is a point in time snapshot only)	• At time of visit: • Male: [redacted] • Female: [redacted] • Age 19 – 22 • 60% step up • Will take clients under MHA	• At time of visit: • Male: 0 • Female: [redacted] • Age 16 – 19 • 80% step up • Will take clients under MHA
Client Diagnoses (similar profile across sites)	• Psychosis • Mood disorders • Borderline Personality Disorder	• Psychosis • Mood disorders • Borderline Personality Disorder
Length of Stay	• Up to 28 Days (average 2 weeks)	• Up to 28 Days
Staffing Mix (Variability re: staffing shifts, Frankston model has extended clinical coverage).	• SH Mental Health Service – determine entry • Clinical staff work day shift (0800 – 1700), YSAS staff work 3 shifts (day, evening/night) • .2 Psychiatrist and .5 Registrar (shared across acute inpatient unit AIU) • Nursing staff – closed roster with rotations from AIU • Overnight staff liaise with SH triage team for urgent/crisis mh response	• PHMHS – determine entry • Clinical staff work 2 shifts (day/evening until 2230), PSS staff work 3 shifts (day, evening/night) • .2 Psychiatrist and .5 Registrar (shared across acute adolescent inpatient unit) • Nursing staff - closed roster • Overnight staff liaise with PHMHS triage team for urgent/crisis mh response
Budget: **Facility Build** **Operational Budget**	 • 3.5 million (excluding land) • 1.8 million (approx.)	 • 5 million (excluding land) • 1.8 million (approx.)

Interventions
There were different levels of structure between the two Y-PARC programs. Family engagement and therapy are well supported and both therapeutic (e.g DBT) and life skills groups are offered which are supplemented by individual treatment and support. Young people have free access to the community, and some will continue with school and part time work in the local area. There are cooking and life skills groups in the evening.

Environmental Factors
Both the Dandenong and Frankston Y-PARC services are in new purpose built buildings which had in common

- Stand alone, unmarked suburban locations on a land area of approximately 3000 sq metres.
- Predominant open living design with quiet areas for art, music and sensory rooms
- Strong use of glass to connect to outdoor areas utilised for recreation, retreat and garden projects
- 10 private bedrooms with en suites. These have no internal visibility to others (including staff) which are accessed by residents with their own access card. Staff have swipe card access to all bedrooms.
- Open meal preparation areas (including access to all knives). All meals are prepared by residents, with some assistance from staff if necessary.
- Visitor rooms and family assessment/therapy rooms
- Standard anti-ligature fittings
- Staff offices

Youth Support & Advocacy Residential Facility – Noble Park
This facility provided ten beds configured in five two bedroom units on a shared campus. Young people 18 – 25 reside there for up to two years. There are support staff rostered 9 – 5pm seven days per week. There is an on call system to the Manager overnight and young people can access the crisis & triage team from SH. Young people are linked to either the SH mental health service or private psychiatry. They are supported by youth workers to engage with vocational education, tertiary studies, employment opportunities and develop their independent living skills. There is currently a waiting list for young people to access the residential facility.

ALIGNMENT OF THE Y-PARC MODEL TO THE EXPERT CLINICAL REFERENCE GROUP RECOMMENDATIONS
The Expert Clinical Reference Group (ECRG) developed a service element document which proposed four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:
Tier 1 – Public Community Child and Youth Mental Health Services (existing)
Tier 2a – Adolescent Day Program Services (existing and new)
Tier 2b – Adolescent Community Residential Service/s (new)
Tier 3 – State-wide Adolescent Inpatient Extended Treatment and Rehabilitation

Service (new)

The IMYOS service would complement Tier 1, 2 and potentially Tier 2b. It would be hypothesized that assertive outreach intervention would engage young people, provide evidence informed treatment and reduce the need for both acute and extended treatment inpatient admissions.

The Y-PARC model would complement Tier 1 by providing both a step up and a step down sub acute contemporary bed based model of care. It would further support Tier 2 and 2b. With significant adaptations, the Y-PARC model could potentially meet some of the Tier 3 requirements.

Day Programs – the reviewing team did not visit any Day Programs in Victoria. Day Programs have been identified by the ECRG as a critical component of the continuum of care for Adolescent Extended Treatment and Rehabilitation Models (Tier 2b)

Model adaptations would include:

- Decreasing the age range to 14 – 17 years (this would impact on staffing levels required and ratio of health professionals vs. NGO/youth workers, consent and duty of care issues relating to minors)
- Broadening the catchment from local to a more cluster based or state-wide model
- Increasing the length of stay up to 3 months (extended stays can be negotiated on an individual basis by the treating team).
- Provision of in – reach educational and vocational support to the Y-PARC students with an aim of linking them back to their local community on discharge or consideration of an outreach model to local education/ vocational support facilities able to provide interim support for young people and linkages back to their community of origin.

Recommendations:

- Consider establishing assertive outreach model based on IMYOS to link to existing Tier 1 & Tier 2 CYMHS teams
- Consider establishing a range of new Day Units to support the continuum of care for extended adolescent and rehabilitation treatment
- Consider scoping a model based on Y-PARC with adaptations to meet the geographically diverse needs of Queensland and modified to suit an adolescent cohort. This would align with Tier 3
- Consider establishing Youth Residentials in local areas to support all Tiers of CYMHS
- Consideration of Activity Based Funding (ABF) in scope models being the basis of any future model developments for Queensland

Author: Ms. Judi Krause, Divisional Director, Child and Youth Mental Health Services (CYMHS)
Date: 26th August, 2011

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	09/10/2013	Time:	09:00	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees Teleconferenced	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Director of Psychology, CHQ HHS (JS) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Director Planning & Partnership Unit MHAODB (MK) Carer Representative Consumer Representative Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
Apologies	A/Clinical Director CYMHS (EH) State Manager Headspace (AC)
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	**Presentations**			
	Nil	Nil		
2.	**Meeting opening**			
2.1	Welcome and Apologies		Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes • Correction made to item 3.1 – changed Minders Group to Beautiful Minds	Confirmed	JS	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	**Working Group Membership Update** *Working Group 1 (WG1)* It was decided to convene the group as a half day forum rather than a series of fortnightly meetings. There was good representation from around the state with 16 attendees. The first session looked at the current state of service delivery across the continuum. The second			

Item No	Topic	Action	Committee member	Due date
	part of the forum looked at opportunities along the service continuum.			
	DM raised the possibility of sending out consumer scenarios to attendees to consider whether the different cases would fit what has been proposed for future state. SS agreed that sending out the scenarios via email would be a good option.	Email consumer scenarios to WG1 representatives for input	SS	21/10
	JK raised that the Statewide Advisory Group convenes at the end of the month and queried whether they could be engaged to review the service options.			
	LG shared concerns regarding scope and timeframes. Involving a new group at this time may impact these timeframes. The benefit of using WG1 participants is that they have the context. It was suggested that a presentation could be made to the Statewide Advisory Group instead.	Present to the Child and Youth Statewide Advisory Group	SS	31/10
	The forum highlighted that there is potential for greater utilisation of existing mental health services and community-based services. Greater understanding of the services available is also needed. It was agreed that understanding of the full range of mental health services could be improved.			
	AT raised the importance of keeping communication open and people informed. JK said she receives enquiries from the Mental Health Cluster and feels a one page briefing note update would be worthwhile. JK suggested getting the briefing note out as soon as possible.	Issue briefing note to Mental Health Cluster re forward direction when strategy in place	IA	31/10
	LG also raised the importance of CHQ developing a communication strategy for the statewide initiative. IA confirmed CHQ have a meeting with their Media and Communications team tomorrow to progress.			
	SS asked how we could also best reach consumers and carer. AT raised putting it on the CHQ site. DM confirmed that this could be done and would be looked at with the CHQ Media and Communications team.	Establish web page for Initiative	IA	31/10
	IA also confirmed that she is meeting a consumer representative tomorrow for potential participation on WG1.	Meet with consumer representative	IA	10/10
	Working Group 2 LG confirmed that this working group has been converted to a Clinical Care Panel. They will report status, risks and issues to the Steering Committee. This is a WM HHS driven panel. EH and LJ are the conduits to the Steering Committee from the Panel. They will commence work next week.			

Item No	Topic	Action	Committee member	Due date
	When the A/Clinical Director, BAC, started, she reviewed every consumer's current individual needs, so work has already commenced in this space. A concern raised at the last meeting was that of putting pressure on other service areas. LG confirmed that this hasn't eventuated at this stage and status updates will be provided. LG confirmed that there have been no further admissions to BAC and that the wait list is currently being addressed. It was decided that further admissions would not be in the best interests of current consumers. It was noted that this decision has not been externally communicated at this stage. A community and staff factsheet have been released and advise that the BAC building will be closed by the end of January. It was agreed to advise of this decision as there was continuing distress and concern over not knowing when the facility would close. WM HHS has been clear that this is a flexible date dependent upon the needs of current consumers. JS asked if it is known across the state that BAC is not taking on more consumers. JK asked whether there should be a communication to the CYMHS sector. [redacted] asked if families on the waitlist know as yet. LG confirmed this decision has not been communicated more broadly than BAC at this stage. JK recommended a brief be sent to MH Cluster and CEs advising of the current position regarding BAC closure and "no further admissions". LG advised that waitlist consumers stay with their respective HHS until taken on by BAC; however, they have found that, in some cases, either the HHS is discharging the consumer as soon as they are placed on the waitlist or that the family has disengaged from services and are assuming a "holding pattern" waiting for a place in BAC. AT asked if we are announcing a replacement service from 1st February 2014. JK advised there will be no one singular replacement service but rather a range of services, which we are incrementally working toward. LG advised that there will be additional service options; however, there won't be a bed based option in the short term – this is not possible to deliver in the next 3 months. For current consumers at BAC, WM HHS will utilise operational funds to support consumers in their home/community until extended service options are in place. JK asked about consumers on the waitlist – it was confirmed that the panel would review the waitlist and provide wrap around services where required. It was agreed that this needed to be	Brief re current BAC position to MH Cluster and CEs	LG	18/10

Item No	Topic	Action	Committee member	Due date
	communicated to those families and staff by the Clinical Care Panel. LG noted that some bed-based care is needed; however, not as currently provided at BAC, e.g. 15 beds, 2 years stay. LG also noted that some participants in WG1 queried whether a bed-based option was needed at all. The WG1 forum did raise the need for a multi-disciplinary statewide panel to assess consumer needs to look at a range of options for consumers in the area. JK raised whether this fits in with Complex Care Coordination, being a similar concept. Other options proposed by WG1 were coordination roles, more Day Program Units, and mobile outreach services. JS commented that the way in which the waitlist is managed now is like a prototype for how services will be provided going forward – it would seem to be the structure that is underway. LG asked if a statewide panel should be established immediately. JS suggested that the current Consumer Care Panels being created to address the waitlist would identify commonalities, risks and issues that would help inform a statewide panel. It was broadly agreed to hold off announcing a single statewide panel until wait list consumer care panels could be observed further. NW asked how many consumers on the waitlist. LJ advised that the current number on the BAC wait list is between [redacted] *(On 8/10/13 it was confirmed that there are [redacted] consumers on the waitlist.)* *Working Group 3* WG3 will address workforce and financial implications of the initiative. There is a hold up on the establishment of this WG. LG advised that the membership has been elevated to a higher level of representation, so changes are being made. WM HHS has asked their Chief Financial Officer and Executive Director of Workforce to look at the Terms of Reference. **Recommendation:** • JK proposes a presentation to the Child and Youth Statewide Advisory Group. SS agreed to provide the update to the group. • JK also proposed that a one page brief be sent to MH Clusters advising of the current position regarding BAC closure and "no further admissions". It was also recommended to communicate that there will be service options post January 2014, although a bed-based replacement will not be immediately available. • JK recommended an email from Sharon Kelly to EDs advising of no more admissions into BAC.			

