EXHIBIT 213

Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

MINUTES

Chair:	Dr Leanne Geppert	**Date:**	Friday 07 December 2012
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Emma Foreman/Vaoita Turituri		
Venue:	Butterfield St Level 2 Conference Room (Room 2.2 LMR)		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Attendees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Dr Cary Breakey, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service (Proxy for Dr Sadler) ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit ,QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		
Guests			
Apologies:	▪ Dr James Scott Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Teleconference	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service – *joined the meeting at 10.00am* ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Professor Philip Hazel, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts,		

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Welcome and introduction of invited members brought together for their particular expertise and specialist areas in adolescent mental health**.** ▪ Chair provided brief background and historical context to events leading to the establishment of the reference group – o Noted cancellation of Redlands capital works project, the redirection of capital funds to other capital projects and the hope that operational funds will remain for the use of child and youth mental health purposes. o Noted the condition of the current facility and its co-location with adult secure and forensic service. o Noted the *Queensland Plan for Mental Health 2007-2017* (QPMH) and clear policy direction to ensure that young people are treated close to their homes in the least restrictive environment with the minimum possible disruption to their families, educational, social and community networks. **Where to from here?** ▪ Task of the ECRG is to recommend a statewide model of care for adolescents requiring longer term mental health care. This means identifying the cohort of adolescents that access BAC and identifying options for service models. ▪ Governance is provided by the Barrett Adolescent Strategy Planning Group. The Planning Group has developed a Project Plan under which the ECRG is identified. This project plan was tabled for the ECRG. ▪ West Moreton Hospital and Health Service (WMHHS) will be responsible for responding to consumers and their families and ensure that they are kept informed of plans and developments. WMHHS will work closely with the Director General, Queensland Health and Minister for Health. **Housekeeping** 1. Members present noted the short time frames between invitation and the first meeting. Despite this, members are keen to participate and contribute to this undertaking. 2. Noted that Dr Ray Cash has not responded to the invitation to participate. 3. Agreement that **meetings will be weekly and 1.5 hours in duration**. 4. Proxies will not be acceptable due to the time limited nature of the group and a risk of loss of consistency and continuity. **5. There will be no further meetings before Christmas.** **Actions** 1. Follow up with Dr Ray Cash. 2. Confirm and send out scheduled dates and times for 2013.	ECRG Secretariat	
2.0	**Business arising**		
2.1 **Action Sheet**	▪ Will be used to track tasks and actions of the group		

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
3.0	**Standing agenda**		
3.1 Communication Log	▪ Noted the log of letters to the Minister for Health raising concerns about the possible closure of the BAC. ▪ Need to note the salient points in these communications and ensure that they are addressed or considered where appropriate.		
4.0	**New Business**		
4.1 Introduction of purpose and parameters	• Of the highest priority are the current consumers of BAC (and any future consumers) and what is planned for them in the interim while decisions and plans are being made. ▪ Risk of dispersal of clinical expertise and possible loss of this expertise to Queensland with possible BAC closure. Noted that this has already begun to happen due to uncertain future of BAC. Erosion of confidence of consumers with staff due to lack of consistency and boundaries provided by inexperienced casual staff. ▪ ECRG members agreed that any model that is recommended will **retain** the **education component**. The challenge is ensuring how this will be incorporated. ▪ ECRG noted the endorsed **Terms of Reference** for the group and provided the following feedback to the Planning Group for consideration: o The TOR does not clearly articulate the complexity and severity of the consumer group being addressed. o Noted that the scope does not articulate alignment with current state models of service and frameworks. o Any model of care that is recommended will need to 'fit' closely with state models of service and national mental health planning frameworks as future funding will be determined by these. o Noted that the timeframes identified in the Project Plan are ambitious. **Action:** 3. Chair to forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference. ▪ Concern was raised regarding an assumption that the current BAC model of care is not contemporary. o It was noted that the current BAC model has been refined over many years to meet the needs of this cohort. Further that the model is robust and comparable to international models. o Suggestion that rather than re-developing a new model, group should identify gaps and recommend innovative strategies to address these. o Chair noted that there have been a number of attempts to re-develop the current BAC model *however* the difference now is BAC cannot continue on the current site and there is no funding to build another BAC. ▪ ERCG noted that this was an opportunity to start afresh with respect to model development. o It provides an opportunity to look at innovative strategies and models such as using the Non government sector and developing partnerships and opportunities with other stakeholders. o Provides an opportunity to address service gaps for adolescents on the waiting list for BAC and for those young	ECRG Chair	

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	people that currently don't 'fit' such as those with developing chronic psychiatric disorders and intellectual disabilities etc. o ECRG acknowledged that there is a lot to learn from BAC model. The BAC day program has been drawn on heavily to model the day program for adolescents at Townsville Child and Youth Mental Health Service hence the ECRG should consider what components of the BAC model to take forward.		
4.2 Definitions	▪ The profile of consumers accessing BAC has changed and the service is not dealing with the same group or type of consumer as in the past. This may be as a result of increased access to child and youth acute units. ▪ In order to better understand the target client group, ECGR agreed that members needed to inform themselves about the following: 1. Service models for adolescents that have been developed including; o Barrett Adolescent Centre Model of Service (MOS) o Draft Adolescent Extended Treatment and Rehabilitation MOS o Draft Acute Adolescent Inpatient Unit MOS o The Walker Unit MOS, Concord Centre for Mental Health, NSW 2. Profile of current BAC consumers. 3. Cumulative demographic profile of consumers in BAC over a period of 1-2 years. 4. Client profile of possible consumers that services would like to refer to BAC. 5. Any BAC consumer or carer satisfaction surveys. 6. Any investigations of reports by students etc on longer term outcomes of BAC consumers. **Actions:** 4. Members will contribute to the package and forward identified documentation to the ECRG secretariat 5. The ECRG secretariat will disseminate these documents by 14/12/2012 Discussion to determine the consumer profile was initiated using the following domains: 1. Age range 2. Diagnostic profile 3. Referral sources and pathway 4. Complexities of presentation **Age range** ▪ The current age criterion is 13-17 years old. This is seen as an artificial divide. The recommendation is to consider the conceptual developmental age i.e. when the individual begins to deal with adolescent issues. ▪ ECRG agreed that the lower age range should be retained at 13 years but upper age limit should be flexible. ▪ Average age range now seen at BAC is 15-16 year olds which has an impact on the type of curriculum offered at the BAC school. ▪ Agreement in principle that the presenting issue rather than the age range flexibility should be the determinant at the higher age range. Further, that the developmental age of the young person rather than chronological age should be considered. ▪ Noted a higher ratio of females to males at BAC. ▪ Sexuality and gender issues need to be addressed both in the	ECRG members (see action sheet for detail)	14/12/2012.

