1. Purpose

1.1. The Youth Mental Health Commitment Committee (the committee) is formed for a time-limited and specific role to progress work related to the Government election commitment *Rebuilding intensive mental healthcare for young people* (the commitments).

1.2. The commitments include:

- 1.2.1. establish a new tier 3 facility with up to 22 beds for young people with serious mental issues in south east Queensland including a 20 place day program, an integrated special purpose school, step-down accommodation and family accommodation
- 1.2.2. establish expanded day program services in a number of locations across the state
- 1.2.3. review Assertive Mobile Youth Outreach Services
- 1.2.4. review Youth Residential Rehabilitation services
- 1.2.5. establish Youth Residential Rehabilitation services for up to eight young people in Townsville
- 1.2.6. establish family residential facilities consisting of two two-bedroom units to support out-of-area families of young people receiving care in Townsville.

2. Function and Role

2.1. The committee will oversight planning for the implementation of new service options (including site options and costings) contained within the commitments by:

- 2.1.1. Providing advice on site and service options relating to the south east Queensland commitment and the expansion of day program services (see 1.2.1 and 1.2.2).
- 2.1.2. Identifying priorities, objectives and costs associated with development of the commitments site and service options, and to endorse plans and actions to achieve objectives.
- 2.1.3. Considering funding, risks and opportunities, mental health service planning implications, evidence-based models of service, capital components and any alternate options.

2.2. The committee will consider the outcomes of the review of existing services (see 1.2.3 and 1.2.4) including the progress of establishing the approved residential rehabilitation services and family accommodation in Townsville (see 1.2.5 and 1.2.6).

- 2.2.1. Children’s Health Queensland Hospital and Health Service will provide updates about the ongoing review and evaluation of the existing Assertive Mobile Youth Outreach Services and the Youth Residential Rehabilitation Units.
- 2.2.2. Children’s Health Queensland and Townsville Hospital and Health Services will progress the delivery of residential rehabilitation services and family accommodation respectively as outlined in the approved policy cabinet submission *Improving mental health outcomes—Rebuilding intensive mental healthcare for young people in North Queensland*.

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1 Source: Queensland Labor, August 2014—see Appendix.
3. Governance and Authority

3.1. Members are collectively responsible for contributing to advice provided by the committee to the Department of Health relating to the commitments. Advice is provided via the Executive Director, Mental Health Alcohol and Other Drugs Branch, who reports through to the Director-General, Queensland Health.

3.2. Officers within the Strategy, Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch form the commitment project team. The commitment project team will provide support to the committee.

4. Guiding Principles

4.1. Queensland Mental Health, Drug and Alcohol Services Plan 2016-2021 (under development)
4.2. Commission of Inquiry into the Barrett Adolescent Centre (to be developed)
4.3. Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019
4.4. Hospital and Health Boards Act 2011
4.5. National Standards for Mental Health Services 2010
4.7. Fourth National Mental Health Plan
4.8. Mental Health Act 2000
4.9. National Mental Health Service Planning Framework

5. Membership

Members:

5.1. The committee will comprise the:

5.1.1. Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch (Chair)
5.1.2. Director, Strategy, Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch
5.1.3. Divisional Director, Child and Youth Mental Health Service, Children’s Health Queensland Hospital and Health Service
5.1.4. Medical Director, Child and Youth Mental Health Service, Children’s Health Queensland Hospital and Health Service
5.1.5. Chair, Child and Youth Advisory Group
5.1.6. Commissioner, Queensland Mental Health Commission
5.1.7. Chair, Queensland Mental Health Clinical Cluster – North
5.1.8. Chair, Queensland Mental Health Clinical Cluster – Central
5.1.9. Chair, Queensland Mental Health Clinical Cluster – Southern
5.1.10. Chief Health Infrastructure Officer, Capital Infrastructure Delivery Unit, Corporate Services Division
5.1.11. Consumer representative
5.1.12. Carer representative

5.2. Permanent observers will include the commitment project team (Manager, Principal and Senior Project Officers, Strategy Planning and Partnerships, Mental Health Alcohol and Other Drugs Branch) and the Project Manager, Adolescent Mental Health Extended Treatment Initiative, Children’s Health Queensland Hospital and Health Service.
Change to membership:

5.3. The membership may be altered following committee consultation and endorsement by the Chair.

Chair:

5.4. The committee will be chaired by the Chief Psychiatrist, Mental Health Alcohol and Other Drugs Branch, or their delegate.

Secretariat:

5.5. The Secretariat will be provided by Strategy, Planning and Partnerships, Mental Health Alcohol and Other Drugs Branch. The Secretariat will coordinate meeting arrangements and facilitate provision of the agenda, minutes, and papers for agenda items.

Delegates:

5.6. Delegates are permitted if suitably briefed and have the authority to attend as the representative of the committee member.

Other participants:

5.7. The Chair of the committee has the authority to invite other participants, create relevant sub-committees or working groups as deemed necessary to assist the committee in discharging its responsibilities. Terms of reference must be specified at the time of establishment.

6. Quorum

6.1. The quorum for committee meetings will be half the voting members, including the Chair, plus one.

7. Risk

7.1. Identification, treatment and control of risk are key functions of the committee. The committee will:
   7.1.1. implement processes to enable the committee to assess and escalate critical risks as they relate to the functions of the committee
   7.1.2. develop risk mitigation strategies associated with the implementation of the commitments.

8. Confidentiality

8.1. Members may receive information that is regarded as ‘commercial-in-confidence’, clinically confidential or have privacy implications. By accepting membership of the group or an invitation to attend as a guest, meeting attendees acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

9. Key Deliverables

9.1. The development of recommended service options to implement the commitments is the key deliverable for this project.

9.2. The Commission of Inquiry into decisions and circumstances surrounding the closure of the Barrett Adolescent Centre (the COI) may affect the key deliverable.

9.3. In order to meet this deliverable, the following activities are proposed:
   9.3.1. Introduction meeting—Exploring, planning and consideration of service options for the commitments
9.3.2. Strategic priorities and activities—Consideration of an options paper and recommendations of the COI.

9.3.3. Recommended commitments and service options—Endorsement of a positions paper.

10. **Meeting schedule**

10.1. The committee will meet as required and determined at the first meeting. This is time-limited for the duration of planning for the implementation of the commitments and will continue subject to the Department of Health’s requirements as determined by the Chair.

11. **Appendix**

11.1. Queensland Labor election commitment *Rebuilding intensive mental healthcare for young people*

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