Item No	Topic	Action	Committee member	Due date
3.2	**Project Plan** • Project Plan, Risk Register, and Communications Plan are still under development. • Draft Project Plan will be circulated to Committee members for the next meeting	Finalise Project Plan	IA	21/10
3.4	**Single point of responsibility for correspondence** • Correspondence has slowed down and is of similar content to what has been received to date. A variety of mechanisms have been used to communicate with community members. Most people sending through correspondence are past or present users of BAC services. • Agreed it made sense for WM HHS to retain correspondence responsibility in regard to BAC. • Only a small number of families have a significant investment in BAC and this is where most of the concerns are coming from. • IA queried whether it is possible to communicate what interim wrap around services will "look like". supported the view that currently it is a little challenging to draw the dots regarding service care. Consumers/carers learn what to expect in ED and Acute but when they get into extended rehabilitation, the services options are relatively unknown so, when there is a change of service, it is unclear where consumers go from there. noted that it is difficult to know how much information to share while respecting confidentiality and without divulging too much so as to cause further confusion. noted that it was really positive to hear that the Clinical Care Panel was working with consumers and carers in assessing consumer need – it is imperative as individual care plans are so important. • felt that some information is better than none at all. queried how consumers and families could find information. Aside from the BAC site, additional information and communication is needed. • It was noted that people accessing acute mental health services need more information, as do the staff that manage those services. • JK agreed we need to inform the sector, and consider the broader communication strategy, including the message that this is an opportunity to do things better. **Recommendation:** • CHQ to finalise broader communication regarding the statewide service development and approach for the community and consumers/carers in the near future.	CHQ to finalise communications strategy	IA	21/10
4.	**Matters for Decision**			
4.1	**Steering Committee Meetings** • LG proposed moving the timing of future meetings to 9am. Committee supported this change.	Update committee meeting calendar appointment.	IA	11/10

Item No	Topic	Action	Committee member	Due date
4.2	**Target Group Definition** • During WG1 Forum, it was suggested that the ECRG Target Group definition be expanded to include Alcohol and Other Drugs. **Recommendation:** • Committee agreed to amend wording with: "that may include co-morbid alcohol and other drug problems".	Update target group definition	IA	11/10
5.	**Matters for Discussion**			
5.1	**Victorian Contacts for Queensland Visit** • LG advised that she has been in touch with, Sandra Radovini, a Victorian Mental Health contact, who would be happy to come to Qld to discuss adolescent mental health services in Victoria. Sandra can come to Queensland in mid-November, which will suit the timing around service options development. It was suggested that she could also speak with target groups such as the Child and Youth Faculty and consumers, families, and carers • Have started looking at dates (14th or 15th November).	Confirm travel dates.	LG	31/10
5.2	**Communications Strategy** • Addressed above			
6.	**Standard Agenda Items**			
6.1	**Service Options WG Update** **Discussion Points:** • Addressed above **Recommendation:**			
6.2	**BAC Consumer Transition Panel Update** **Discussion Points:** • Addressed above **Recommendation:**	Nil		
6.3	**Financial and Workforce Planning WG Update** **Discussion Points:** • Addressed above **Recommendation:**	Nil		
6.4	**Risk Management** **Discussion Points:** • Risk Register is still under development and requires input from Working Groups before it can be finalised. **Recommendation:**	Continue register development	IA	21/10

Item No	Topic	Action	Committee member	Due date
6.5	**Progress of key milestones and deliverables** **Discussion Points:** **Recommendation:**	Nil		
6.6	**Other Business**	Nil		
7.	**Matters for Noting**			
7.1	**Major correspondence** • Barrett Adolescent Centre Fast Fact Sheets No. 6, 7, and 8 have been developed and distributed to consumers and families. • A BAC Staff Communiqué has also been developed and distributed	Circulate copies of the BAC Fast Fact Sheets to Committee Members	IA	21/10
8.	**For Information**			
8.1	Committee was advised that: • The CE and Department of Health Oversight Committee will meet on the 17th October • The CHQ HHS Board will meet on the 31st October. Updates on the SW AETRS will be provided to both groups.			
Next meeting Monday 21st October 2013, 9am – 10.30am, CYMHS Spring Hill.				

ENDORSED BY:

Signature: **Date:** /09/13

Name:
Position:

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	21/10/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Clinical Director CYMHS (EH) Carer Representative Consumer Representative Teleconferenced A/Director Planning & Partnership Unit MHAODB (MK) Teleconferenced State Manager Headspace (AC) Teleconferenced Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
Apologies	Divisional Director CYMHS CHQ HHS (JK) Director of Psychology, CHQ HHS (JS)
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	**Presentations**			
	Nil	Nil		
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	SS	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	**Working Group Membership Update** *Working Group 1 (WG1)* • IA met with a consumer representative who is keen to participate on WG1. This completes membership.			
4.	**Matters for Decision**			
4.1	**SW AETR Project Plan** • noted the project plan was easy to understand and the risk management section covered every base, particularly 2.6. • No other comments received.			

Item No	Topic	Action	Committee member	Due date
	Recommended • Endorse project plan			
5.	**Matters for Discussion**			
5.1	**Presentation of Parent's Submission** • Noted that parents of current BAC inpatients have been invited to present their submission to the Steering Committee. • The purpose of the presentation is to provide parents an opportunity to speak to their submission. • RH asked for a copy of the submission before the presentation. • noted that will join the Committee meeting after the submission. SS suggested that could teleconference in, if preferred. • noted that is happy to be present • IA will draft up a consumer engagement framework to provide to parents regarding the format and purpose of the presentation. • AT asked whether we need to make someone available to debrief with parents after the session due to the emotion associated with this. • LG suggested that further consideration is needed to determine the most appropriate person. • EH noted that the parents will present their submission well but it will be important to provide them sufficient time to discuss their concerns. • AT noted that the Steering Committee also needed to be clear about their role in the presentation. • LG noted that Lesley Dwyer will formally respond to the parent enquiring about the opportunity to present, and will advise of the next steps. **Recommended** • Parents will present at the next Steering Committee, from 9.15am, for half an hour with time for discussion afterwards. • Next Committee Meeting is extended half an hour to address standard agenda items after the Parent Presentation.	Circulate Parent Submission to Committee members Draft consumer engagement framework CHQ have put forward Stephen Stathis – supported by Co-Chair Prepare guidelines for Steering Committee	IA IA IA	30/10 25/10 30/10
6.	**Standard Agenda Items**			
6.1	**Service Options WG Update** • It was noted that case scenarios have been circulated to WG1 Representatives for feedback and comment • The Parent Submission received will contribute to the thinking around service options • WM HHS are also sending a request for input to parents of consumers on the waitlist. **Service Options Update Brief** • noted the length of stay – that rehabilitation	Present findings from scenario work back to Committee	SS	04/11

Item No	Topic	Action	Committee member	Due date
	takes time; each consumer is different; and we need to be careful not to enforce strict timeframes on length of stay. • lso noted that after hour support is absolutely vital to families and carers. • Committee noted that the WG raised the need for services for the 18 to 25 years and that it now needs addressing. More clarity regarding how to transition adolescents into adult mental health services is also needed • SS noted if we push the age limit up from 17 to 25yo, then we need to advocate for funding for those services. MK agreed, noting Victoria runs services from 16 to 25yo and it is about applying for funding to support services across this age range. • EH noted that the model could consider some flexibility around age range as it does with length of stay. • noted a new model could make it easier to transition to adult services. • RH and both noted that it is not so much about the age as much as it is about the transition to other services. RH notes that the design of the service is important. • EH notes that adult MH and CYMH need to discuss this topic further.	Include Adult MH in service model discussions	SS	Ongoing
6.2	**Clinical Care Transition Panels Update** • Panels are identifying plans for each individual and, although there have been challenges the panels are working through these. **Recommendation:** • Monthly status update for inclusion in the SW AETR Project Status Report	Provide status update for monthly report	LJ	31/10
6.3	**Financial and Workforce Planning WG Update** • Good representation across WM and CHQ HHS • This group is meeting tomorrow (22nd) and the majority of people are able to attend • The group will be reviewing the Terms of Reference			
6.4	**Risk Management** • Risk Register will be developed from the Project Plan. • Working Groups are invited to propose risks for inclusion, where needed • The Committee will be notified of any risks that change in status to high or extreme; or any risks that eventuate			
6.5	**Progress of key milestones and deliverables** • An update on progress will be provided through the Project Gantt Chart at future meetings	Complete Gantt Chart for next meeting	IA	04/11

Item No	Topic	Action	Committee member	Due date
6.6	**Other Business** • Nil	Nil		
7.	**Matters for Noting**			
7.1	**Major correspondence** • Nil			
8.	**For Information**			
8.1	• It was noted that the dates of 14th and 15th November have been tentatively set for Sandra Radovini's visit from Victoria. More information is to come on this visit.			
Next meeting: Monday 4th November 2013, 9am – 11am, CYMHS Spring Hill.				

ENDORSED BY:

Signature: **Date:** /09/13

Name:
Position:

Statewide Adolescent Extended Treatment and Rehabilitation Initiative Update Brief

Barrett Adolescent Centre Consumer Status

There are currently less than [redacted] at the Barrett Adolescent Centre (BAC) and [redacted] on the waitlist. The number of inpatients varies based on consumers who have returned to their family for holidays and as West Moreton Hospital and Health Service (WM HHS) progresses the discharge of consumers. There are also a number of day patients that access the BAC service and school.

The demographic of current admitted consumers is:

- [redacted]
- [redacted]
- [redacted]

[redacted]

Clinical Care Transition Panels have been planned for each individual young person (including those on the waitlist) at BAC, to review their individual care needs and support transition to alternative service options when they are available and as is relevant to individual care needs. The panel will consider all service options for the young people including wrap around (intensive and time limited) services.

The weekly Panels will be chaired by Dr Anne Brennan, A/Clinical Director BAC and will consist of a core group of BAC clinicians and a BAC school representative. Other key stakeholders (Hospital and Health Services, government departments and NGOs) will be invited to join the Panel as is appropriate to the particular needs of the individual consumer case that is being discussed at the time.