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	recommended model and at this stage of development.		
	Other discussion points: ▪ Noted again that any model of care that is recommended will need to 'fit' closely with state models of service and national mental health planning frameworks as future funding will be linked to these. ▪ Possible scenarios for distribution of this service could include: o One specific HHS funded to provide statewide service o Stand alone statewide service o Individual flexible funding packages within the Non government sector o Day program places ▪ A cost benefit analysis would be required for each proposed model. This is a high service user group. Noted that there is no highly visible system cost to the population of adolescents and young people that are house bound, invisible and hard to find. There is however, a 'huge cost to society'. Note also the impact of adolescent suicide on families. ▪ % population that the service will meet needs to be defined.		
5.0	**Forward Agenda Items**		
5.1	1. Target group/Client profile 2. Service analysis across adolescent mental health continuum ▪ Existing services ▪ Gap analysis		
Next Meeting:	**Date:** 9 January 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

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Expert Clinical Reference Group

Expert Clinical Reference Group: Action Table – 2012 - 2013

Item	Actions	Accountable Officer/s	Due Date	Status
1.	Follow up and confirm with Dr Ray Cash acceptance of invitation to participate in the ECRG.	Vaoita Turituri		Invitation letter was forwarded to Dr Cash's private practice email and message left with reception requesting a response on 5.12.2012. Follow up phone call and message left with reception. Message also left with Dr Cash's support officer, Child & Youth MHS.
2	Confirm and send out scheduled dates and times for 2013	Vaoita Turituri	14/12/12	Dates for 2013 have been scheduled and sent out to members.
3	Forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference.	Leanne Geppert		
4	Examples of adolescent mental health service models to be forwarded to the secretariat for compilation. ▪ Barrett Adolescent Centre Model of Service (MOS) ▪ Draft Adolescent Extended Treatment and Rehabilitation MOS ▪ Draft Acute Adolescent Inpatient Unit MOS ▪ The Walker Unit MOS, Concord Centre for Mental Health, NSW	Cary Breakey Vaoita Turituri Vaoita Turituri Philip Hazel	14/12/2012	Walker Unit MOS received Draft Adolescent Extended Treatment & Rehabilitation MOS received Draft Acute Adolescent Inpatient Unit MOS received
5	▪ Profile of current BAC consumers. ▪ Cumulative demographic profile of consumers in BAC over a period of 1-2 years. ▪ Any BAC consumer or carer satisfaction surveys. ▪ Any investigations of reports by students etc on longer term outcomes of BAC consumers.	Cary Breakey Kevin Rodgers	14/12/2012	
6	▪ Client profile of possible consumers that services would like to refer to BAC.	Amanda Tilse	14/12/2012	Received

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Chair:	Dr Leanne Geppert	**Date:**	09 January 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Emma Foreman/Vaoita Turituri		
Venue:	Butterfield St Level 2 Conference Room (Room 2.2 LMR)		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Attendees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Dr James Scott, Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Teleconference:	▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Professor Philip Hazel, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts,		
Guests:			
Apologies:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Welcome to reference group members. Special welcome to Drs Trevor Sadler and James Scott who are attending for the first time.	Leanne Geppert	
1.2	**Previous minutes** ▪ The minutes of the previous meeting held on 07.12.12 were accepted as an accurate record. ▪ Minutes were endorsed by Josie Sorban and Amanda Tilse.		
2.0	**Business arising**		
2.1 **Action Sheet**	**Outstanding actions to be addressed:** ▪ Feedback on ECRG TOR to be considered by the Planning Group at their next meeting on 18.01.2013 ▪ Dr Sadler to forward consumer vignettes and profiles	Leanne Geppert Trevor Sadler	18/01/2013 Due
3.0	**Standing agenda**		
3.1 **Communication**	**ECRG Media Protocol** ▪ Members were reminded of the media protocol developed by West Moreton HHS (WMHHS). Furthermore, a request had been made for the names of reference group members to be made publicly available. All members present agreed for their names to be publicly available. Acknowledgement and acceptance is still to be confirmed by some members. ▪ Clarification was sought regarding the duration of the media protocol. An ad infinitum request is not acceptable to the group; agreement that members will abide by the media protocol until the conclusion of the ECRG. ▪ It was acknowledged that each member was present as an individual expert in their discipline and a leader in their particular field. To some extent though, they also represent their particular Hospital & Health Service (HHS) or organisation and with that may come certain pressures and expectations. ▪ Members therefore agreed that each individual will forward a Declaration of Interest to the Secretariat for noting to avoid any potential conflict of interest. **Action:** 7. Members to confirm acceptance of media protocol and for their names to be publicly available. 8. Declaration of Interest document will be developed by the Secretariat for use by members. *Please see attached draft*  declaration of interest template_ada 9. Chair to report back to the Planning Group that the members will abide by the media protocol until the conclusion of the ECRG. **Communication Log** ▪ Reference was made to communications received by West Moreton HHS (WMHHS) from Child and Youth Mental Health experts. ▪ A summary of these is collated in the Communications Log. Hard	Group members Secretariat Leanne Geppert Group members	18/01/2013 asap 18/01/2013 Each

