

## Children's Health Queensland Hospital and Health Service

The proposed service model for SW AETR does not focus on just a bed-based approach but rather looks at the continuum of care for extended treatment and rehabilitation. The Board discussed possible models for the various services in addition to discharge planning. The Board discussed the *National Draft Health Service Planning Framework* and the need to ensure CHQ is compliant. Early indications are that CHQ will meet all requirements except youth residential services and further work is continuing around this matter.

The Board discussed the Planning Framework and associated costs. Board members offered the following feedback in regard to leveraging and finding funding support:

- Support mechanisms are available, particularly in rural and regional areas; however appropriate channels are required;
- The second pillar for Medicare Locals is continuum of care and Medicare Local funds may be available; and
- The comprehensive approach will need to be inclusive of effective engagement with other HHSs.

The Chair noted that if there are funding gaps, these need to be clearly identified to the Board.

The Chair requested a fully developed model with costing be provided at the November 2013 Board meeting, as there is no scheduled December Board meeting.

**Action:**

**A fully developed and costed SW AETR Service Model will be tabled at the November Board meeting.**

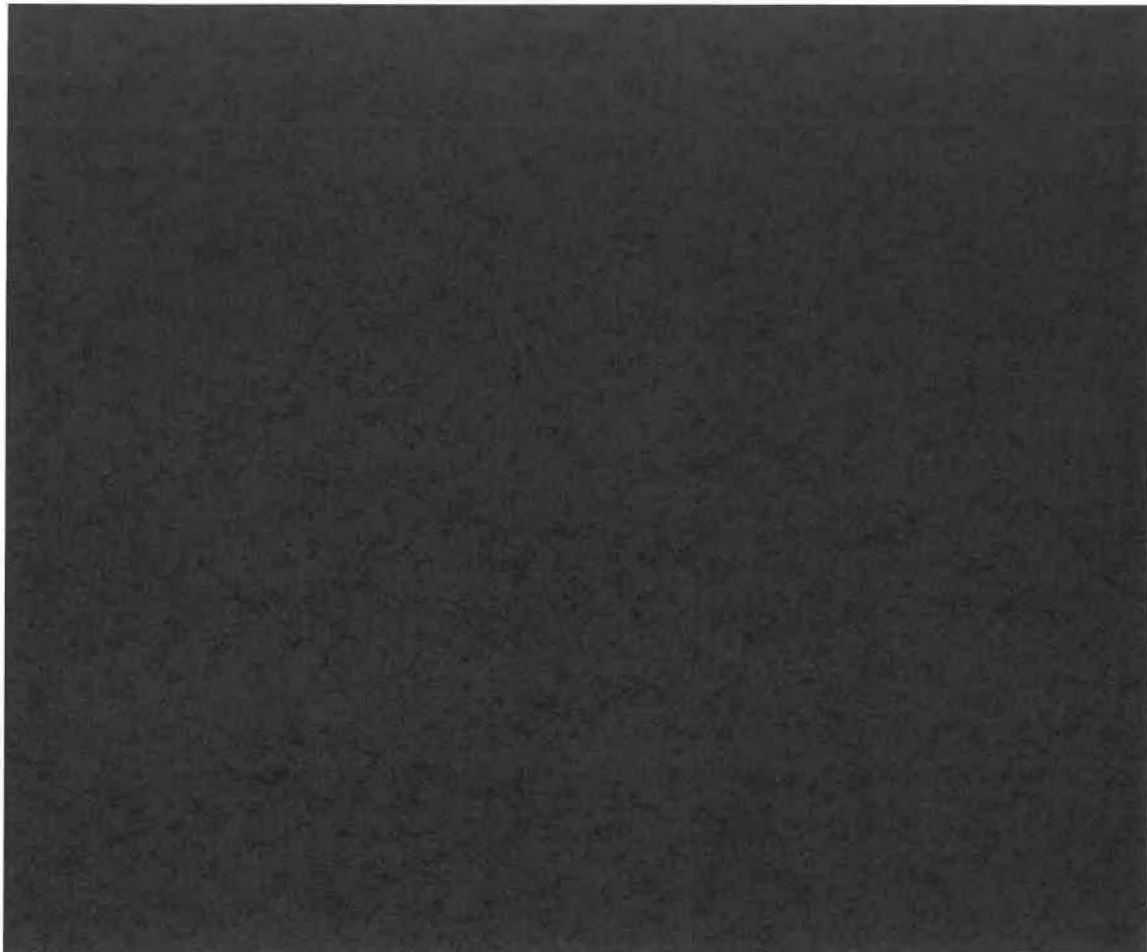
**Staff:**

**DD CYMHS**

**Resolution:**

**The Hospital and Health Board noted the progress of the Statewide AETR Initiative.**



**11 Close of Meeting**

The meeting was closed at approximately 4.00pm.