It is believed that the large majority of current BAC consumers will be discharged prior to January 2013. It is anticipated that there will be [redacted] consumers whose discharge planning is more complex and whose needs may not be fully met through existing services, and particularly special attention will be required for their transition process. All options are being explored to ensure uninterrupted support and care for these individuals. Treatment options and transition plans currently include:

- Transfer back into the community with support from local CYMHS
- Admission into a Day Program Unit
- Transfer to an acute unit (where there are ongoing acute care needs)
- Support packages delivered through Department of Communities, Child Safety and Disabilities
- Non-Government Organisation mental health services/programs
- Primary care service support, e.g. headspace
- Housing support
- Transfer to adult mental health services/programs

The West Moreton Hospital and Health Board is committed to ensuring that all young people in BAC have alternative service options in place before the closure of the BAC building at the end of January 2014. The closure date is flexible and will be responsive to the needs of the consumer group.

Adolescent Mental Health Extended Treatment and Rehabilitation Service Options

The target group for adolescent extended treatment and rehabilitation (AETR) services has been defined as:

- 13 - 17 years youths, with flexibility in upper age limit depending on presenting issue and developmental (as opposed to chronological) age.
- Severe and persistent mental health problems that may include co-morbid alcohol and other drug problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development.
- Mental illness is persistent and the consumer is a risk to themselves and/or others.
- Medium to high level of acuity requiring extended treatment and rehabilitation.

On 1st October, a forum was convened to explore current service options available and future opportunities. A range of representatives from across the state and Hospital and Health Service Districts attended this forum, including mental health clinicians across nursing, allied health and medical professions, a carer representative, and a non-government organisation representative.

Contributions at the forum identified the need for:

- More efficient utilisation of existing mental health (MH) services and resources
- Greater education and awareness regarding the MH services available, especially for primary care providers, carer representatives, and families
- Greater family support and involvement in MH care plans and interventions
- Inclusion of dual-diagnosis services for co-morbid alcohol and other drug problems
- Stronger linkages to adult MH services in so far as to ensure smooth transition from adolescent MH services
- Redirection of current resources into future service enhancements (i.e. move operational funds from BAC into a bed-based facility and additional day programs)
- More assertive outreach and mobile service options over extended hours
- Need for a multi-disciplinary clinical care review team to assess consumer needs and refer to the most appropriate service options to meet those needs

An issue identified during the forum, and out of scope of this initiative, is the need for services for 18 to 25 year olds, with MH problems not deemed appropriate for adult MH services.

Whilst work is continuing on reviewing the full spectrum of AETR service options, some common elements are emerging. These include:

1. A Statewide Multi-disciplinary Complex Care Panel (involving CYMHS Service Integration Coordinators (SIC)), with oversight of admissions to:
    a. Bed-based Non-Acute Inpatient Facility
2. Additional Day Programs
3. Enhanced Community MH Positions (such as mobile services)
4. Residential Rehabilitation Services

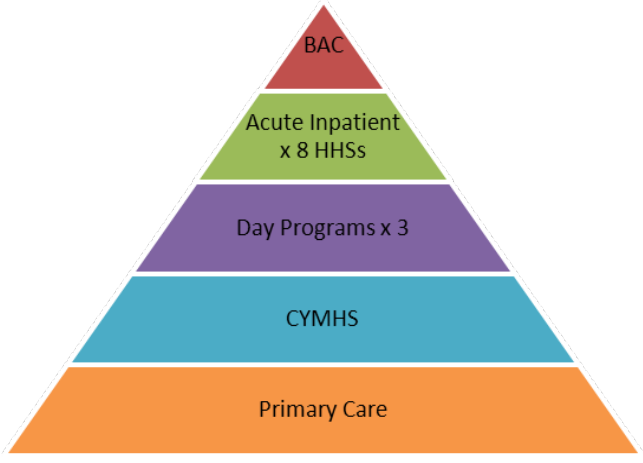
It is important to note that the bed-based non-acute inpatient facility proposed is not a replication of the existing BAC service approach. Specific differences include:

- 8 – 10 beds (down from 15 beds at BAC)
- Maximum 3 month stay, with extension based only on clinical requirements (down from 32 months at BAC)
- Assessment and referral to this facility by a multidisciplinary Statewide Clinical Care Panel (as opposed to a local clinical team)
- Discharge planning on entry with HHS undertaking to accept consumer on discharge, to ensure consumers are returned to their families and communities in an optimal timeframe to meet their clinical and care needs

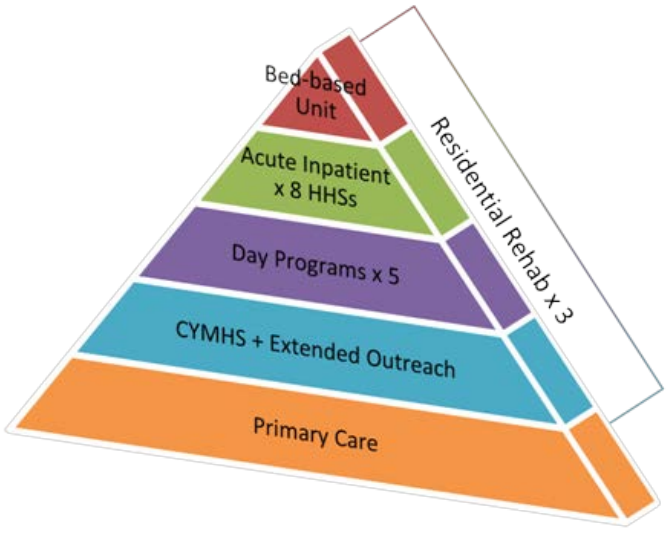
Figure 1 below depicts the current state of service options and a proposed future state of service options (pending further scoping), including the elements mentioned above.

Underpinning this model is a fundamental assumption that the consumer, family and community are central to the services and treatment outcomes.

Figure 1



Current State



Proposed Future State (pending further scoping)

Next Steps:

- Collate population data and supporting evidence to confirm service options required and their location (underway).
- Site visit to NSW to inspect their bed-based facility (23 October)
- Identification of the financial and workforce requirements for future service options
- Development of governance arrangements for future service options
- Refinement of service options into an AETR Service Model for endorsement by end November 2013
- Continuing communication regarding service options development with stakeholders, specifically consumers and families (CHQ HHS Communication Strategy under development).
- WM HHS continues to maintain open communication with current and past families and consumers of the BAC and BAC staff.

Children's Health Queensland Hospital and Health Service

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	04/11/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees Teleconferenced	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Clinical Director CYMHS (EH) Director of Psychology, CHQ HHS (JS) Carer Representative Consumer Representative A/Director Planning & Partnership Unit MHAODB (MK) State Manager Headspace (AC)
Apologies	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) Operational Manager Alcohol, other Drugs & Campus, Mater (AT)
Observers/ Guests:	

Item No	Topic	Action	Committee member	Due date
1.	**Presentations**			
	Parent Presentation • presented to the Committee. They also distributed some handouts for the Committee's Information • After the parents left, LG advised care planning is underway and that there is no imperative to have children out by 13th December. This date is the end of the school term. LG advised that, if at the end of January, they still have consumers then they will keep the BAC doors open to care for them.	Distribute handouts provided by parents	IA	8/11
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LG, EH	
2.4	Statement of achievements • LG wanted to acknowledge that the two districts are working well together as issues arise and appreciates the collaboration.	Covered below	Chair	

Item No	Topic	Action	Committee member	Due date
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	Nil			
4.	**Matters for Decision**			
4.1	Nil			
5.	**Matters for Discussion**			
5.1	• JK has had communication with Lesley van Schoubroeck and she advised that she is receiving questions regarding BAC and asked if it would be ok to distribute the BAC Fact Sheets to her. LG agreed to add her to the distribution list so she receives the latest fact sheets as they are produced. **Visit to NSW Walker and Rivendell Units** • JK shared information regarding the recent site visit to NSW. • A site visit report will be circulated to the steering committee. • RH raised the question: what are the resource differences for NSW families compared with QLD? JK stated further information could be collected on this. • [redacted] noted that the discharge experience at BAC has been challenging – not in so far as families not engaging but rather getting them involved in the ongoing management of their child post discharge. • It was noted that education is a critical element in this and we need to look at how this is done. For example, Mater and RCH schools are identified as leaders nationally – need to look at what they are doing well. Also need to look at how Education complements the mental health service. **Project Staffing Allocation** • Due to time constraints this item was not discussed.	Add Lesley to distribution list Distribute site visit report Seek further information regarding NSW services Explore education elements as part of service model	LG IA JK/SS SS	8/11 18/11 18/11 Ongoing
6.	**Standard Agenda Items**			
6.1	**Service Options WG Update** • Due to time constraints this item, and the Case Scenario Responses, were not discussed			
6.2	**Clinical Care Transition Panels Update** • LJ briefly covered the Panel Status Report provided to the Committee			
6.3	**Financial and Workforce Planning WG Update** • Noted that agreement was not reached between WM HHS and CHQ HHS regarding the purpose and ToR for the WG. • DM noted both HHSs needed to work together to collate current financial information and to inform workforce and financial requirements for future service options. • Direction is now sought from the Steering	Distribute Terms of Reference with comments and WG Minutes to Steering Committee for review	IA	8/11

Item No	Topic	Action	Committee member	Due date
	Committee			
6.4	**Risk Management** • Nil risks to note			
6.5	**Progress of key milestones and deliverables** • An update on progress will be provided through the Project Gantt Chart at future meetings – still under development			
6.6	**Other Business** • Nil			
7.	**Matters for Noting**			
7.1	**Major correspondence** • Noted that several interviews have been held with ABC-World Today, including two with parents, one with SS on Wednesday 30th and one with Sharon Kelly on Friday 1st			
8.	**For Information**			
8.1	• It was noted that Sandra Radovini's visit will now take place in mid-December.			
Next meeting: Monday 18th November 2013, 9am – 11am, CYMHS Spring Hill.				

