

system and through the adolescent developmental transitions. Mechanisms for joint planning, developing, and co-ordinating services are developed and maintained.

The SSB will develop linkages with services, including but not limited to:

- Strong operational and strategic links to the CYMHS network, including community child and youth mental health services; specialist child and youth mental health services (e.g. forensic services and evolve therapeutic services); and acute child and youth mental health inpatient services;
- Adult mental health services;
- Alcohol, tobacco and other drug services (ATODS);
- Medicare Locals;
- headspace services;
- Community pharmacies;
- Local educational providers/schools, guidance officers, and Ed-LinQ co-ordinators;
- Indigenous Mental Health Workers;
- Primary health care providers and networks (including those for Aboriginal and Torres Strait Islander health), local GPs and paediatricians;
- Private mental health service providers;
- Child and family health and developmental services;
- Department of Communities, Child Safety and Disability Services;
- Youth Justice services;
- Government and non-government community-based youth and family counselling and parent support services;
- Housing and welfare services; and,
- Transcultural and Aboriginal and Torres Strait Islander services.

The SSB will:

- Provide education and training to health professionals within CYMHS on the provision of comprehensive mental health care to adolescents with severe and complex disorders requiring extended treatment and rehabilitation;
- Develop the capacity to benchmark with other similar subacute adolescent inpatient units;
- Develop and monitor key performance indicators to reflect clinical best practice outcomes; and,
- Drive research and publish on effective interventions for young people with severe and complex mental health disorders, who require extended treatment and rehabilitation inpatient treatment.

Educational resources are essential to adolescent extended treatment and rehabilitation services. Access to on-campus schooling (including suitably qualified educators) will be offered as an integral part of the SSB. All educational services will need to be evaluated and provided by the Department of Education, Training and Employment (DETE).

Consumers and carers will contribute to continued practice improvement through the following mechanisms:

- Participation in collaborative treatment planning

- Feedback tools (e.g. surveys, suggestion boxes)
- Inform workforce development

Consumer and carer involvement will reflect the National Mental Health Standards and the Equip National Safety Standards.

## Statewide Assessment Panel Protocol

### 1. Panel operations

The statewide subacute beds form part of an integrated continuum of care for young people requiring extended mental health treatment and rehabilitation in Queensland.

The statewide subacute beds provide medium-term, developmentally-appropriate, hospital-based treatment and rehabilitation services in a safe and structured environment for young people aged 13 to 18 with severe or complex symptoms of mental illness that precludes them receiving treatment in a less restrictive environment.

A range of individual, group, and family-based assessment, treatment and rehabilitation programs will be offered, aimed to treat mental illness, reduce emotional distress, and promote functioning and wellbeing within the community. This will include recovery-orientated treatment and discharge planning that will assist progression in developmental tasks that may have been arrested secondary to the mental illness, and support the safe transition of the young person to more functional or independent living on discharge.

A key function of the statewide subacute beds is to build upon the existing comprehensive assessment of the young person, utilising the previous treatment history obtained from previous service providers and carers. A comprehensive family assessment, completed within four weeks of admission into the Unit, will form part of the treatment plan. Access to schooling will be provided within the hospital campus.

As a statewide service, a strong emphasis is placed on the development of cross-sector partnerships, working with other key service providers in the community to facilitate joint, assertive management and discharge planning for the young person.

It is anticipated that the majority of patients accepted into the subacute beds will be current patients of an acute adolescent inpatient unit.

The Statewide Assessment Panel will work with referral parties to prioritise and triage new referrals into the subacute beds. The Panel will also have oversight of case review for existing subacute patients who may require an extension to their stay.