**12 Approval**

Cleared by the Chair as a correct record on 29 November 2013.

**Susan Johnston**

**Chair**

**Children's Health Queensland Hospital and Health Board**

**BOARD PAPER****NOVEMBER 2013**

**Agenda Item:** 3.2  
**Agenda Title:** Statewide Adolescent Extended Treatment and Rehabilitation Initiative Update  
**Sponsor:** Deborah Miller, A/Executive Director, Office of Strategy Management

**Resolution:** **The Board to note in principle endorsement of the statewide adolescent extended treatment and rehabilitation mental health model of care by the Chief Executive and Department of Health Oversight Committee.**

**The Board to note agreement by HHS and Departmental Leads on the transition care plan being implemented by West Moreton Hospital and Health Service.**

**Executive Summary:**

This paper provides an update on the development of a model of care for statewide adolescent mental health extended treatment and rehabilitation.

**Background:**

This paper refers to previous information provided in the 29 August and 31 October Board meetings.

On 15 November, a proposed model of care was presented to the Chief Executive and Department of Health Oversight Committee, who provide executive leadership and strategic direction for this initiative. The proposed model of care outlines five service options for extended treatment and rehabilitation (refer Attachment 3.2.1) and these are:

1. Assertive Community Treatment Service (ACTS) – a new service option providing mobile interventions in a community or residential setting; resourced with a minimum of two full time employees per ACTS team;
2. Day Program – an expansion of existing services with the addition of three day program units in South-East Queensland region; treating up to 15 adolescents per day per unit;
3. Step Up / Step Down Unit – a new service option providing short-term residential treatment by mental health specialists in partnership with a non-government organisation (NGO); up to 14 beds per unit located where there is NGO support;
4. Subacute Bed-based Unit – a new service providing medium-term, intensive, hospital-based treatment in a secure and safe environment; up to 10 beds on a hospital campus within the Children's Health Queensland (CHQ) catchment; and
5. Residential Rehabilitation Unit – a new service providing long-term accommodation and recovery-oriented treatment in partnership with NGOs together with inreach services provided by mental health specialists; up to 10 beds per unit located where there is NGO support.

The above services are supported by existing Community Child and Youth Mental Health Services and acute inpatient units located throughout Queensland.

The following points were raised with the Committee:

- 65% of young people reside within south-east Queensland, from the Sunshine Coast to the Gold Coast and west to Ipswich<sup>1</sup>. This data will be considered during the prioritisation of service implementation;
- There is a need for flexibility in the upper age limit, which is currently set at 17 years of age. The developmental age of some adolescents is not reflective of their chronological age and service options are needed for young people up to 21 years of age; and
- There is a current short fall in clinical child and youth mental health staff in Queensland. The 2017 target for full time equivalent (FTE) staff is estimated at 14 FTEs per 100,000 population<sup>2</sup>. As at June 2012, child and youth mental health FTEs were 58% of the total number of staff needed to meet this target. Regional, rural and remote areas face the greatest challenges in recruiting and retaining staff.

<sup>1</sup> Source: Australian Bureau of Statistics 2011 Census Data

<sup>2</sup> Community Mental Health Services Full Time Equivalent Report, Mental Health Alcohol and Other Drugs Branch, Qld Health

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## Children's Health Queensland Hospital and Health Service

The Committee has endorsed the model in principle, subject to further work exploring the implementation requirements of the service options, with specific focus on:

- Funding to support service implementation over the next four years;
- Availability of a skilled workforce to deliver services;
- Inter-government linkages with Department of Education, Employment and Training, and the Department of Housing; and.
- Procurement timeframes to engage the non-government sector.

In the interim, West Moreton Hospital and Health Service (WMHHS) is developing a transition service model for existing Barrett Adolescent Centre (BAC) consumers. This will be a phased process commencing with a holiday program at the BAC driven by clinical staff. Over the school holidays, WMHHS will establish an Intensive Outreach Team and a Day Program based at Goodna in preparation for the closure of the BAC at the end of January 2014. Concurrently, WMHHS will explore supportive accommodation (comprising three or four beds) in partnership with a non-government organisation. These transition services will remain in place until the future service options are implemented.

The next steps for this initiative are:

- Undertake broad consultation on the proposed model of service, including engagement with consumers, families and carers through the establishment of a Consumer and Family Reference Group; and
- Develop a Service Implementation Plan, inclusive of business case, which will identify funding options for service implementation over a four-year timeframe.