ENDORSED BY:

Signature: **Date:** /09/13

Name:
Position:

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	18/11/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees Teleconference Teleconference Videoconference	SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Director Queensland Centre for Perinatal and Infant Mental Health (EH) Carer Representative Consumer Representative A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
Apologies	State Manager Headspace (AC) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Director of Psychology, CHQ HHS (JS) A/Director Planning & Partnership Unit MHAODB (MK) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH)
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	**Presentations**			
	Nil			
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LG, LJ	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	• JK responded to RH's query regarding NSW's service offering. It was noted that they have a strong consultation liaison model supporting their paediatric services via their CAMHS service, although not many day programs, step up / step down, or residential units. Information about their service options is provided in the Site Visit Report to be distributed to the Committee.	Distribute NSW Site Visit Report	IA	22/11
4.	**Matters for Decision**			
4.1	• JK has provided her feedback by email. Specifically, noted that it would be appropriate to add JK as a spokesperson in light of the updates	Incorporate changes into Communications	IA	18/11

Item No	Topic	Action	Comm'ee member	Due date
	being provided at the various forums she attends. IA to add JK to the spokesperson list. • EH noted that the Background section states that the BAC will close 31 January. Agreed to change this to close at the end of January 2014, noting that this is a flexible date and responsive to the needs of the consumer group. • Nil other comments regarding the CHQ Communications Plan.	Plan		
5.	**Matters for Discussion**			
5.1	**Draft Service Model** • SS took the Committee through the elements of the proposed model of care. • It was noted that the age range needs to be extended above 17yo. Moving forward, half of Grade 12 students will be 18yo. The majority of mental health consumers also typically repeat a year, extending them to 19yo. SS noted that the CE Oversight Committee was sympathetic to this. • LG advised that Bill Kingswell was also very supportive of extending the age range for adolescent services. They did not, however, discuss how this would be funded. • JK noted that this is an existing gap in the sector and it wouldn't be appropriate to seek funds from the adult mental health service but rather seek new funding to provide for this age group. • EH queried whether Redcliffe and Caboolture could access the north Brisbane day program. SS confirmed this was the intent of a north Brisbane unit, and it could even accommodate the Sunshine Coast if families were willing to travel. Likewise, the south Brisbane day program could accommodate clients further south and west. • EH noted that access to transport should be considered when determining the geographic placement of services, such as proximity to trains, etc. • It was agreed that flexibility is needed so consumers can access day programs that are closest to them rather than within the specific HHS catchment they reside. • One option proposed, to ensure this flexibility, is to highlight a cluster approach in service level agreements (versus a strictly HHS catchment-based approach). • It was noted that the structure of service level agreements will be critical in ensuring funds are allocated to adolescent services once established. Need to give further consideration as to how this will be done. • When discussing the Resi Rehab option, it was noted that NGO capability needs to be developed to provide this service and this will take time. • JK noted that the Mental Health Plan is being re-written so queried whether the FTE planning targets are relevant. LG felt the targets were still relevant to include as a reference, as the MH plan has not			

Item No	Topic	Action	Comm'ee member	Due date
	been re-written yet. However, it should be noted that the model needs to be an outputs-based model moving forward. • SS advised that the projected funding requirements ($17m) exceed current funds available and therefore proposed services cannot be implemented immediately, but rather will be rolled out over a period of time. • JK noted, as a point of interest, that the Department of Communities pays Qld Health $19m per annum for the Evolve program, which focuses on a reduced cohort as compared with the SW AETR target population.			
6.	**Standard Agenda Items**			
6.1	**Service Options WG Update** • SS briefly covered the Case Scenarios and noted that the responses provided by WG1 participants informed the model of care. • [redacted] noted that there was a gap in the preventive side of service; however, there was a positive correlation between consumers/carers' responses and the clinicians' responses.			
6.2	**Clinical Care Transition Panels Update** • LJ noted that the care panels are progressing – they are undertaking significant intensive work across the districts to develop individualised transition plans. • BAC is now down to [redacted] inpatients – [redacted] of which are complex cases and the [redacted] requires disability support. • Approximately [redacted] day patients will finish at the end of the school term. • It was noted that a day program or rehab activity is important to help current consumers become more independent. • School finishes on the 13th December, which will be a significant milestone for the centre. This will be an end point for education at the BAC building. EH noted that farewell activities were underway and also planned for the 13th. • There is no education input over the school holidays. • The BAC Education staff are going to stay together as a group, and are currently looking for a new facility (with Yeronga as an option). They intend to continue to support the existing BAC cohort going forward (and other mental health students identified). They are retaining the name *Barrett Adolescent School*.			
6.3	**Financial and Workforce Planning WG Update** • Noted that agreement was not reached between WM HHS and CHQ HHS regarding the purpose and ToR for the WG. • JK was unclear as to whether the WG members were the most appropriate to comment on workforce needs for future service options as there			

Item No	Topic	Action	Comm'ee member	Due date
	were no mental health representatives. • LG agreed with JK and reiterated that WM HHS will retain governance over the BAC workforce. • LG noted that WM HHS will be handing over the BAC operational budget. IA commented that CHQ are still waiting on figures. LG agreed to follow up Ian Wright to have these sent through to CHQ. • It was agreed that the financial element of the WG is still important but representation for the workforce elements is no longer appropriate. • JK and SS proposed that the WG is no longer required. LG agreed with this position. **Recommended** • It was agreed to disband the Working Group, with separate work to be undertaken on workforce and financial elements on an as-needs-basis, with progress reported back to the Steering Committee.	Follow up BAC operational budget. Advise Working Group representatives of Committee decision	LG IA	22/11 22/11
6.4	**Risk Management** • Following the CE Oversight Committee on Friday 17th Nov, a new risk has been added to the risk register: *Availability of skilled workforce for future service options*.			
6.5	**Progress of key milestones and deliverables** • IA noted work is still underway on the Project Gantt and will be circulated out of session.	Circulate Project Gantt out of session	IA	02/12
6.6	**Other Business** • Due to the time frames regarding new service options, WM HHS is proposing to develop a transition plan of services and retain governance for these services until such time as consumers and new service options are ready for transition to occur. • The first element is a time-limited, activity-based holiday program at the Park in December 2013 / January 2014. • As of the beginning of February 2014, WM HHS proposes to establish a pilot day program and pilot community outreach team, and, if feasible, a supported accommodation option. All of which will be located in the WM HHS catchment. • The intention is to ensure there is no gap in services provided to consumers. • WM HHS presented the proposal to the CE Oversight Committee and it was agreed action needed to be taken. • This work will align with the proposed service models. • The target group will predominantly be current BAC consumers, and it is not intended that these services will interfere with the transition plans under development. • LG noted that WM HHS needed to carefully consider the partnership with Education Qld for services provided moving forward – there will be			

Item No	Topic	Action	Comm'ee member	Due date
	high level discussions held between the DDG of Health (Michael Cleary) and the DG of Education. • WM HHS will establish a partnership arrangement with an NGO provider for the supported accommodation. It was noted that they don't have time for a full procurement process and, in lieu of, looked for a provider who had a history of delivering a similar service and experience of working with the cohort. They identified *After Care* as a preferred provider and are progressing discussions. • IA asked how the transition services would be funded. LG advised that WM HHS received a commitment from Bill Kingswell that the Department of Health would provide bridging funds for these transition services. • JK queried whether the services would be located in the WM HHS catchment. LG confirmed this is a case, but not on the Park premises. She advised that these services would transition within 12 months' time to where they were needed. LG noted that, due to the tight timeframes and service imperatives, it was not possible to explore another catchment option at this time. • LG will send two documents regarding the transitional service plan proposal to IA for circulation to the CE Oversight Committee and Steering Committee.	Circulate the WM HHS Transitional Service Plan Proposal	IA	18/11
7.	**Matters for Noting**			
7.1	**Major correspondence** • WM HHS has had a resurgence of letters and ministerials since Wednesday last week. Most of the correspondence is seeking a statement regarding the new service model, and whether it will include a Tier 3 inpatient component with onsite education. • JK noted we can't respond with a statement about the new model of care until it has been endorsed by the respective HHS Boards. • A recent draft letter in response to a similar enquiry will be circulated to the Steering Committee, and sent to the Mental Health Commissioner for her information.	Send recent letter to Steering Committee Send copy of letter to Mental Health Commissioner	IA JK	18/11 18/11
8.	**For Information**			
8.1	• It was noted that Sandra Radovini's visit will now take place on 10th/11th December. • LG provided an overview of the agenda. On the morning of the first day, Sandra will make a presentation to parents and consumers, followed by a presentation to staff in the afternoon. There will be a dinner on the first night, and members of the College of Psychiatry will be invited together with the CEs of WM HHS and CHQ HHS, and Bill Kingswell, MHAODB. The second day provides an opportunity for SS and JK to meet with Sandra to discuss the proposed model of care.			
Next meeting: Monday 2nd December 2013, 9am – 10.30am, CYMHS Spring Hill.				

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	02/12/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees Teleconference Videoconference	SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Director Queensland Centre for Perinatal and Infant Mental Health (EH) Carer Representative Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Director of Psychology, CHQ HHS (JS) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
Apologies	Divisional Director CYMHS CHQ HHS (JK) State Manager Headspace (AC) A/Director Planning & Partnership Unit MHAODB (MK) Consumer Representative
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	**Presentations**			
	Nil			
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed		
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	• Nil			
4.	**Matters for Decision**			
4.1	• It was agreed that the first steering committee meeting for 2014 will be 13th January 2014. The second meeting will be on Tues 28th in lieu of the public holiday on the 27th. Steering committee meetings will be scheduled fortnightly from then.	Circulate 2014 meeting appointments	IA	6/12
5.	**Matters for Discussion**			
5.1	**Draft Model of Care** • The CHQ Board has endorsed the model of care as well as the immediate transition service planning work underway.			

Item No	Topic	Action	Comm'ee member	Due date
	• CHQ is now proposing to distribute the proposed model to networks, with funding sections removed. • AT raised concerns with the risk of releasing the full model in the event it is misinterpreted by staff. • EH suggested a fact sheet instead. • DM noted that the areas/locations for services are where we know the need is however they will only be implemented if funding is secured, so the model could be provided with these sections removed. DM noted Peter Steer is keen to get the detail out to people, with qualifiers, rather than providing less information. • EH suggested changing on-site education to in-reach otherwise it may confuse the Department of Education messages regarding their approach going forward. LG advised that Education is looking at a decentralised service model. • DM suggested meeting with Education regarding the model, to see reach agreement, before circulating more broadly. • DM agreed that the concerns regarding location are valid and perhaps we the detail could be reduced to areas rather than specific locations. • DM advised that Peter Steer and the CHQ Board Chair are meeting with the Minister today to present the proposed model. It is hoped that early indications of what is possible might come to light. • SS noted the interim subacute inpatient unit being discussed with the Mater. It is hoped that it will be in place until the Mater Unit closes in November 2014. • LG advised the 4-bed Resi accommodation will be for 16 to 21yo. • SS noted that the smaller unit is more manageable while this service is piloted. Next step is to determine how consumers are referred in. BAC consumers will have first preference, rolling out beds to other consumers as needed. • SS then discussed the proposed ACTS teams, to be supported by psychiatric positions. This service element still requires further work, with further decisions regarding the role of the psychiatrists. • JS raised some concerns about the size of the ACTS and the ability to recruit for them. EH noted that they are part of a continuum and it should be noted that there wouldn't be a sole reliance on these teams. Other services would support their work. • AT noted that the Mater has an extended hours team and they feel the next step would be to move them to an ACTS team, to address youth that don't attend their appointments. • SS advised that the model of care is broad and HHSs should be able to mould elements to suit their requirements. • RH noted that HHSs should aim to modify services into a spectrum that will appropriately service their consumers.			