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	copies are available for ECRG members to read in detail if required. ▪ ECRG members are asked to read the Communications Log prior to each meeting as it is a requirement of the ECRG to consider this communication in the development of a future service model.		meeting
3.2 Updates	▪ An update from the Planning Group will be provided at the next meeting.	Leanne Geppert	
4.0	**New Business**		
4.1 Consumer and Carer Representation	▪ Reference was made to inclusion of consumer and carer representation in the ECRG. ▪ General consensus is that this is appropriate and integral to service planning. Furthermore, this is the internationally accepted practice in mental health. ▪ Questions about whom and whether it should be a former consumer of Barrett Adolescent Centre (BAC) or whether a general consumer would suffice was debated. Noted that it was important that the consumer representative have an appreciation of the degree of unwellness and severity that this consumer group experience. Such a representative would provide invaluable input and insight. ▪ Noted that the consumer representative will need to be linked to or understand the experience and severity of the target group and service type but is not necessarily limited to those who are past or present consumers of BAC.The target group and service type was yet to be determined. ▪ Decision to nominate a consumer or carer rep. should be based on the target group and service profile. **Action:** 10. Chair to forward to the Planning Group a recommendation for the inclusion of a consumer and carer representative on the ECRG membership.	Leanne Geppert	18/01/2013
4.2 Target group/Client profile	1. The ECRG used a structured approach to address the service elements to be considered in developing a service model and determining the client profile. A template was developed to assist in this process. 2. The following was discussed: o The acuity of some consumers in BAC was compared in relation to those in adolescent acute units. The severity of issues for some clients is persistent and from a young age, leading to deficits and impacts both at home and later on at school and into adulthood. By this point, there is a broad spectrum of persistent and severe symptomatology. o Consensus that a feature of the target group was that adolescent consumers have **persistent and severe symptomatology.** o Noted that the ERCG need to consider existing national frameworks and use language and terms consistent with these in determining a proposed model. o Models need to be consistent with national frameworks to ensure that funding is not at risk; also need to remember Activity Based Funding (ABF) in these discussions. o Noted that the Walker Unit in Sydney is designated as a non acute and non severe service however the funding model is acute based. The challenge is to provide the context within		

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	which to develop the rationale. o Noted that there was varying degrees of knowledge of current adolescent services whether private, non government or public available across the state. Current knowledge seems to be localised and specific to district Child & Youth Mental Health Services (CYMHS). Agreement to commence a mapping exercise. The mapping exercise will assist in identifying current gaps. o A draft adolescent mental health continuum service analysis has been developed and will indicate at which point of the spectrum these services and gaps, identified from the mapping exercise, are located. **Action:** 11. Secretariat to commence mapping of current adolescent mental health services available. *Please refer to Agenda Item 4.3* **A question was raised as to what could be offered in the absence of the BAC and possible solutions included:** o Management of possible BAC consumers would be devolved to the current adolescent acute units as a default position. o Or alternatively, all services would need to develop and acquire the capacity and capability to manage these and current consumers across the state. o Alternatively, **Day Programs** could be developed across services. **Day Programs** ▪ Noted that for day programs to be successful for this client group the following was essential in ensuring consumers were supported. o Accessible for young people with residential support available if required. May be difficult to access day programs even within the Brisbane metropolitan area due to travel distance. If well funded and well staffed, a day program can manage this client group. After hours support and therapy needs to continue for some at risk clients. o Family support is essential – families need to be stable, committed and 'non-toxic'. Families may be required to transport the adolescent and help with their treatment at home. o Cater for adolescents that are 'unsafe' at night and at risk of suicide. Management outside hours of the day program may be required. ▪ A possible day program model may include partnership with an acute inpatient unit or with a Non Government (NGO) residential provider or both. ▪ A possible configuration could thus be: o Consumer attends day program and goes home o Consumer attends day program and goes to a residential facility provided by a NGO provider and spends the weekends at home o Consumer attends day program and stays in an acute inpatient facility. ▪ Noted that the current Draft Acute Adolescent Inpatient Unit MOS allows for short admissions only. This model will need to be changed	Secretariat	16/01/2013

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	if a decision is made to utilise adolescent acute units in this way. Further, queried the feasibility of doing this. ▪ Experience from New South Wales and overseas has shown that a mix of acute and persistent presentations within an acute unit was destabilising and often to the detriment of consumers with severe and persistent symptomatology. Further, it was noted that in 12 such units across the UK; acute patients received better treatment. The programs were repetitive and there were neither targeted programs nor intensive rehabilitation for long stay patients. ▪ The physical environment was deemed important with units located on a significant amount of land. ▪ There was a question concerning the need to provide this high level of service to regional areas. A comparison was made with liver transplants where there is low prevalence and high severity and an acceptance that such a highly specialised service would not be available regionally. ▪ The demographic profile of BAC clients indicate that in the past 10 years, there have been only a small percentage of referrals from North Queensland and few from Toowoomba and the south west. The majority have been from south east Queensland. ▪ *Please note the attached demographic data for BAC from January 2011 – December 2012 provided by Dr Sadler.*  Demographics_BAC_ TSadler_Jan13.doc ▪ Noted that there may be in fact **two target groups.** 1. High intensity, severe needs group requiring long term therapeutic care which is currently catered for by BAC. (Accessed mainly by Southern QLD although available statewide). ▪ The group requiring step down sub acute adolescent mental health supported day program and not requiring 24 hour residential support but still high intensity. ▪ Further noted that there are **three main gaps** related to accessibility o lack of access to BAC services o lack of access to step down, sub acute mental health program. o lack of access to both programs. ▪ Further discussion ensued regarding persistent and severe disorders and treatment within a day program model. From Dr Sadler's experience of the current BAC day program the following issues were noted: o Many adolescent consumers have not attended school on a regular basis. o Most do not have contact with adolescents of their own age group. o Disruption of social networks. o Ongoing continuing longer term care with evening		

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	supervision to maintain health in a therapeutic residential facility. o Severity of impact from severe anxiety disorders and avoidant personality disorders can account for a significant number of adolescents not accessing services or accessing them too late in adulthood. ▪ With reference to the domains identified in the draft service elements table, the BAC is identified as a sub acute service. It was suggested that BAC would 'fit' under an intensive care sub acute service. Such a service would provide medium term treatment and rehabilitation. Consumers would receive specialist behavioural and symptom management programs, individualised and group rehabilitation programs aimed at improving individual functioning. There would also be planned transition back into the community. ▪ Due to time constraint it was agreed that the draft template would be populated by the secretariat using the information discussed and linked to the national frameworks. **Action:** 12. Draft service elements template to be populated and sent to ECRG members for comment out of session. *Please see attached document* Service Elements_V1.doc	Secretariat Members	11/01/2013
4.3 **Service analysis across the adolescent mental health continuum**	▪ Please see above discussion related to the mapping exercise. BAC Service Analysis.vsd BAC Service Analysis 2.vsd.pdf		
5.0	**Forward Agenda Items**		
5.1	1. Service model options 2. Budget and staffing profile		
Next Meeting:	**Date:** 30January 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

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Expert Clinical Reference Group: Action Table – 2012 - 2013