#### 1.1. Principles of the Panel

- Service responses are based on the goal of the best outcomes for the young person
- Consumer and family/care giver participation is encouraged
- Young people are considered in their social and culture context and, whenever possible, interventions will focus on developing supportive social environments and facilitating young people to access and integrate with existing community educational, vocational, recreational and other relevant programs.
- The views of the young person and their family must be considered

## 1.2. Panel members

### Core panel members

The core members of the panel are:

Medical Director, Specialist Services, CYMHS, CHQHHS (Chair)  
Nursing Director, LCCH Mental Health Unit, CYMHS, CHQHHS  
Northern Cluster Representative, CYMHS  
Central Cluster Representative, CYMHS  
Southern Cluster Representative, CYMHS

A dedicated Secretariat will be appointed to the Statewide Assessment Panel.

Key stakeholders, such as the Primary Service Provider (PSP) and other mental health service provider/s, will be invited as relevant to individual consumer cases under review.

In recognition of the inter-related nature of a young person's education, mental health and behaviour, other agency representatives (such as a Department of Education, Training and Employment; Department of Housing; and Department of Communities, Disability and Child Safety) may also be invited to attend the panel, as required, to discuss particular consumer cases.

### Quorum

The quorum for the panel consists of the Medical Director, CYMHS CHQHHS, plus two other panel members.

If any of these members (or their direct delegate/s) is not present for a panel meeting, a quorum will not be achieved and the meeting cannot proceed. Alternative arrangements for the panel meeting would then need to be made.

### Invited parties

When the panel believes a key stakeholder (e.g. Principle Service Provider) is required to attend a panel meeting to discuss a specific young person, an invitation will be sent. If the stakeholder is unable to attend the meeting in person, they will be invited to provide advice or information on the consumer for the panel's consideration, e.g. through e-mail, phone, or video conference.

## 1.3. Coordination of panel meetings

To promote efficiency, effectiveness, and benchmarking opportunities, panel processes must be clear, documented, and consistent with best practice.

The Chair position will be held by the Medical Director, Specialist Services, CYMHS CHQHHS, or their delegate.

Other matters related to the coordination of panel meetings, such as the venue for meetings, time allocation, and arranging invitations to panel meetings for invited stakeholders, are the responsibility of the Secretariat of the panel. This will be achieved through the use of minutes, with clear action statements outlining responsibilities and timeframes.

## 1.4. Administration support to the panel

Secretariat support for the panel will be provided by CYMHS CHQHHS on a recurrent basis.

The role of the Secretariat includes:

- Assist with the coordination of panel meetings, and organise and distribute the agenda and associated documents e.g. new referrals, consumer reviews, case closure, etc.
- Assist with appropriate photocopying of referral information and documents to assist with panel deliberations.
- Ensure that all original panel information and minutes are recorded and distributed to appropriate parties, and stored on the appropriate record and filing system.
- Ensure that all original consumer forms and information are stored on the appropriate record.
- Maintain reporting and data collection activities for the panel.

## 1.5. Panel meetings

The Panel will convene on a monthly basis (refer to the Statewide Assessment Panel Meeting Schedule).

The agenda for panel meetings will be coordinated and set in advance of panel meeting dates (refer to **Statewide Assessment Panel Agenda** template).

Tasks that need to be carried out by respective agencies in between panel meetings need to be clearly identified and communicated across agencies.

Referrals need to be received by the Secretariat at least 10 working days prior to the panel meeting. The Panel Chair will need to ensure adequate information has been provided on the Consumer Intake Form together with a signed Consent to Obtain/Release Information Form.

Panel members will receive a copy of the meeting agenda and accompanying documentation (including new referrals, reports, and plans for existing referrals) at least 5 working days in advance of the panel meeting.

The recommended format for panel meetings is as follows:

- Previous Business
- Review of monthly Consumer Summary Report
- Review of Consumer Stay Extensions
- Review of Consumer Exits
- New Referrals (intake and prioritisation)
- Panel Process Issues
- Other Business

The chairperson is responsible for ensuring panel meetings are:

- Effectively time managed and all agenda items are tabled
- Effectively facilitated so that relevant information and discussion points are elicited to ensure that the panel can attend to their business.