Item No	Topic	Action	Comm'ee member	Due date
	• EH discussed the National Perinatal Depression Initiative and suggested a similar approach, regarding the parameters of services, could be taken with the SW AETRS. • DM discussed the budget cycle process and stated that we won't know what new funding will be provided until the next funding cycle mid-2014. • AT asked about the Step Up / Step Down Units. SS advised that they would be the last service option to roll out, if we can get funding.	Send through information on the NPDI parameters	EH	6/12
5.2	**Communications Approach** • IA asked the Committee for guidance in regard to communicating the model of care. • EH noted that the age limits and Education approach should be clarified before circulation. • AT feels that it should be indicated that the SU/SD won't be implemented until later. There is potential for the model to infer that there are more services available than there really is. This could create false hope amongst consumers and their families. • EH suggested we wait and circulate a document outlining the ideal position (A3 diagram) together with the reality in the near future. • thinks the model looks fantastic but as a Steering Committee member understands the reality of implementation. cautioned that carers/consumers hold onto anything as hope and there could be massive disappointment if all of the services don't come through. agrees that some information needs to be released but finding the right balance will be difficult. • It was agreed that the model should include a qualifier that the model will be progressively funded and implemented. • RH asked what would be the preferred process noting that it doesn't matter what information we release, there will be people who will be unhappy with the information shared. • thinks transparency is very important but perhaps a refined version of what has been presented to the Steering Committee. • DM suggested including a row on patient safety to identify what will happen if all services are not implemented, to communicate how risk will be managed across the service spectrum. • SS noted that we could communicate what will be implemented from the $5.6m operational funding. • RH also suggested face-to-face forum for families. • SS confirmed a presentation will be made on the 11th December to BAC families. • AT also noted that something needs to be communicated to the Service Options Working Group Representatives, so they know where developments go to. • IA asked about whether to engage other families outside of the BAC. EH suggested a Ministerial			

Item No	Topic	Action	Comm'ee member	Due date
	announcement regarding what is under development and what will be implemented in early 2014. • DM will ask Peter Steer to suggest a ministerial announcement at his meeting with the Minister today. **Resolution** Agreement was reached to: • Hold off communicating the model of care to families and staff until further clarification reached. • Circulate the service elements to the Service Options Working Group for review/comment.	Raise the idea of a ministerial announcement in late December Circulate model of care and service elements to WG1	DM IA	02/12 06/12
5.3	**WM HHS Transitional Service Plan Update** • LG provided an update on the Transitional Service Plan. • WM HHS has submitted the plan to the DG for approval. • The plan proposes 3 phases: 1. activity-based holiday program run at the BAC; 2. beginning February, to roll out a day program and supported accommodation; and 3. transition consumers into long term services. • The key focus is to ensure there are no gaps to service delivery, including for consumers on the waitlist. • This will Involve partnering with an NGO – After Care • After Care have been chosen because they are a local NGO who have a significant foot hold in HHSs around the state; have experience in residential programs (e.g. TOHI); and are the lead agency in a number of consortia regarding headspace. It was felt that they could hit the ground running in a short time frame. • The transition services were presented to WM HHS Board and subsequently endorsed. • As the service is new to Queensland, governance is of key consideration. WM HHS would like to pull together a panel to consider clinical, strategic and operational issues. It is proposed that the core panel involve WM HHS, MHAODB, and CHQ, which will meet weekly. • LG confirmed that the panel could report back to the Steering Committee, as it is an evolving panel and concept. • SS supported the idea of the panel reporting back to the Steering Committee given the risks involved. • The panel is meeting weekly on Wednesday afternoons.			
6.	**Standard Agenda Items**			
6.1	**Service Options WG, including finance and workforce, Update** • Refer above.			
6.2	**Clinical Care Transition Panels Update** • Status Report will be sent out of session			

Item No	Topic	Action	Comm'ee member	Due date
6.3	**Risk Management** • There are no new risks or risks for escalation.			
6.4	**Progress of key milestones and deliverables** • Committee is asked to note the SW AETRS Project Status Report and progress against the Project Gantt.			
6.5	**Other Business** • Nil			
7.	**Matters for Noting**			
7.1	**Major correspondence** • Committee has received a copy of BAC Fast Fact Sheet #10. • Regarding the CHQ web content proposed for SW AETRS, IA noted the inclusion of the 4 tiers of service. Committee supported the information being presented.			
8.	**For Information**			
8.1	• Nil			
Next meeting: Monday 16th December 2013, 9am – 10.30am, CYMHS Spring Hill.				

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee

Date:	16/12/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Clinical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	SW AETR Project Manager (IA)
Attendees Teleconference	SW AETR Project Officer (LJ) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Director Planning & Partnership Unit MHAODB (MK) Director Queensland Centre for Perinatal and Infant Mental Health (EH) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC)
Apologies	Director of Psychology, CHQ HHS (JS) A/Executive Director Office of Strategy Management, CHQ (DM) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) Carer Representative Consumer Representative
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	**Presentations**			
	Nil			
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	EH, RH	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	• Nil			
4.	**Matters for Decision**			
4.1	• Nil			
5.	**Matters for Discussion**			
5.1	• Nil			
6.	**Standard Agenda Items**			
6.1	**Service Options Working Group Update** • SS updated the Committee on the feedback received on the proposed model of care and service elements. Two responses so far. One response pertained to drug and alcohol, which will be revisited in each of the services, including			

Item No	Topic	Action	Comm'ee member	Due date
	involvement of services such as Dovetail, Hot House, etc. • MK advised that MHAODB is going out to RFO in February and would like further information regarding these services for inclusion in that process • SS and JK noted that further information regarding funding opportunities to provide an integrated service with youth drug and alcohol would be welcomed. • Drug and alcohol services have a different framework to mental health and further integration is required. • SS noted that given the fractured nature of services, up-skilling in-reach services would be of benefit. • AC noted that Headspace would be willing to discuss further involvement also.	Organise meeting to discuss funding opportunities	MK	13/01
6.2	**Clinical Care Transition Panels Update** • BAC School has now closed and it was noted as an unsettling experience for consumers. • Barrett Special Purpose School is being established at Yeronga. LG advised that schools have to be gazetted before they can officially close, which takes between 6 to 8 months (in this instance, from the date of the Minister's announcement until about Feb/March). They are looking at recruiting a special nursing position to support staff at the school. They will not be taking any high risk consumers. It will mostly cater for the day patients/students. • Anne Brennan and EH spoke with the principal of the RCH school, who is offline to work on this, and went through the case load. It was identified that only a small group of consumers that would be suitable for the school. • The special purpose school will not be providing vocational education. • WM HHS is still working toward an end of January closure date. • LG noted that WM HHS and CHQ will have to work very closely to ensure no gap in service, which will be most likely on a daily basis given the speed of change around services and consumers. • LG also noted there could be some media regarding the transition process for consumers. • WM HHS have more resources coming in from After Care, who have good energy and new ideas, which is positive. Consumers and staff have engaged well with the After Care staff. • The holiday program is being provided to BAC consumers only, approximately 9, at this stage.			
6.3	**Risk Management** • There are no new risks or risks for escalation.			
6.4	**Progress of key milestones and deliverables** • Committee is asked to note progress against the Project Gantt.			

Item No	Topic	Action	Comm'ee member	Due date
6.5	**Other Business** • Nil			
7.	**Matters for Noting**			
7.1	**Major correspondence** • CHQ web page has gone live. Refer to: http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp • Presentation to BAC families was delivered on 11th. LG spoke about the transition services, SS spoke about the future model of service, and Sandra Radovini spoke to a number of services presented and how they worked in Victoria. • Overall, the presentations were well received by the BAC parents/family that attended. • Sandra discussed the risk of the IMYOS service being watered down where the role and purpose is not clearly identified. It is recommended to have dedicated people in these roles, with a maximum caseload of 8-10 consumers. • Discussion was then had on the importance of this service and the role in collaborating with other service providers, e.g. schools, police, and other care providers in the community, etc.			
8.	**For Information**			
8.1	• Nil			
Next meeting: Monday 13th January 2014, 9am – 10.30am, CYMHS Spring Hill.				

** A special thanks to Judi Krause for supplying Christmas cupcakes – they were enjoyed by all! **

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee

Date:	13/01/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Program Director, Early Intervention Specialist Programs, CYMHS (EH)
Secretariat:	SW AETR Project Manager (IA)
Attendees Teleconference	SW AETR Project Officer (LJ) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Director Planning & Partnership Unit MHAODB (KB) A/Executive Director Office of Strategy Management, CHQ (DM) Carer Representative Consumer Representative Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH)
Apologies	Clinical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK) Director of Psychology, CHQ HHS (JS) A/Director Planning & Partnership Unit MHAODB (MK) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC)
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	**Presentations**			
	Nil			
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LJ, DM	
2.4	Statement of achievements • EH acknowledged the work undertaken by SS, IA, LJ and LG.	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	• Discussed the need for a meeting with MHAODB and CHQ regarding NGO arrangements for alcohol and other drugs – Kristen will follow up with an email. EH suggested inviting AT, from the Mater, to attend the meeting in light of her experience in this space. • MHAODB is still finalising details around NGO engagement – Kristen will provide more details about the process once clarified with the DG.	Organise meeting between MHAODB and CHQ	KB	31/01
4.	**Matters for Decision**			
4.1	• YPERTI Terms of Reference were presented to the Steering Committee for endorsement.			

Item No	Topic	Action	Comm'ee member	Due date
	• RH queried the practicality of a monthly rotation of the chairperson – LJ confirmed that the group had decided on this to share responsibility for the role across all partners to the initiative – Aftercare, MHAODB, CHQ, and WM HHS. • LG feels the membership needs to be revisited – inclusion of Divisional Director, CYMHS, and removal of CNC BAC. • LG also advised that LJ is going on maternity leave at the end of January. WM HHS will look for a replacement due to the number of activities carrying over after BAC closure. • Committee agreed to the transfer of secretariat to CHQ over the course of the coming weeks. • Committee endorsed Terms of Reference subject to the above changes.	Update Terms of Reference	LJ	17/01
5.	**Matters for Discussion**			
5.1	• Nil			
6.	**Standard Agenda Items**			
6.1	**Service Options Working Group Update** • IA advised that the Business Case is currently under development and nearing finalisation. • There will be a meeting of the CE Oversight Committee on 22nd January to look at the proposed budget and discuss funding options.			
6.2	**Clinical Care Transition Panels Update** • Committee is asked to note the December status Report • WM HHS is currently balancing the provision of ongoing care with reducing numbers of consumers to ensure clinically appropriate care. • WM HHS is remaining engaged with consumers as they transition to alternative arrangements. The engagement with Metro South has worked very well to date. • There have been challenges with the arrangements for one young person, who requires placement through Department of Communities and Disabilities. Mental Health needs are limited but not the key need for care. DG to DG meeting is being scheduled to escalate this. • Committee discussed the need for clinical representation at this meeting and agreed EH is the most appropriate person in SS absence. • DM offered to contact the DG's office to confirm meeting has been scheduled.	Follow up DG office regarding meeting	DM	17/01
6.3	**Risk Management** • There are no new risks or risks for escalation.			
6.4	**Progress of key milestones and deliverables** • Committee is asked to note the December Status Report and progress against the Project Gantt. • There has been a small slippage in business case development otherwise the project is on track.			