Item	Actions	Accountable Officer/s	Due Date	Status
3	Forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference.	Leanne Geppert	18/1/2013	Recommendations have been forwarded. Planning Group to consider at meeting on 18/1/2013.
4	Examples of adolescent mental health service models to be forwarded to the secretariat for compilation. ▪ Barrett Adolescent Centre Model of Service (MOS) ▪ Draft Adolescent Extended Treatment and Rehabilitation MOS ▪ Draft Acute Adolescent Inpatient Unit MOS ▪ The Walker Unit MOS, Concord Centre for Mental Health, NSW	Cary Breakey/Trevor Sadler Vaoita Turituri Vaoita Turituri Philip Hazell	14/12/2012	▪ Walker Unit MOS received ▪ Draft Adolescent Extended Treatment & Rehabilitation MOS received ▪ Draft Acute Adolescent Inpatient Unit MOS to be sent ▪ Barrett Adolescent MOS to be sent
5	▪ Profile of current BAC consumers. ▪ Cumulative demographic profile of consumers in BAC over a period of 1-2 years. ▪ Any BAC consumer or carer satisfaction surveys. ▪ Any investigations or reports by students etc on longer term outcomes of BAC consumers.	Cary Breakey Kevin Rodgers	14/12/2012	Demographic data received for January 2011 – December 2012 from Dr Sadler.
7	Members to confirm acceptance of media protocol and for their names to be publicly available.	Group members	18/01/2013	
8	Declaration of Interest document will be developed by the Secretariat for use by members.	Secretariat.	asap	Draft document developed and forwarded to the Planning Group for approval
9	Chair to report back to the Planning Group that the members will abide by the media protocol until the conclusion of the ECRG.	Leanne Geppert	18/1/2013	
10	Chair to forward to the Planning Group a recommendation for the inclusion of a consumer and carer representative on the ECRG membership.	Leanne Geppert	18/1/2013	
11	Secretariat to commence mapping of current adolescent mental health services available	Secretariat	16/1/2013	Draft document developed and disseminated with the minutes.
12	Draft service elements template to be populated and sent to ECRG members for comment out of session.	Leanne Geppert & Secretariat	16/1/2013	Draft document has been developed and dissminated with the minutes.

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Chair:	Dr Leanne Geppert	**Date:**	16 January 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Vaoita Turituri/Rachael Brown		
Venue:	Butterfield St Level 2 Conference Room (Room 2.2 LMR)		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Attendees	▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB)		
Teleconference:	▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts. ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		
Guests:			
Apologies:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Dr James Scott, Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital		

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Leanne opened by welcoming reference group members.	Leanne Geppert	
1.2	**Previous minutes** ▪ Leanne requested that members peruse the draft minutes from the previous meeting held on 9 January 2013. It was acknowledged that due to the short timeframe members' may not have had the opportunity to review the minutes. ▪ The draft minutes were endorsed by Dr Sadler as an accurate record.		
2.0	**Business arising**		
2.1 **Action Sheet**	**Outstanding actions to be addressed:** ▪ Feedback on ECRG TOR to be considered by the Planning Group at their next meeting on 18.01.2013. ▪ Feedback on recommendation to include a consumer or carer representative in the membership of the ECRG. ▪ Declaration of Interest template to be forwarded to West Moreton HHS for approval. ▪ All members to indicate their agreement for their names to be made publicly available.	Leanne Geppert Leanne Geppert Leanne Geppert All members	18/01/13 18/01/13 18/01/13 ASAP
3.0	**Standing agenda**		
3.1 **Communication**	**ECRG Media Protocol** ▪ Confirmation of individual names to be made publicly available is still to be confirmed by some members. ▪ A Declaration of Interest document has been developed. This document needs approval from West Moreton HHS before it can be used. ▪ It was acknowledged that each member was present as an individual expert in their discipline and a leader in their particular field. To some extent though, they also represent their particular Hospital & Health Service (HHS) or organisation and with that may come certain pressures and expectations. ▪ Members therefore agreed that each individual will forward a Declaration of Interest to the Secretariat for noting to avoid any potential conflict of interest. **Action:** 13. Secretariat to send a reminder email to those members that have not sent back a response. 14. Declaration of Interest document to be forwarded to West Moreton HHS for approval. **Communication Log** ▪ No further communication received	Members Secretariat Leanne Geppert	ASAP ASAP 18/01/13
3.2 **Updates**	▪ An update from the Planning Group will be provided at the next meeting. ▪ Confirmation from Dr Trevor Sadler that permission to distribute material he has provided to the Secretariat for distribution is implicitly understood by contributors. ▪ The Acute Adolescent Inpatient Unit MOS will not be distributed to	Leanne Geppert	30/01/13

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	the reference group members as this document is still in draft from and is not significant to the current discussions. ▪ Agreement to change meeting schedule to **fortnightly** to allow members to 'digest' reading material and for the secretariat to progress actions arising out of meetings. **Action:** 15. Secretariat to forward updated schedule of meetings	Secretariat	ASAP
4.0	**New Business**		
4.1 **Target group/Client profile cont'd**	▪ There was further discussion concerning the service elements table which was populated by the Secretariat based on the discussion from the previous meeting. ▪ Dr Sadler forwarded to the Secretariat patient profiles examples of some of the BAC consumers. o It was felt that the service elements table does not capture the complexity or severity of this client group; a simple diagnosis does not indicate the persistence and level of impairment that may be present. o The profiles forwarded by Dr Sadler try to encapsulate this and includes identification of the individuals unique strengths which is important to build on as a component of the therapeutic mix. Further, it attempts to encapsulate the complexity and interaction of a number of variables that make for change and highlight that clinical treatment is not linear in progression. o Dr Sadler was keen to receive feedback from group members as how this could be presented better. o It was suggested that the use of quantitative and qualitative data would be useful to address this. Further, looking at the length of stay (LOS), the services being utilised by adolescents and the type of treatment they were receiving. o It was further noted that this should be considered also for those consumers that have not accessed BAC. Moreover, it was questioned whether there was indeed another group of adolescents that are missing out and not getting their needs met. ▪ A question was raised regarding whether evidence or research exists that links the achievement of optimal therapeutic treatment to LOS. o Members present were not aware of any research indicating an optimal LOS to achieve optimal therapeutic treatment. o Noted that in the Walker Unit[1] the LOS is identified as up to 6 months, however, they have had people for longer. Similar units in the United Kingdom have had LOS of 2 years. o For BAC, time seems to be a factor in the improvement of an adolescent. It is not clear what particular factors have really worked; whether it be the therapeutic milieu, that the adolescent is kept alive long enough for them to be able to reflect and contemplate other options or being in the		