#### Recommendation:

It is recommended that the Board note in principle endorsement of the statewide adolescent extended treatment and rehabilitation (SW AETR) mental health model of care by the Chief Executive and Department of Health Oversight Committee, and further note agreement by HHS and Departmental Leads on the transition care plan being implemented by WMHHS.

#### Issues:

The closure of the BAC and the adoption of an alternative service model are contentious. Many stakeholders continue to advocate for the continuation of the BAC model of care. There is also significant consumer / carer, community, mental health sector and media interest about the future of the BAC and the extended mental health care for adolescents. The CHQ HHS has developed a Communications Plan to address these concerns and keep stakeholders informed of developments (refer to Attachment 3.2.2).

#### Strategy Implications

This initiative is aligned to CHQ HHS Strategic Direction: *Leading the provision of quality health care for children and young people*, and the CHQ HHS Pillar of Quality and Safety, through the provision of an evidence-informed model of care for statewide adolescent extended treatment and rehabilitation services.

#### Financial Implications

The model of care provides indicative figures to fund clinical services. These figures are subject to confirmation by professional leads in medicine, nursing and allied health.

Current identified funding will be insufficient to implement the full spectrum of service options proposed. An Implementation Plan, inclusive of a Business Case, will be developed to seek funding for a progressive rollout of services.

#### Risk Analysis

Identified Risk	Risk Likelihood (H,M,L)	Impact of Risk (H,M,L)	Strategy to Manage Risk
Critical incident with an adolescent prior to availability of new or enhanced service	H	H	<ul style="list-style-type: none"> <li>• Appropriate Consumer Clinical Care Plans</li> <li>• Clear communication strategies with service providers regarding the development and rollout of service options</li> <li>• Develop an escalation process for referral of consumers</li> </ul>

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Identified Risk	Risk Likelihood (H,M,L)	Impact of Risk (H,M,L)	Strategy to Manage Risk
options			whose needs fall outside of existing service options
Reputational and political implications from any adverse incidents or media	H	H	<ul style="list-style-type: none"> <li>• Clear communication strategies regarding impact of change and benefits</li> <li>• Proactive workforce and community engagement</li> <li>• Regular communication to Premier, Minister, Mental Health Commissioner, and CEs regarding initiative, to keep fully informed of progress and issues</li> <li>• Activities undertaken as per CHQ Communications Plan</li> </ul>
Availability of skilled resources to provide future services	H	H	<ul style="list-style-type: none"> <li>• Develop a recruitment strategy appropriate for the sector.</li> </ul>
Absence of capital and growth funding to support services	H	H	<ul style="list-style-type: none"> <li>• Utilise existing operational funds</li> <li>• Explore operational expenditure options versus capital intensive options</li> <li>• Advocate for additional funding to support service options</li> </ul>

#### Corporate Governance and Compliance

The Project Manager will continue to report on milestone achievement and project expenditure for the SW AETR Initiative at fortnightly Steering Committee meetings and monthly Chief Executive and Department of Health Oversight Committee meetings. The endorsed governance framework for the initiative continues to be effective and ensures timely identification and resolution of issues as they arise.

The Board will be kept informed of the progress and outcomes of the initiative.

#### Management Responsibility

The Executive Director for this initiative is Deborah Miller, A/Executive Director, Office of Strategy Management. Day to day operational management is provided by Judi Krause, Divisional Director, Child and Youth mental Health Service (CYMHS).

#### Signing of Board Paper

\_\_\_\_\_  
Health Service Chief Executive

\_\_\_\_\_  
Date

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

Name:	Ingrid Adamson
Position:	Project Manager, SW AETRS
Name:	Stephen Stathis
Position:	Clinical Director, CYMHS
Name:	Judi Krause
Position:	Divisional Director, CYMHS