Item No	Topic	Action	Comm'ee member	Due date
	• EH raised the issue of finances. LG will follow up on BAC operational funds and suggested that CHQ also complete an Amendment Window form to move funds. • LG confirmed that WM HHS has agreed to fund the holiday program separate from the Redlands funding. • EH asked if figures for transition support are known. LG advised that they have asked HHSs to provide details of support required. An email was sent to Townsville HHS to confirm their funding requirements. Metro North has submitted their requirements.	Confirm BAC operational funds	LG	17/01
6.5	**Other Business** • Work is progressing on the YPERTI model of service and the referral process into the residential rehab accommodation. This needs to be finalised in the coming weeks in preparation for the unit opening on the 3rd February. • While the Resi Rehab targets 16 to 21yo, a conservative approach is being adopted and it has been decided to not fill all beds in the Resi in the first instance, and to keep the age limit to 18yo. • EH suggested revisiting the BAC wait list to see if there are any other consumers requiring referral.	Revisit BAC waitlist for potential resi consumers	LG	31/01
7.	**Matters for Noting**			
7.1	**Major correspondence** • No major correspondence received since last meeting. • No further discussion regarding a ministerial media release.			
8.	**For Information**			
8.1	• Nil			
Next meeting: Tuesday 28th January 2014, 9am – 10.30am, CYMHS Spring Hill.				

West Moreton Hospital and Health Service

Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel

Reporting Period: December 2013

Overview: BAC Patients (Inpatient, Outpatients and Day patients) and Waitlist

Current Inpatient	Age	Admission Date	Health District/ CYMHS/Home Town	Panel Date (Transition Plan developed)	Proposed discharge date

West Moreton Hospital and Health Service

Waitlist and Assessment List
The Panel is finalising follow up with the referring CYMHS of all young people on the BAC Waitlist and Assessment List.

Update:

- The Clinical Care Transition Panel was convened for the first time on 15 October 2013 and since then has met eight times.
- At present the Panel has reviewed all of 16 patients at BAC. The transition plans for all day and out patients has been finalised including the preparation of clinical documentation (eg. CIMHA) for handover to identified service providers.
- Work is still ongoing to finalise the transition plans for the inpatients as there have been a number of barriers particularly around sourcing appropriate accommodation for these patients. The Panel has escalated these issues and continues to seek appropriate solutions for these patients.
-
-
- The Panel continues to work finding solutions for the more complex cases including working alongside with other hospital and health services, government departments and non-government organisations.

Issues:

- Ongoing - the Panel has identified a number of challenges associated with the transition planning for the young people at BAC. This includes access to appropriate supported accommodation and mental health trained support workers. One strategy that has been identified to assist with this would be to provide strategic communication on what is happening at BAC to upper management of key organisations and government departments including meetings at the Director-General level. Another strategy identified was to invite the key NGO stakeholders to BAC to discuss what services they could potentially provide to the target group. This meeting was held on Monday 28 October 2013.

Risks:

- Please note this risk is unchanged - the Panel has identified significant clinical risks for three inpatients at BAC. The Panel is currently mitigating this by seeking expert opinion from statewide senior mental health clinicians. It should be noted that there may be some delays in the transition process for some of the more complex cases.

Prepared by:
Laura Johnson, Project Officer, West Moreton Hospital and Health Service.

Endorsed by:
Dr Anne Brennan, A/Clinical Director, West Moreton Hospital and Health Service.

Project Status Report

Project Name: Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Reporting Period: December 2013

Project Sponsor: Dr Peter Steer	
Signature:	Date:

Project Manager: Ingrid Adamson	
Signature:	Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)	T	**Services Options Working Group (WG 1)** • Draft SW AETR Model of Care: o Endorsed, in principle, by the Steering and Oversight Committees and the CHQ Board. o Circulated to Working Group for input and feedback, which has now been incorporated. o Communicated to CYMHS Clinicians on 10th December and BAC Family members on 11th December. • Invited guest Sandra Radovini, Child and Adolescent Psychiatrist, presented to clinicians, BAC staff and families on adolescent mental health care services in Victoria over 10th/11th December. • Development commenced on a Business Case, including a high level implementation plan, for the proposed SW AETR Model of Care. • Concurrently, WM HHS has progressed plans for transitional services, including an activity-based program for the school holidays followed by establishment of supported accommodation for early 2014. Governance arrangements have been established and weekly meetings underway. **BAC Clinical Care Transition Panel** • Status Report attached
Budget and Cost Management	T	On target

Key Areas of Focus	Impact on Objectives	Key Comments
Stakeholder Engagement and Participation	T	• BAC Fast Fact Sheet #11 issued. • CHQ SW AETRS web page went live.
Project Interdependencies	T	• Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)	T	• Nil risks requiring management attention.
Other	N/A	

Legend:

C **Critical** – Issue is impacting on project objectives

S **Serious** – Issue COULD impact on project objectives

T **On track** – Issue able to be managed to maintain project objectives

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee

Date:	28/01/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Clinical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	SW AETR Project Manager (IA)
Attendees: Teleconference	Director of Psychology, CHQ HHS (JS) Program Director, Early Intervention Specialist Programs, CYMHS (EH) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH)Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Carer Representative Consumer Representative
Apologies:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) A/Director Planning & Partnership Unit MHAODB (MK) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) State Manager Headspace (AC)
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	**Presentations**			
	Nil			
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed		
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	•			
4.	**Matters for Decision**			
4.1	•			
5.	**Matters for Discussion**			
5.1	**SW AETR Model of Care Budget Paper** • IA provided an overview of the budget paper and how the figures were arrived at, emphasising that the first phase of services (2014 A) is all that will be implemented with existing operational funds. New recurrent funding will be sought to implement additional services. • Committee was informed of the Step Up/Step Down Unit being built in Cairns.			
5.2	**Progression of Service Implementation – Phase 1** • JK advised that the CE has given approval to progress with the first phase of services. • It is proposed that CHQ retrain funding until positions are appointed for each of the services.			

Item No	Topic	Action	Comm'ee member	Due date
	• JK is trying to secure a part-time resource to assist with documenting the models of services in detail and to draft up position descriptions for the AMYOS teams. • JK proposed that a small working group be formed to progress this body of work quickly. This recommendation was supported by the Committee. • JK would also like to conduct site visits of existing Day Programs, and asked AT if it would be possible to visit the Mater to which she agreed. • JK recommended that AT and JS be a part of the working group, which was also agreed.	Establish Service Implementation Working Group	IA	07/02
6.	**Standard Agenda Items**			
6.1	**Service Options Working Group Update** • Now that the initiative has progressed, it was agreed to adjust this standing agenda item to "*Service Implementation Update*"	Adjust agenda	IA	07/02
6.2	**Clinical Care Transition Panels Update** • DGs met on Wednesday 22nd Jan. Accommodation arrangements have now been reached for the remaining two BAC inpatients, and both were discharged Thursday and Friday last week. • All day program patients also transitioned out of the BAC on Friday. • EH advised that the BAC will close on 31st January. • The assessment list and waiting list now needs to be handed over to CHQ. JK agreed further discussion was needed about this.	CHQ review of assessment and wait lists	SS/JK	07/02
6.3	**Risk Management** • There are no new risks or risks for escalation.			
6.4	**Progress of key milestones and deliverables** •			
6.5	**Other Business** • JK advised that CHQ Board Chair wants the initiative name changed to *Adolescent Mental Health Extended Treatment Initiative*. Documentation will be changed to reflect this. • Now that Phase 1 of service implementation is moving forward, it is important to re-engage with Education to advise of the model of care. • Following the closure of BAC and the end of her mediation role, EH has motioned to step down from the Committee. This motion was supported. The Chair thanked Elisabeth on behalf of the group for her contribution to the project and her commitment to the process. • JK suggested revisiting the timing of the Steering Committee, changing it to monthly in future. The Committee will make a decision on this at the next meeting on 10th February.	Organise meeting with Peter Blatch, Education	IA	07/02
7.	**Matters for Noting**			
7.1	**Major correspondence** • No major correspondence received since last			

Item No	Topic	Action	Comm'ee member	Due date
	meeting. • An update will be given to the Minister regarding the Barrett closure and new service implementation. • CHQ Board Chair will also advise of a media announcement.			
8.	**For Information**			
8.1	• Nil			
Next meeting: Monday 10th February 2014, 9am – 10.30am, CYMHS Spring Hill.				

STEERING COMMITTEE PAPER January 2014

Agenda Item: 5.1
Agenda Title: Statewide Adolescent Extended Treatment and Rehabilitation Initiative Budget
Sponsor: Peter Steer, Chief Executive, Children's Health Queensland

Background:

At the November meeting, a proposed model of care outlining five service options for extended treatment and rehabilitation, was presented and included:

1. Assertive Mobile Youth Outreach Service (AMYOS) (note name change from *Assertive Community Treatment Service* to better reflect the scope of the service) – a new service option providing mobile interventions in community or residential settings; ideally resourced with a minimum of two full time employees per AMYOS team;
2. Day Program – an expansion of existing services with additional day program units proposed in the South-East Queensland region; treating up to 15 adolescents per day per unit;
3. Step Up / Step Down Unit – a new service option providing short-term residential treatment by mental health specialists in partnership with a non-government organisation (NGO); up to 10 beds per unit located where there is NGO support;
4. Subacute Bed-based Unit – a new service providing medium-term, intensive, hospital-based treatment in a secure and safe 4-bed unit located within the CHQ catchment; and
5. Residential Rehabilitation Unit – a new service providing long-term accommodation and recovery-oriented treatment in partnership with NGOs together with in-reach services provided by mental health specialists; 5 to 10 beds per unit located where there is NGO support.

By February 2014, a 5-bed residential rehabilitation unit at Greenslopes and an interim subacute bed-based unit at the Mater will be in place. At the same time, recruitment for the Statewide Panel, AMYOS Teams, and Psychiatrists will have commenced with the first appointments being made from March. The AMYOS Teams will be located in Metro North, Metro South, Townsville, Darling Downs, Gold Coast, and Redcliffe/Caboolture. And finally, a new Day Program Unit will be established in north Brisbane by June 2014.

A Business Case, including indicative implementation, has been developed, and a summary of this is provided in the table below. The first tier of implementation (2014 A in blue) identifies services recommended for implementation utilising existing operational funding. This is based on an estimate of what CHQ understands is available. This is awaiting confirmation of Barrett operational funds to transition from West Moreton Hospital and Health Service (WM HHS) and the Redlands Operational Funding to transition from the Mental Health, Alcohol and Other Drugs Branch.

Successful implementation of the full model of care; however, is dependent upon new operational and capital funding. A proposed rollout plan for all services, from the end of 2014 B, 2015 and 2016, is provided below (highlighted in green, pink and yellow respectively). It is important to note that services identified from 2014 B onward will be dependent on the allocation of new funding by the Department of Health, including the subacute bed-based unit.

An estimate for capital costs has also been included. The Capital Fit-Out Costs are based on the assumption of leasing premises and adjusting these premises to be fit for purpose; whereas, the Construction Costs are based on the assumption of building fit-for-purpose premises. Where premises are constructed, operational costs will reduce by rent and other items accordingly. These capital figures are indicative only and require further analysis to determine more accurate costs.