1 Walker brochure.pdf Walker Unit brochure The Walker Unit.pdf The Walker Unit

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	company of their peers who are going through similar situations. o What is clear however, is that not having anywhere to go after discharge from BAC or other step down facility has a detrimental effect and leads to a deterioration in the progress made by an adolescent. o Acknowledgement that there will be a small group ('outliers') that would require more time. ▪ A suggestion was put forward for consideration by the group of a smaller residential bed based unit (8 beds) with a limited time frame (up to 6 months). The step up/step down component would be undertaken by the relevant adolescent acute unit. ▪ Suggested that the ECRG should define the young people that need the service first and the coordination of services required at different levels. ▪ Furthermore, flexibility in the duration of service should be determined by focusing on factors necessary for the young person to progress and the barriers that must be overcome to continue or move towards discharge. ▪ Need to look at barriers to shortening LOS; one of these as mentioned is lack of alternative and appropriate accommodation for adolescents once discharged. ▪ It may be that the LOS is identified as 6 months as this fits with national frameworks however that there is flexibility to allow the barriers identified to be addressed. ▪ Noted inclusion of 'emotions' in the draft service descriptor. Agreed that adolescents have difficulty in articulating and expressing emotions. Moreover, there is difficulty in recognising and understanding emotions. After further discussion regarding the service element content, it was agreed that the revised version would be sent to the members for further thought and perusal. Members were requested to use track changes if possible to add, amend or edit the current content and forward back to the Secretariat. Please see attached draft table Service Elements_4_16.01.13 **Action** 16. Secretariat to forward revised draft service elements to ECRG members 17. Members to review the draft service elements table using track changes and forward to the Secretariat for collating.	 Secretariat ECRG members	 ASAP 30/01/13

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4.3 **Service analysis across the adolescent mental health continuum**	▪ No further discussion ▪ Please note the updated draft adolescent mental health service continuum.  BAC Service Analysis 4.pdf  BAC Service Analysis 4.vsd  NGO Adolescent MH services_2.doc		
5.0	**Forward Agenda Items**		
5.1	1. Service model options 2. Budget and staffing profile		
Next Meeting:	**Date:** 30January 2013 **Time:** 9.30 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

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Expert Clinical Reference Group: Action Table – 2012 - 2013

Item	Actions	Accountable Officer/s	Due Date	Status
3	Forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference.	Leanne Geppert	18/1/2013	Recommendations have been forwarded. Planning Group to consider at meeting on 18/1/2013.
5	▪ Profile of current BAC consumers. ▪ Cumulative demographic profile of consumers in BAC over a period of 1-2 years. ▪ Any BAC consumer or carer satisfaction surveys. ▪ Any investigations or reports by students etc on longer term outcomes of BAC consumers.	Trevor Sadler Kevin Rodgers	14/12/2012	Demographic data received for January 2011 – December 2012 from Dr Sadler.
7	Members to confirm acceptance of media protocol and for their names to be publicly available.	Group members	18/01/2013	Reminder email sent 18/01/13 to those members that have not responded.
9	Chair to report back to the Planning Group that the members will abide by the media protocol until the conclusion of the ECRG.	Leanne Geppert	18/1/2013	
10	Chair to forward to the Planning Group a recommendation for the inclusion of a consumer and carer representative on the ECRG membership.	Leanne Geppert	18/1/2013	
14	Declaration of Interest document to be forwarded to West Moreton HHS for approval.	Leanne Geppert		
16	Secretariat to forward revised draft service elements to ECRG members for review and comment	Secretariat		
17	Members to review the draft service elements table using track changes and forward to the Secretariat for collating	ECRG members		

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MINUTES

Chair:	Dr Leanne Geppert	**Date:**	13 February 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Vaoita Turituri		
Venue:	Level 2 Conference Room (Room 2.2 LMR), 15 Butterfield St, Herston		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code:		
Attendees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Dr James Scott, Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health ▪ Service		
Teleconference:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service		
Guests:			
Apologies:	▪ Amelia Callaghan, State Manager Qld NT and WA, Headspace. ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts. ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Members present and on teleconference were welcomed by the Chair	Leanne Geppert	
1.2	**Previous minutes** ▪ The draft minutes of the last meeting (16.01.2013) were endorsed by Dr Sadler and Josie Sorban as an accurate record.		
2.0	**Business arising**		
2.1 Action Sheet	**Outstanding actions to be addressed:** ▪ Awaiting response back from the Planning Group regarding the amendments to the ERCG terms of reference. ▪ The Planning Group has endorsed the inclusion of a consumer and carer representative. West Moreton HHS will develop a process for the support and debrief of these individuals as required. ▪ Declaration of Interest template has been approved. All members to indicate their agreement for their names to be made publicly available.		
3.0	**Standing agenda**		
3.1 Communication	**Communication Log** ▪ No further communication received		
3.2 Updates	▪ Nil noted		
4.0	**New Business**		
4.1 Consumer and carer representation	▪ West Moreton HHS has approved the inclusion of a consumer and a carer representative on the ECRG. However, there is an unclear commitment from them in regards to remuneration for these representatives. ▪ The ECRG recognise the need to provide adequate support for the prospective consumer and carer representative and identified the following : **Up brief** o To support the consumer and carer rep. by providing background information and context for the meeting; processes and responsibilities of members etc. This will be a responsibility of the Chair and secretariat. **De-brief** o To support the representatives with issues such as obstacles, dilemmas etc that may arise during the course of meetings. **Remuneration** o It is standard practice to remunerate consumer and carer representatives for meeting, reading time and travel. ▪ The ECRG will seek clarification from West Moreton HHS regarding commitment to remuneration of these representatives. ▪ The ECRG have agreed on [redacted] and [redacted] as suitable carer and consumer representatives; their names will be forwarded to West Moreton HHS for invitation to the group. ▪ Further, ECRG members agreed that [redacted]		