Panel discussions will be recorded in the panel minutes (refer to **Statewide Assessment Panel Minutes** template). Panel decisions regarding a new referral will be recorded on the Consumer

Intake Form in CIMHA, and on the monthly **Consumer Summary Report**. Any subsequent discussions regarding the young person will also be recorded on these forms.

The Secretariat must ensure copies of the **Consumer Intake Form** are provided to appropriate stakeholders within 5 working days of the decision being made. It is the responsibility of the Chair, with input from other panel members, to ensure that the records are accurate and reflect the intent of the discussion.

If there is a dispute regarding panel decisions, the matter may be raised to the Chief Executive of CHQHHS.

## 1.6. Principles for panel decision-making

Panel discussions will be recorded in the minutes of the meeting, on the Consumer Intake Form, and on the Consumer Summary Report.

Prioritisation of consumers for referral will be based on clinical grounds and the decision points will be clearly documented and discussed with referring services.

Where the panel does not recommend intake into a statewide subacute bed, the panel discussions should aim at developing alternative options for treatment. These options should also be recorded on the Consumer Intake Form.

## 1.7. Confidentiality and Privacy

Information raised and discussed at panel meetings will be treated with utmost care and sensitivity, and with the highest regard in respect of confidentiality and privacy. All staff participating in panel discussions should also be aware of professional and organisational ethical and legislative requirements in relation to privacy and confidentiality, including employee requirements and obligations set out in various departmental codes of conduct.

All forms which collect information for the purpose of referrals into the statewide subacute beds will comply with the Information Privacy Principles contained in the *Information Privacy Act 2009* and feature privacy notices.

All contracted service providers are required to be contractually bound to comply with the Information Privacy Principles prior to the exchange of information.

## 2. Referral

The referral process for the statewide subacute beds will operate in a manner that ensures young people referred are responded to in a timely way.

### 2.1. Eligibility criteria

A young person **may be eligible** for a statewide subacute bed if they:

- Are aged between 13 and 18 years of age, with flexibility in upper age limit depending on presenting issue and developmental age.
- Present with severe or complex mental health problems.
- Are likely to benefit from an extended treatment and rehabilitation model of care in a hospital-based subacute bed.

A young person will **not be eligible** for a statewide subacute bed if they:

- Could be managed in a less restrictive setting.
- Primarily need support with substance misuse issues.
- Their primary problem to be addressed is accommodation.

### 2.2. Referral Process

The PSP completes a Consumer Intake Form on CIMHA, which needs to include:

- Reason for Referral:
  - An up-to-date mental state examination and clinical formulation
  - A clear description of why an admission to a statewide subacute bed is sought at this time, including specific goals for the consumer. Include, where available, input from other CYMHS services that demonstrate the need for more intensive bed-based interventions.
- Relevant History:
  - History of the presenting mental health issues
  - A brief summary of treatment to date
- Practical Issues:
  - Current living situation
  - Education, vocation, and /or employment status
  - Finances
  - Family supports and ability of family to travel to Brisbane for a comprehensive family assessment.
- As the statewide subacute bed service is a non-acute service, the *Response Category* and *Timeframe for Assessment* sections are not applicable.
- Information is to be delivered by email

The PSP also needs to ensure that a Consent to Obtain/Release Information Form has been signed by the young person; or a Consent to Obtain/Release Information Form has been signed by their parent/guardian.

Once complete, forms are to be emailed to the Secretariat at least 10 days prior to the next scheduled panel meeting (email: [CHQ-CYMHS-AET@health.qld.gov.au](mailto:CHQ-CYMHS-AET@health.qld.gov.au)).

The PSP will receive an acknowledgement of their referral and the date of the panel meeting when their referral will be considered by the panel.

### **2.3. Panel discussion of referral**

Once a referral has been received, and the consumer listed on the agenda for the next panel meeting, the PSP for the consumer, or their delegate, will be invited to attend the panel meeting to discuss the referral and provide additional information as required.