The closure of the BAC is still on track for the 31st January and CHQ HHS is continuing to support WM HHS throughout the transition process. Any consumer who requires services, previously provided by the BAC, will be supported by wrap around services through their local HHS. These wrap around arrangements are supported and coordinated by the lead psychiatrist from BAC, who will continue to maintain oversight of the consumers under the governance of CHQ, post the January closure.

Statewide Adolescent Extended Treatment and Rehabilitation Strategy Business Case Summary:

Service	Funding Options	Commence	2013/14	2014/15	2015/16	2016/17
2014 A	Transition Case Management Panel	February	$144,533	$0	$0	$0
	Statewide Assessment Panel	February	$0	$0	$0	$0
	Residential Rehabilitation Unit + Activity Program	February	$592,767	$1,475,336	$1,588,214	$1,629,536
	Interim Subacute Bed-Based Unit	February	$200,000	$100,000	$0	$0
	AMYOS Psychiatrists x 2.4 + admin	April	$251,601	$995,387	$1,020,364	$1,045,968
	AMYOS x 6 Teams	March	$267,732	$1,675,204	$1,692,369	$1,735,320
	New Day Program (North Brisbane)	June	$333,780	$1,306,162	$1,340,375	$1,375,490
	TOTAL		**$1,790,413**	**$5,552,089**	**$5,641,322**	**$5,786,314**
2014 B	AMYOS Psychiatrists x 2	From	$0	$723,468	$733,160	$751,542
	AMYOS x 12 Teams (rest of Qld)	Jul-14	$0	$3,399,849	$3,384,739	$3,470,640
	TOTAL		**$0**	**$4,123,317**	**$4,117,899**	**$4,222,182**
2015	Subacute inpatient unit (4 bed unit)	From	$0	$577,027	$1,186,466	$1,216,644
	New Day Program (Logan)	Jan-15	$0	$676,359	$1,340,375	$1,375,490
	Resi Rehab Unit x 1 (North Cluster)		$0	$857,148	$1,588,214	$1,629,536
	Step Up/Step Down Unit x 1		$0	$1,731,515	$1,744,053	$1,790,780
	TOTAL		**$0**	**$3,842,049**	**$5,859,108**	**$6,012,450**
2016	New Day Program (Gold Coast)	From	$0	$0	$1,364,352	$1,375,490
	Resi Rehab Unit x1 (Central Cluster)	Jul-15	$0	$0	$1,685,817	$1,629,536
	Step Up/Step Down Units x 2		$0	$0	$1,778,002	$3,616,527
	TOTAL		**$0**	**$0**	**$4,828,171**	**$6,621,553**
	GRAND TOTAL		**$1,790,413**	**$13,517,455**	**$20,446,500**	**$22,642,499**

Capital Fit-Out Costs ($2,000/sqm)	2013-14	2014-15	2015-16	2016-17
Bed-base Fit Out (1 unit)		$ 150,000		
Day Program (3 units)	$ 450,000	$ 463,500	$ 477,405	
Step Up/Step Down Unit (3 units)		$ 2,400,000	$ 2,472,000	$ 2,546,160
Total	**$ 450,000**	**$ 3,013,500**	**$ 2,949,405**	**$2,546,160**
Capital Construction Costs ($3,200/sqm)				
Day Program (2 units)		$988,800	$1,018,464	
Step Up/Step Down Unit (3 units)		$5,120,000	$5,273,600	$5,431,808
Total		**$6,108,800**	**$6,292,064**	**$5,431,808**

The next step for this initiative is to confirm the operational funds to transfer to CHQ HHS and the availability of new recurrent funding and capital funding to enable service implementation over a four year timeframe. Delivery of services identified in 2014 B onward will require new recurrent funding. The Business Case will be submitted to the Department of Health Service Agreement Unit through the next Relationship Management Group Meeting on the 14th February 2014.

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

Name: **Position:**	Ingrid Adamson Project Manager, SW AETRS
Name: **Position:**	Stephen Stathis Clinical Director, CYMHS
Name: **Position:**	Judi Krause Divisional Director, CYMHS
Name: **Position:**	Deb Miller A/Executive Director, Office of Strategy Management, CHQ HHS

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	10/02/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Clinical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	SW AETR Project Manager (IA)
Attendees: Teleconf. Teleconf. Teleconf.	Director of Psychology, CHQ HHS (JS) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) State Manager Headspace (AC) Carer Representative
Apologies:	A/Director Planning & Partnership Unit MHAODB (MK) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Consumer Representative
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	**Presentations**			
	Nil			
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed		
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	• The Service Implementation Working Group is still to be formally established – people interested in being involved included AT, JS, SS, JK, and IA • SS, JK and IA visited a potential site for the new north Brisbane Day Program Unit. • Work has also commenced on role descriptions for the AMYOS positions. • Committee agreed that an action list needed to be developed for this Working Group as opposed to ToR. • WM HHS is looking at a review of the initiative to date, including ECRG work, the BAC closure, and transition services. LG advised that the Mental Health Commission have indicated that they would be interested in conducting an independent assessment. • JK raised that there is another piece of research around documenting the impact of new services. Some work is needed now to document current state in terms of service data. SS supported this by adding that it is important to determine what new	Formally establish working group Develop action list	JK IA	10/03 21/02

Item No	Topic	Action	Comm'ee member	Due date
	services are needed, especially in regard to a subacute bed-based inpatient unit. There is value in asking the Mental Health Commission to look at this independently, given some services are political. • SS proposed that another area to evaluate included the clinical outcomes of the BAC inpatients. LG expressed reservation regarding this. • LG advised that there is a scoping meeting with the MH Commission scheduled for 14/02/14 from 2-3pm at the Park. These suggestions could be raised then. LG to confirm whether CHQ could attend the meeting.	Advise on CHQ attendance at MH meeting	LG	13/02
3.2	• SS and LG conducted a review of the Assessment and Wait Lists, together with Anne Brennan, Acting Clinical Director, BAC. • There are a number of people that no longer require follow up. There are others that Anne will be following up. The Wait List is now being actively managed.			
4.	**Matters for Decision**			
4.1	• Nil			
5.	**Matters for Discussion**			
5.1	**SW AETR Model of Care Business Case** • The draft Business Case is being finalised for presentation at the Relationship Management Group meeting on 14/02/14 with Department of Health. • A key challenge has been providing data to support the increase in funding required for new services, such as quantitative data in: o Retention in education and vocation o Staying with the family o Reduced 28 day re-admission o 1-7 day follow up o Reduced burden on Adult Mental Health sector o Reduced burden on society			
6.	**Standard Agenda Items**			
6.1	**Service Implementation Update** • Activities are on track, despite small slippage in Business Case development. • SS, JK and IA had a site visit of the Mater Day Program followed by a visit to the Salvation Army site at Stafford, as a potential site for the Day Program Unit on the north side of Brisbane. • The Salvation Army facility has an industrial kitchen and cafe, sporting facilities, and appropriately sized rooms for therapeutic programs and education. • It is co-located with the Everton Park State High Alternative Curriculum Environment (ACE) program. • Salvation Army also house their Youth Outreach Services in the same building. • Awaiting information from the Salvation Army regarding lease costs and room availability.			
6.2	**Clinical Care Update** • LG advised that a couple of consumer transitions need to be finalised – securing service team and funding. Otherwise all is on track.			

Item No	Topic	Action	Comm'ee member	Due date
	• Committee agreed to change this standing agenda item to *Consumer Update*.	Change standing agenda item.	IA	14/02
6.3	**Risk Management** • There are no new risks or risks for escalation.			
6.4	**Progress of key milestones and deliverables** • As noted above, Service Implementation Working Group Action Items are to be added to Project Gantt.			
6.5	**Other Business** • JK suggested revisiting the timing of the Steering Committee, changing it to monthly in future. The Committee supported this decision.	Send out updated monthly Committee invites	IA	14/02
7.	**Matters for Noting**			
7.1	**Major correspondence** • Nil.			
8.	**For Information**			
8.1	• Nil			
Next meeting: Monday 10th March 2014, 9am – 10.30am, CYMHS Spring Hill.				

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	10/03/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Medical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	Director of Psychology, CHQ HHS (JS) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) Teleconf. Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Teleconf. Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) Teleconf. A/Director Planning & Partnership Unit MHAODB (MK) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Consumer Representative Carer Representative State Manager Headspace (AC)
Apologies:	
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	**Presentations**			
	Nil			
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	SS	
2.4	Statement of achievements • Thanks to AT, SS, and IA for conducting site visit at short notice.	Covered below	Chair	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	• The Service Implementation Working Group is still to be formally established although informal communications with members are underway. • Another site visit to Stafford was conducted last week – like all sites that are not purpose-built, there are aspects which work well and others which are not ideal but this site is workable. • IA showed the committee photos of the Stafford Site. • Have now commenced negotiations with Salvation Army to modify areas of the site and stipulate exclusive-use areas. There were concerns raised by a Salvation Army officer regarding the need to	Formally establish working group Email photos of site to teleconferencing members	JK IA	07/04 07/04

Item No	Topic	Action	Comm'ee member	Due date
	occasionally use a room within the exclusive-use area. Usage expectations are trying to be clarified to see if the Day Program could work around this. • One approach proposed is to test the arrangement through the signing of a 6 month lease as opposed to 12 months or longer. This could also serve to reassure the Salvation Army that sharing of space is manageable. • Unsure about education classes. Will need to have a conversation with Education Qld regarding provision of education services into the facility or offsite. • LG suggested a carer and/or consumer conduct a site visit with CHQ to put a human element to the service. JS supported this idea. AT suggested that current day program participants at the Mater could be possible – seeking their input on how they would use the space would be useful. AT also suggested Kerry also join us as a carer in the day program. • IA showed committee photos of the Stafford Site. • IA noted that the action list for Service Implementation has been included in the Project Gantt – input welcome on comprehensiveness of list. • LG provided an update on the outcome of their meeting with the Mental Health Commission (MHC). Original aim was to seek their support in conducting an evaluation of the project. The MCH would like to reconsider their direct involvement in the evaluation process, so now looking at alternatives for project evaluation. • JK said that it would be a missed opportunity to not review the project. • SS noted that MHAODB might be able to fund a research/evaluation officer. It was noted that funds for this could move money across in the 4th amendment window. It would require a business case. • DM suggested an email to Helen Cerron (cc MK) to advise of the necessary funding transfer. • It was agreed LG and IA would work on a business case for a resource to undertake research and evaluation (e.g. AO7). • The A/Clinical Director of BAC has followed up with each past BAC consumer that has transitioned to other services (including outpatients and day patients). It was noted that each consumer has moved successfully to other services with about a third citing that they no longer require mental health support. • [redacted] asked if this information would be made public. LG said it would be something that WM HHS would need to do if they agreed. She will investigate this further.	Discuss education provision at day program. Mater to see if some day program consumers and a carer consultant might be available to attend a site visit Contact Helen Cerron re funding required for research officer. Explore message regarding ex-BAC young people.	IA/SS AT IA LG	07/04 14/03 21/03 21/03