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	[redacted] will be approached to provide support and debriefing for the consumer and carer representatives as required. **Representation** ▪ Agreement that the consumer and carer representatives are separate from the BAC parent group. There should be a different process driven by West Moreton HHS for the views of the parent group to be considered. ▪ The ECRG are seeking a broader perspective that includes the perspectives of the parents of clients that have not or cannot access BAC. **Actions** 18. Progression of consumer and carer nominations and proposal for their support to the Planning Group	Leanne Geppert	By next meeting
4.2 **Broader group of consumers**	▪ Identifying the broader group of adolescent consumers that meet the criteria of severe and persistent symptoms but not accessing local CYMHS or BAC. ▪ Not improbable that there may be up to 10-15 adolescents, as in Townsville, in every town that may be sitting at home, not attending school with psychiatric symptoms that may be difficult to identify, engage with services or if they are, not able to access BAC. ▪ Townsville CYMHS have aspirations to look after this high needs group within their alternative model of service. This model proposes a partnership between the local acute adolescent mental health unit, child and youth community services and a non government residential provider. ▪ Consider whether this alternative model would have utility elsewhere in Queensland especially the south east corner. ▪ Noted the Adolescent Drug and Alcohol Withdrawal Service (ADAWS) residential facility works very well and recognise the value of using an alternate workforce such as non clinical support staff. ▪ Noted that an alternative model should have its governance managed by a consortium. **Actions** 19. Forward ADAWS model of service to secretariat for distribution to the group 20. Further development of service elements with reference to alternative models in preparation for discussion at the next scheduled meeting.	Amanda Tilse Chair & Secretariat	Asap By next meeting
5.0	**Forward Agenda Items**		
5.1	1. Service model options 2. Budget and staffing profile		
Next Meeting:	**Date:** 30 January 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 LMR)		

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Expert Clinical Reference Group: Action Table – 2012 - 2013				
Item	**Actions**	**Accountable Officer/s**	**Due Date**	**Status**
3	Forward feedback to the Barrett Adolescent Strategy Planning Group regarding changes/recommendations to the ECRG terms of reference.	Leanne Geppert	18/1/2013	Recommendations have been forwarded. Planning Group to consider at meeting on 18/1/2013. Changes made to the TOR and forwarded to Sharon Kelly for the Planning Group 25/01/2013
5	▪ Profile of Profile of current BAC consumers. ▪ Cumulative demographic profile of consumers in BAC over a period of 1-2 years. ▪ Any BAC consumer or carer satisfaction surveys. ▪ Any investigations or reports by students etc on longer term outcomes of BAC consumers.	Trevor Sadler Kevin Rodgers	14/12/2012	Demographic data received for January 2011 – December 2012 from Dr Sadler.
17	Members to review the draft service elements table using track changes and forward to the Secretariat for collating	ECRG members	Ongoing	Chair and Secretariat to further develop service elements table based on comments received from members and in reference to current models including the Oslo Model
18	Chair to follow up with WMHHS re: remuneration and support processes consumer and carer representatives.	Leanne Geppert	By next meeting	
19	Chair to forward consumer and carer rep. names to WMHHS for invitation to the ECRG.	Leanne Geppert	By next meeting	
20	Forward ADAWS model of service to secretariat for distribution to the group	Amanda Tilse	Asap	

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MINUTES

Chair:	Dr Leanne Geppert	**Date:**	13 March 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Vaoita Turituri		
Venue:	Level 2 Conference Room (Room 2.2 CR), 15 Butterfield St, Herston		
Tele/Videoconference Details	Local Dial in no National Dial in no. Participant code:		
Attendees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Amelia Callaghan, State Manager Qld NT and WA, headspace ▪ Carer representative ▪ Dr James Scott, Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Teleconference:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts		
Guests:			
Apologies:	▪ Consumer representative ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP)		

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Members present and on teleconference were welcomed by the Chair	Leanne Geppert	
1.2	**Previous minutes** ▪ The draft minutes of the last meeting (27.02.2013) were endorsed as an accurate record of proceedings by and Kevin Rodgers		
2.0	**Business arising**		
2.1 **Action Sheet**	**Outstanding actions to be addressed:** ▪ Nil of note ▪ Amanda Tilse to forward ADAWS model of service to secretariat for dissemination. **Action** Secretariat to disseminate ADAWS model to members.	Secretariat	
2.2 **Clarification of parameters and scope of proposed model**	▪ Clarification was sought in relation to determining whether the proposed service model should be an aspirational model that depicts the ideal without budgetary constraints. ▪ Funds to implement a proposed model will be limited to operational funds from the BAC and operational funds allocated to the cancelled Redlands facility. ▪ Agreement that only one model will be presented to the Planning Group. ▪ It was noted that there may be elements within the recommended model that may not be supported or implemented by the Planning Group e.g. inpatient beds or residential component.		
3.0	**Standing agenda**		
3.1 **Communication**	**Communication Log** ▪ No further communication received.		
3.2 **Updates**	▪ The e-petition has well over 1900 signatures and was tabled in Parliament on 5 March 2013. ▪ The Planning Group has not met since the last ECRG meeting, hence, nothing to report.		
4.0	**New Business**		
4.1 **Final meeting & write up**	▪ Agreement that the recommended service model will be presented to the Planning Group as a written report and power point presentation. ▪ A presentation by the ECRG will provide the ability to capture the nuances and complexities that are often difficult to convey in a text narrative.		
4.2 **Workshop**	▪ As in the previous meeting, a workshop format was used to work through the service description and critical elements of the service model. ▪ Feedback from current and past BAC clients indicates that there is a need for consistency in staffing. This is supported by carers and families.		

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	▪ Agreement that the proposed model should have an emphasis on: 1. flow through 2. family involvement 3. medium term therapy ▪ Inclusion of the Non Government sector as a component of the recommended model was not unanimously supported by members. The risks and benefits were robustly debated. **The risks were as follows:** 1. Noted that an NGO partnership arrangement with public services is a comparatively new concept to Queensland as compared to other states such as Victoria. 2. There was a concern that an NGO will not be able to manage the acuity and crises in this particular cohort. 3. In addition, there was concern regarding the 'quality' and stability of the NGO workforce given the traditionally lower pay scales. **The benefits were as follows:** 1. The NGO sector has indeed managed a high level of complexity with the support of the public sector and clinical teams 2. The public sector can support the NGO sector to maintain and improve the residential component and enable 24 hour support. 3. This is an opportunity to enhance the mental health component in the NGO sector and develop greater partnership and better flow and continuum of care to and from the community. 4. Will address the 'flow through' issues associated with existing CYMHS bed based services. ▪ Agreement that while contentious, the NGO option will be included in the proposed model. ▪ Noted that there were basically three components required for the NGO option to be viable: 1. balance – equity in pay rates 2. support within roles – from clinical services 3. culture and underlying philosophy ▪ Other options include capacity for families/carer/support worker to stay within the unit to support the adolescent. This option could be included in the inpatient/NGO component.		
4.3 **Closing discussions**	▪ The Chair reinforced the need to deliver a proposal for an alternative model at the earliest possible time so that BAC staff can access opportunities associated with the West Moreton HHS restructure and to lessen the impact on consumers and carers. ▪ Noted that an alternative and feasible model needs to be endorsed before BAC can close. There will no gaps in service delivery. ▪ Presentation will be developed by the Chair and Secretariat based on collated discussion and feedback. Will attempt to send out a draft presentation as soon as possible. **Action** Draft power point presentation to be developed and sent to members as		