Panel members are likely to raise questions about the referral to ensure appropriateness (that eligibility criteria have been met and that other service options have been explored). Additional information may be sought to enable the panel to make their prioritisation decisions.

The panel will also enquire as to how the referring PSP, and the consumer's local CYMHS team, intends to remain engaged with the consumer prior, during, and post admission, if accepted.



### **3. Intake and prioritisation**

#### **3.1. Response to referrals**

The Secretariat will be responsible for informing the PSP of the outcome of the panel discussion and decision regarding the referral, and distributing the updated Consumer Intake Form within 5 working days of the decision. The original will be retained on the panel file and on the consumer's case file in CIMHA.

#### **3.2. Response to referrals that are recommended for other service options**

If the decision by the panel does not recommend intake of the young person into a statewide subacute bed, it is the responsibility of the panel to provide the reasons supporting this decision on the Consumer Intake Form (e.g. referral does not meet access criteria for statewide subacute bed, or other service agencies are better placed to respond to the needs outlined in the referral).

In this circumstance, the panel will recommend alternative services to support the young person and their families/carers. Panel members will consider how they may assist with the referral to alternative services.

#### **3.3. Response to referrals that meet eligibility but statewide subacute beds are at capacity**

If the panel determines a new referral meets the eligibility criteria but the statewide subacute beds are at capacity, the panel will recommend alternative services to meet the young person's therapeutic or behavioural support needs, until such time that a place becomes available and where placement is still required.

The referral will be noted in the monthly Consumer Summary Report for review at subsequent panel meetings, to reconfirm placement need and any changes in priorities.

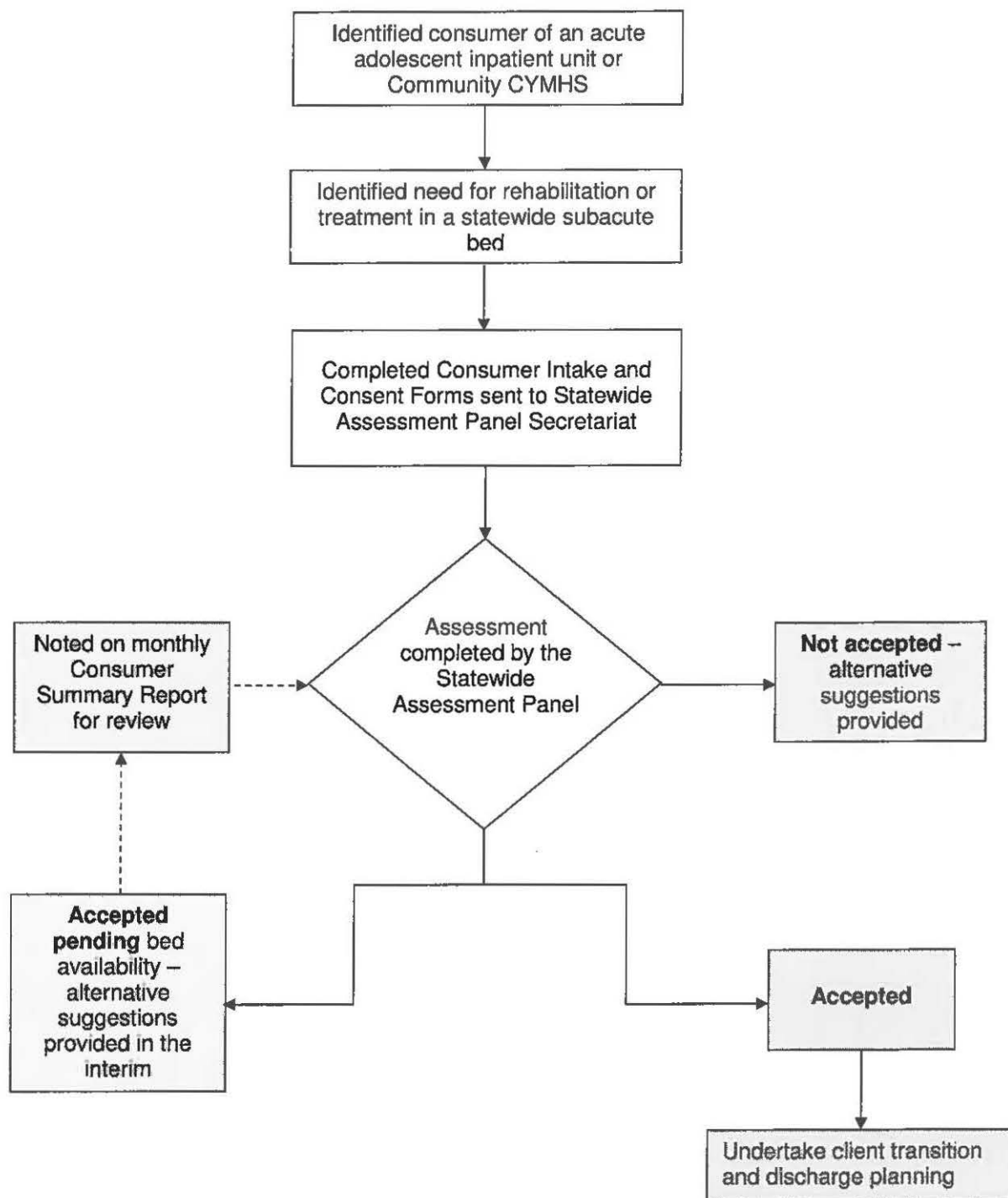
Panel members should not provide an ongoing advisory or consultancy role for referrals that are not accepted into the statewide subacute beds.