Item No	Topic	Action	Comm'ee member	Due date
3.2	• AMHETI Business Case has been presented to the Department of Health Policy and Planning Unit. • They have advised that there are no new funds for 2014/15. They have some questions regarding the business case, which they will email through to CHQ. Following answering of these questions, CHQ will provide a revised business case with new funding from 2015/16. In the meantime, it was recommended that the outcomes of established services be measured over the coming financial year to support the business case recommendations. • CHQ are now looking at other funding sources to establish more services, such as Medicare Locals and private corporations that operate in regional and rural areas of Qld.			
4.	**Matters for Decision**			
4.1	• Nil			
5.	**Matters for Discussion**			
5.1	**Statewide Communication of Services** • We are now at a point where new services and their referral pathways need to be communicated to other HHSs. Message needs to clarify how HHSs access services – what the clinical pathway is now that the Barrett is closed. • MK suggested tabling the process at the CD/ED meeting organised by MHAODB – JK said it would be a good forum to communicate to. • It was also suggested that services are communicated to community CYMHS, for on-forwarding of information to families, community, and private providers. • It has been identified that there is a need for different messages for different recipients, e.g. families and consumers versus community CYMHS • It was noted that one parent and a Townsville journalist have been making enquiries. AC noted that a new youth hub is opening in Townsville – this message together with the opening of the Townsville day program would be positive news for the journalist. IA to advise CHQ Media and Communications.	Advise CHQ Media and Comms re Townsville youth hub	IA	14/03
6.	**Standard Agenda Items**			
6.1	**Service Implementation Update** • Conducted another site visit of the Salvation Army site at Stafford. Refer points above. • Have met with Education Qld twice now – explaining the model of care and education aspects of each service elements. Meeting again on Thursday morning to further discuss the model and Education's involvement. • LG answered Peter Blatch's enquiry regarding an ECRG report – LG advised that there was no report per se but rather a list of recommendations. Peter			

Item No	Topic	Action	Comm'ee member	Due date
	already has a copy of these.			
6.2	**Consumer Update** • Nil issues to raise with the Committee. • Waitlist has been reviewed and all consumers are being managed. There has been a plan put in place for each consumer. • Some consumers were not on CIMHA or their case had been closed. Data on these consumers has been kept separately and now needs to be stored in the one document/location. LG will determine the best storage option. • JS raised that there is a risk that people won't know to refer to the document. Committee discussed the feasibility of attaching a note onto the CIMHA file for each consumer. SS raised a concern that this might not be possible if the consumer file was closed. Committee agreed it was important to see if notes can be attached to the consumer file.	Advise how documentation is stored and if a file note can be added to CIMHA	LG	21/03
6.3	**Risk Management** • Following the closure of the BAC, a number of risks have also been closed. • The risk of insufficient funding has been escalated to Very High following advice of no new funding. Mitigation strategies are now being implemented, which include exploring alternative funding sources.			
6.4	**Progress of key milestones and deliverables** • IA provided the committee with a high level overview of the next phase of project activities. • Input and feedback on the project activities are welcomed. • The Mater subactute inpatient beds were briefly discussed and it was confirmed that the Mater is setting up two "swing" beds. • SS noted there are four actions needed to formalise the beds, which will be progressed by the Service Implementation Working Group: o Terms of reference o Referral pathway o Communication to other HHSs o Service Agreement with the Mater			
6.5	**Other Business** •			
7.	**Matters for Noting**			
7.1	**Major correspondence** • IA advised that CHQ has received an email from one interested parent wanting to support the initiative and hoping to receive information on where services are at. A response has been sent to this parent.			
8.	**For Information**			
8.1	• Nil			
Next meeting: Monday 7th April 2014, 9am – 10.30am, CYMHS Spring Hill.				

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	07/04/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring HIll

Chair:	Medical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	A/Executive Director Office of Strategy Management, CHQ (DM) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
	Teleconf. Teleconf.
Apologies:	Director of Psychology, CHQ HHS (JS) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Director Planning & Partnership Unit MHAODB (MK) Carer Representative Consumer Representative
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	**Presentations**			
	Nil			
2.	**Meeting opening**			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	SS,AT	
	Business			
3.	**Business Arising from Previous Meetings**			
3.1	• The Service Implementation Working Group: to date have made contact informally. JK raised whether a working group is needed. Until a site for the day program is found, there is little to consult with a working group on. Noted that a Team Leader would be recruited to establish the day program once a site is found and they would drive consultation around that. JK proposed the working group no longer be progressed and this was supported by the committee.			
3.2	• Update on the proposed site at Stafford was given. Due to increasing demands on the exclusive-use areas being sought, it was decided to not progress with the Stafford facility. The site does offer some excellent options for external activities for the day program, which may be progressed once a new			

Item No	Topic	Action	Comm'ee member	Due date
	site is found. • JK, SS, IA, and AT visited a CHQ-owned site at Ferny Hills. There were positives and negatives about the site. The main negatives being in a location that is difficult to access and in a very poor condition. It would require significant refurbishment to occupy. IA has requested a condition report to determine the level of work required, including an asbestos report. IA will continue working with the Qld Government Accommodation Office to identify other options. • SS and JK visited the day program in Townsville, which was helpful in understanding what a purpose-built facility comprised. • JK saw a site in Spring Hill however it is co-located near Department of Corrections, which is not ideal, and too close to the city, which makes accessibility challenging. • It was noted that the time taken to identify a suitable site will impact on the ability to deliver a day program by 30 June 2014.			
3.3	• IA provided an update on the recruitment of a Research and Evaluation Officer – a candidate has been identified and will commence on 15th April 2014. Her name is Susan Hunt and she has worked both at ADAWS at the Mater and in the Townsville Mental Health service.			
4.	**Matters for Decision**			
4.1	• Nil			
5.	**Matters for Discussion**			
5.1	• Nil			
6.	**Standard Agenda Items**			
6.1	**Service Implementation Update** • Resi Rehab: in the process of finalising the referral pathway and referral panel protocol this week. • Day Program establishment: refer notes above. • AMYOS: recruitment closes 8th April for the three Brisbane-based teams. SS noted that there are currently ten applications. Finalising the Service Agreement and Model of Service for circulation to HHSs this week. • Recruitment of AMYOS psychiatrists is proving challenging – only two applicants received to date and not suitable for the roles. Have extended the application date to 28th April in the hope of attracting some more applicants. May have to put in interim measures for AMYOS team supervision. • Funding Options: IA noted that a revised business case has been resubmitted to the Policy and Planning Unit in Department of Health in the hope of securing some funds in 2014/2015. Will keep the committee updated on progress.			

Item No	Topic	Action	Comm'ee member	Due date
6.2	**Consumer Update** • Nil update.			
6.3	**Risk Management** • The risk of meeting timeframes has been escalated to Very High due to slippages in service establishment.			
6.4	**Progress of key milestones and deliverables** • Presented Monthly Status Report.			
6.5	**Other Business** •			
7.	**Matters for Noting**			
7.1	**Major correspondence** • *Save the Barrett* correspondence has been received by the Minister's Office. Consequently, updating the public facing website with information on service establishment. With the current political environment, we will not progress a formal media announcement at this time. The website update will be a soft launch approach. At the same time, CHQ will be updating the CYMHS web pages on QHEPS so mental health staff can access more information on the services and their referral pathways.			
8.	**For Information**			
8.1	• Nil			
Next meeting: Monday 5th May 2014, 9am – 10.30am, CYMHS Spring Hill.				

Please attribute the following to Dr Peter Steer, Chief Executive, Children's Health Queensland:

Claims that adolescents from the Barrett Centre were discharged without an appropriate care plan are simply incorrect.

Each transfer or discharge of these individuals was staggered and occurred only when the appropriate care package and support services had been secured.

This planning was paramount in ensuring that these somewhat institutionalised adolescents, many who had remained at Barrett for extraordinarily long periods, had clear future plans in place.

Two subacute beds were also opened at the Mater Children's Hospital should these, or any other young person with severe or complex symptoms of mental illness, require 24/7 care.

A patient admitted to these beds would also have access to the educational services provided through the Mater school.

To the end of last week, there had been no requirement for these beds across the sector since they opened in March 2014.

Regardless, similar beds and educational support will be available when the Lady Cilento Children's Hospital opens in late 2014.

This will provide recovery-orientated treatment and support the safe transition of the young person to more functional or independent living on discharge.

A strong emphasis will also be placed on working with other key service providers in the community to facilitate joint, assertive management and discharge planning for these young people.

The Adolescent Mental Health Extended Treatment Initiative (AMHETI) is the result of a comprehensive review of the way extended mental health treatment and rehabilitation care for young people is provided.

It also aims to consign to the past former models of care provided to Queensland adolescents with mental illness, which often left them institutionalised following extraordinarily long stays in unsuitable facilities.

In developing the initiative, mental health experts and care providers throughout Australia were consulted to learn about and explore alternative, progressive approaches to adolescent extended treatment and rehabilitation care.

AMHETI aims to ensure young people and their families across Queensland have access to safe and high-quality mental health extended treatment and rehabilitation service options as close to their home or community as possible.

In February, as part of the AMHETI initiative, CHQ opened a four-bed residential rehabilitation unit (Resi) on Brisbane's south for adolescents with severe or complex mental health needs who require longer-term accommodation.

This recovery oriented care is particularly for adolescents, up to 18 years of age, who may benefit from rehabilitation in a community setting.

Typically, these adolescents do not have the skills or expertise for independent living, or a stable place of accommodation.

Demand for the Resi has not yet reached full capacity.

Two of Children's Health Queensland's Brisbane-based Assertive Mobile Youth Outreach Services (AMYOS) teams have also commenced.

These assertive community treatment services, delivered by multidisciplinary mental health clinicians, provide recovery-oriented assessment and treatment for young people with complex mental health needs in the family home or community.

AMYOS teams work directly with a young person and systematically with their family, friends, and other service providers to develop a system of support and care around the young person.

AMYOS staff use a highly flexible outreach approach to engagement and treatment.

They also provide services in the least restrictive environment possible, including in a young person's home or residence, school, or other community setting.

Recruitment to the Redcliffe/Caboolture AMYOS team is now partially complete while recruitment to the Logan, Gold Coast, Darling Downs and Townsville AMYOS teams, managed by local Hospital and Health Services, will commence in coming weeks.

Adolescent Day Program Units are also offered at the Mater Children's Hospital (South Brisbane), Toowoomba, and Townsville.

Adolescent day program units provide a range of intensive therapy and extended treatment options through individual and group therapy for young people with social difficulties and a history of school refusal or exclusion.

Day programs aim to reduce the severity of mental health symptoms and promote effective participation in areas such as schooling, social functioning, symptom management, and other life skills.

They provide flexible and less restrictive treatment interventions that integrate with educational or vocational programs.

Children's Health Queensland is also working to establish a new adolescent day program unit on the north side of Brisbane and hope to secure a safe and appropriate site shortly. Plans to lease the most suitable building identified to date were derailed when the building's owner accepted a sale offer.

ENDS