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	soon as possible.	Leanne Geppert Secretariat	
5.0	▪ Forward Agenda Items		
5.1	1. Service model options 2. Budget and staffing profile		
Next Meeting:	**Date:** 27 March 2013 **Time:** 9.00 – 10.30 am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 CR) **Future dates:**10 April **(TBC)**		

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Expert Clinical Reference Group: Action Table – 2012 - 2013				
Item	**Actions**	**Accountable Officer/s**	**Due Date**	**Status**
19	Forward ADAWS model of service to secretariat for distribution to the group	Amanda Tilse	Asap	
20	Further development of service elements with reference to alternative models in preparation for discussion at the next scheduled meeting	Members	By next meeting	Revised service elements with reference to alternative models developed for discussion **27.02.2013** Members to work out of session to revise the service elements table. **13.03.2013** Workshop to progress service elements and model components
21	Develop a draft power point presentation of a proposed service model based on workshop discussions	Chair Secretariat		

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MINUTES			
Chair:	Dr Leanne Geppert	**Date:**	27 March 2013
Executive Sponsor:	Chief Executive West Moreton HHS and A/Executive Director MHAODB	**Time:**	9.00 – 10.30am
Secretariat:	Vaoita Turituri		
Venue:	Level 2 Conference Room (Room 2.2 CR), 15 Butterfield St, Herston		
Tele/Videoconference Details	Local Dial in no. National Dial in no. Participant code		
Attendees	▪ Amanda Tilse, Operational Manager, Alcohol Other Drugs and Campus Mental Health Services, Mater Children's Hospital ▪ Carer representative ▪ Dr James Scott, Consultant Psychiatrist, Early Psychosis Service Metro North HHS Mental Health Service ▪ Josie Sorban, Director of Psychology, Child & Youth MHS Children's Health Qld HHS ▪ Kevin Rodgers PSM, Principal, Barrett Adolescent Centre School, Education Queensland ▪ Dr Leanne Geppert, Director, Planning & Partnerships Unit, QH Mental Health Alcohol & Other Drugs Branch (MHAODB) ▪ Dr Michelle Fryer Chair, QLD Branch of the Faculty Child & Adolescent Psychiatry (QFCAP), The Royal Australian and New Zealand College of Psychiatrists (RANZCP) ▪ Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre West Moreton HHS Mental Health Service		
Teleconference:	▪ Amelia Callaghan, State Manager Qld NT and WA, headspace ▪ Emma Hart, Nurse Unit Manager, Adolescent Inpatient Unit And Day Service, Child & Youth MHS Townsville HHS Mental Health Service ▪ Professor Philip Hazell, Director, Infant Child and Adolescent Mental Health Services, Sydney and South Western Sydney Local Health Districts		
Guests:			
Apologies:	▪ Dr David Hartman Clinical Director, Child & Youth MHS Townsville HHS Mental Health Service ▪ Consumer representative		

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Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
1.0	**Welcome, Apologies and Introductions**		
1.1	**Open and Welcome** ▪ Members present and on teleconference were welcomed by the Chair	Leanne Geppert	
1.2	**Previous minutes** ▪ The draft minutes of the last meeting (13.03.2013.) were endorsed as an accurate record of proceedings by		
2.0	**Business arising**		
2.1 **Action Sheet**	**Outstanding actions to be addressed:** ▪ Amanda Tilse to forward ADAWS model of service to secretariat for dissemination. **Action** Secretariat to disseminate ADAWS model to members.	Amanda Tilse Secretariat	
E-petition	▪ It was noted that there is a second e-petition regarding the Barrett Adolescent Centre. ▪ Please see attached link to this petition for information. ▪ http://www.communityrun.org/petitions/don-t-close-the-barratt-centre-for-adolescents-with-severe-mental-health-issues		
3.0	**Standing agenda**		
3.1 **Communication**	**Communication Log** ▪ No further communication received.		
3.2 **Updates**	**Planning Group** ▪ The Chair spoke to the proposed the draft service elements table noting only the salient points of the proposed model. ▪ The Planning Group were not provided with a written draft as it has not been discussed by the ECRG. ▪ The Planning Group are purported to be agreeable to the presentation of an ideal model however, some of the elements included in the ideal may not be supported (although may be implemented in the future). ▪ It was reiterated that there is no funding for a capital project and no identified location.		
4.0	**New Business**		
4.1 **Revised time frames**	▪ Changes to the time frames for completion of tasks and objectives were noted and highlighted by the Chair. ▪ Noted that the construction of the Extended Forensic Treatment Unit (EFTRU) at Wacol has been completed and due to open in July 2013. ▪ With the opening of EFTRU, it is likely that there will be forensic patients on the grounds with access to BAC. This is seen as a risk for young people. ▪ EFTRU is a new model of service and there is uncertainty as to whether the risks to adolescents in BAC have been assessed for patients likely to transition to EFTRU. ▪ It was noted that there are differing opinions to whether these		