#### **3.4. Information collection, storage and data management**

Consumer Intake and Consent Forms, any accompanying information, and the Consumer Summary Report will be kept on panel files with a copy placed on the consumer's case file in CIMHA.

If invited parties to the panel meeting (e.g. PSP, agency representatives, etc.) are not listed as agencies with responsibilities in relation to recommendations for therapeutic or behaviour support services, these invited parties should pass all case documentation to the Secretariat at the conclusion of a case discussion so that information no longer required can be destroyed. This step will ensure that only relevant services involved with the young person maintain records relevant to that young person.

## Referral Process into Statewide Subacute Beds



## Secretariat Process for Panel

- PSP sends referral via email to [CHQ-CYMHS-AET@health.qld.gov.au](mailto:CHQ-CYMHS-AET@health.qld.gov.au)
- Secretariat confirms a completed Consumer Intake Form and signed Consent Form are attached
- Secretariat forwards email onto Panel Chair, or their delegate, for review
- Panel Chair confirms sufficient information is provided for panel assessment
- Secretariat adds referral to next agenda (if within 10 days)
- Secretariat contacts PSP to confirm panel meeting date for new referral assessment and invites PSP, or their delegate, to attend
- Secretariat circulates agenda, previous minutes, Consumer Summary Report, and any new referral documentation to panel members 5 days prior to scheduled meeting
- Secretariat sends email reminder to all invitees 2 days prior to scheduled meeting
- Secretariat minutes meeting of the Panel and updates the Consumer Summary Report
- Secretariat updates Consumer Intake Forms with recommendations from the Panel (under Plan section of the Form)
- Secretariat disposes of any consumer information no longer required by panel attendees using departmental secure document disposal process
- Within 5 working days of the meeting, Secretariat finalises minutes and circulates meeting documentation to Panel and attendees, as appropriate.

## Statewide Assessment Panel Meeting Schedule

- XX January 201X
- XX February 201X
- XX March 201X
- XX April 201X
- XX May 201X
- XX June 201X
- XX July 201X
- XX August 201X
- XX September 201X
- XX October 201X
- XX November 201X
- XX December 201X