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	consumers will pose a risk to the adolescents on site and a comment that there are ongoing myths being perpetuated about forensic consumers. ▪ Furthermore, it was noted by staff from BAC that currently, forensic patients on leave already have access to the BAC grounds with no incident and question the validity of the claim around increased risk due to forensic consumers.		
4.2 **Draft model of service**	The following discussions were noted in reference to the draft model of service. (Please see attached) Service Elements_LMG_22 Ma **Discussion** **Education components** ▪ A concern was raised regarding the sustainability of a stand alone school with proposed changes to the current model. ▪ An 8 – 10 bed adolescent unit would not have the critical mass required for a school and would not be sustainable. Queensland Education (QED) would require at least 15 beds before it will allocate funds for a school. ▪ In this scenario, responsibility for adolescent schooling is with the locality where the consumer is from or the local high school. There are issues with this arrangement particularly regarding continuity, priority and time commitment from teachers. **Actions** Kev Rodgers to provide further words to the core educational component to strengthen this statement. **Child & Youth funding** ▪ Concern was raised regarding the allocation of any future funds that may become available to child and youth mental health services with proposed changes particularly in reference to Tier 2a. ▪ Confirmed that funding for child based services would not be transferred to adult mental health services. **Tier 2 - Day Program Services (Mon – Fri business hours)** ▪ There are already several day programs available across the state. The recommendation is to fund further additional programs. ▪ The challenge will be to determine where these additional programs will be located and the supporting infrastructure that may be required. ▪ The introduction of the term 'tiers' could cause confusion and should be aligned with the Clinical Services Capability Framework ▪ Noted that Level 6 of the CSCF aligns closer to the Tier 3 option. ▪ There was discussion regarding possible locations and configurations of day programs across the state. Funds from BAC could be used to establish day programs in areas such as the Gold Coast, Children's Health QLD CYMHS, West Moreton etc. However, any proposed locations, funding etc would need to be determined through a planning process. ▪ The addition of new day programs across the state i.e. Tier 2a and possibly the addition of a residential component (Tier 2b) should	Kev Rodgers	ASAP

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	meet the needs of these adolescents. ▪ There was a question regarding whether acute child & youth inpatient units could be utilised in the interim to meet the needs of adolescents prior to the establishment of a Tier 3 service. ▪ It was suggested that adolescents requiring more intensive services than possible from a Tier 2 service would not have their needs met if only Tier 2 is available. ▪ Furthermore, the issue of having long stay adolescent consumers in a short stay environment with unintentional consequences in an inpatient setting was again highlighted. o Staff burnout o Acutely unwell adolescents mixing with long stay patients o Increased incidence of seclusion **Tier 2b – Residential component** ▪ Some members were concerned with the Tier 2b option (NGO residential component). Primarily, that there were good and not so good benefits for this option. ▪ The residential component needs to be considered and explored in further detail. There will be some adolescent consumers that will require Tier 3 type services but not be acutely unwell however may require accommodation. ▪ Noted that if this was an option put forward, governance needed to remain with the Department of Health to maintain quality. ▪ One option considered is for the Department of Health (DoH) to have a residential contract. A service provider (whether private or non government) provides back up staff and accommodation and DoH provides clinical staff. ▪ A day program and accommodation provider combination would be similar to a step down arrangement. The accommodation provider does not necessarily have to be an NGO; it could be a private provider. **Tier 3** ▪ The majority of members were supportive of both Tier 2 and 3 with some concern regarding the inclusion of a NGO residential component. There is value in having a Tier 3 service because of long term benefits due to the constant care provided. ▪ Day programs need to be an appendage to a 24/7 model. The extended nature of such a program is conducive to development of culture and consistency and dedicated staff. ▪ The Chair clearly clarified with the ECRG members that Tier 3 will be included in the recommended model however, in the short term, the Tier 3 option will not be considered due to the absence of capital funding and location. ▪ Therefore, the ECRG needs to consider how to make Tier 2 work. ▪ Kevin Rodgers, PSM noted the following: o There is a cost to losing BAC including 25 years of culture, knowledge and experience. o There is a seamless relationship between education and health that will be forever lost.		

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Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	▪ The Chair acknowledged this statement and clarified again that the reality is that in the foreseeable future, Tier 3 will not be progressed. **Member opinions** ▪ A possible impact on inpatient beds if the Tier 3 is not implemented is that long stay patients will take up acute beds. This will need to be managed carefully and should include scoping of the current occupancy rates of adolescent units across the state. ▪ It was suggested that the current bed stock is not the issue but rather increasing capacity and having a combination of acute presentations with long term patients in the same unit. ▪ Hence, mixing two the types of consumers is not helpful. ▪ There is currently no evidence based alternative model for adolescents with mental health issues at the very severe end of the spectrum. It was suggested that rehabilitation cannot be implemented in an acute inpatient unit without the inclusion of activities and programs required. ▪ If however, there is no Tier 3/Level 6 available, the acute inpatient unit may be the only option. ▪ In reply to the two main reasons for BAC to close, Dr Sadler noted the following: o The Australian Council on Healthcare Standards (ACHS) regarding facility issues were not serious in his opinion. o The Extended Forensic Treatment Unit (EFTRU) will open soon. However, most patients of BAC have suicidal ideation and the risk of not having BAC as opposed to chance of an incident with a forensic client has not been weighed up. ▪ **Members of the ECRG unanimously supported the retention of the Tier 3 option in the recommended service model.**		
Current Day Programs	1. **Townsville** – 12 places in the day program. There is physical ability for more however the limiting factor is staff capacity. 2. **Mater –** 12 -15 places; always full 3. **Toowoomba –** approximately 14 places in its day program		
Preamble	▪ Dr Sadler offered to develop a preamble to include with the service model recommendations. Suggested that the following should be included: ▪ Existing service needs to be expanded rather than contracted ▪ Statements regarding the challenges faced by the ECRG in developing a recommended model ▪ The ideal model includes a full spectrum of services; this includes Tier 3. ▪ Combination of Tier 2 and Tier 3 as a compromise	Trevor Sadler	ASAP
5.0	**Forward Agenda Items**		
5.1	1. Budget and staffing profile	MHAOD	
Next Meeting:	**Date:** 24 April 2013		

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EXHIBIT 213

Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

Agenda Item	Action/Outcome/Update	Accountable Officer	Due Date
	Time: 9.00 – 10.30am **Venue:** Butterfield St Level 2 Conference Room (Room 2.2 CR)		

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EXHIBIT 213

Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

Expert Clinical Reference Group: Action Table – 2012 - 2013				
Item	**Actions**	**Accountable Officer/s**	**Due Date**	**Status**
19	Forward ADAWS model of service to secretariat for distribution to the group	Amanda Tilse	Asap	
20	Further development of service elements with reference to alternative models in preparation for discussion at the next scheduled meeting	Members	By next meeting	Revised service elements with reference to alternative models developed for discussion **27.02.2013** Members to work out of session to revise the service elements table. **13.03.2013** Workshop to progress service elements and model components
21	Develop a draft power point presentation of a proposed service model based on workshop discussions	Chair Secretariat		

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