**Attachment 3.2.1:** SW AETR Proposed Model of Care

**Attachment 3.2.2:** Communications Plan

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Community Treatment Service		Day Program	Step Up/Step Down Unit	Subacute Bed-Based Unit	Residential Re-
ongoing recovery-oriented treatment, assertive treatment, and care intensive mobile interventions in a or residential setting.		Provides a flexible range of intensive therapy, extended treatment and rehabilitation options within a therapeutic milieu.	Provides short term residential treatment with services from specialist trained mental health staff with NGO support.	Provides medium term intensive hospital-based treatment and rehabilitation services in a secure, safe, structured environment.	Provides long term recovery-oriented services from specialist health staff with
		CYMHS	CYMHS / Acute Inpatient Unit	Statewide Admission Panel	CYMHS or Adult
intensive services required out of home address or living in residential accommodation. Risk of disengagement from treatment		Home environment is supportive enough to ensure safety and/or access to CYMHS. Does not require inpatient care. History of school exclusion or refusal. Poor social skills requiring group-based work. Live within a geographical area in proximity to the day program.	Young person requires increased intensity of treatment to prevent admission into acute inpatient units (Step Up). Enables early discharge from acute/sub-acute inpatient units (Step Down). Safety not ensured at home. Does not allow for involuntary detention as not gazetted MH facility.	Level of acuity or risk requires inpatient admission. Improvement in mental health not expected to occur within short term: measured in weeks/months. Requires therapeutic milieu not provided by acute inpatient unit. Allows for involuntary detention.	16-21 year olds treatment (Gillick criteria) Home environment enough to ensure safety access to mental health services Requires additional independent living Does not require
Need of bed-based or day program local community.		Business hours, Monday to Friday, with capacity for some extended hours.	24 x 7	24 x 7	Mental Health: extended hours. Residential: up to 24 hours
On-site basis		120 days; maximum of 180 days	28 days	120 days; maximum of 180 days	Up to 365 days
Staffing staff per service		10-15 adolescents per day	12-14 beds	8-10 beds; seclusion room	10 beds
Local schooling		On-site; Distance Education and/or support local schooling	In-reach; Distance Education and/or support local schooling	On-site and/or Distance Education	Support local schooling
/ CYMHS		Hospital campus or gazetted community mental health facility	Residential area located close to an acute mental health unit	Hospital campus	Residential area: close to acute
		Local HHS	Local HHS	CHQ HHS	Local HHS NGO operated
		\$1.056m	\$2.224m	\$3.993m	NGO staff \$0.5m CYMHS inreach
		Mater Toowoomba Townsville	Nil	Nil	Nil
Cape York, South Brisbane, Gold Coast, Ipswich, Toowoomba, Mackay, Townsville		North Brisbane (critical) South Brisbane (Logan) Gold Coast	North Brisbane South Brisbane North Qld  [Dependent upon NGO sector appetite; provider agnostic]	1 BBU in CHQ catchment	Cluster based (1 BBU)  [Dependent upon provider agnostic]
Some on-costs, e.g. cars, etc.)		\$3.168m	\$6.672m	\$3.993m	Staffing: \$0.651 costs per unit.
Mobile Youth Outreach Services (MYSOS), Victoria Intensive Team (Adult), Qld		Existing Qld Day Programs – endorsed state-wide Model of Service Adolescent Drug and Alcohol Withdrawal Service (ADAWS)	Y-PARC, Frankston and Dandenong, Victoria	Walker Unit, Concorde Hospital, NSW	Time Out House Therapeutic Residence Victorian Youth Residential Group Report Evaluation of the T

# Communications Plan

## Statewide Adolescent Extended Treatment and Rehabilitation Strategy

Version 1.0

November 2013

**Prepared by:** Damian Pointon, Media & Communications Manager  
**Department/Unit:** CHQ Communications & Engagement Unit  
**Telephone:**   
**Email:**

Revision history			
Date	Version.	Author	Description of revision
17/10/13	0.1	D. Pointon	First Draft
30/10/13	0.2	D. Pointon	Feedback on First Draft
06/11/13	0.3	I. Adamson/ D. Miller	Feedback on Second Draft
15/11/13	1.0	I. Adamson	Endorsed by CE DoH Oversight Committee and SW AETRS Steering Committee

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This document does not necessarily represent Queensland Health policy at this time. It is not intended for broader distribution.

## Background

The existing Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) in Wacol and provides a statewide service of extended treatment and rehabilitation for up to 15 adolescents with severe and complex mental health disorders. The BAC is a combined operation utilising staff from Queensland Health and Department of Education, Training and Employment.

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

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

On 6 August 2013, the Minister for Health, the Honourable Lawrence Springborg MP announced that from early 2014, Children's Health Queensland (CHQ) will be responsible for the provision of a new range of contemporary statewide service options for adolescents requiring extended mental health treatment and rehabilitation. Young people receiving care from the Barrett Adolescent Centre at that time will be supported through their transition to other contemporary care options that best meet their individual needs.

The primary goals of the Statewide Adolescent Extended Treatment and Rehabilitation Strategy (SW AETRS) are:

- » develop service options within a statewide mental health model of service for adolescent extended treatment and rehabilitation, within a defined timeline;
- » develop an Implementation Plan to achieve the alternative model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline (noting mobilisation of implementation activities will occur as a separate project phase);
- » ensure continuity of care for adolescents currently admitted to BAC, and on the wait list, through a supported discharge / transition process to the most appropriate care option/s that suit individual consumer needs, and that are located in (or as near to) their local community.
- » Discharge all adolescents from the BAC facility by end January 2014, to enable finalisation of The Park campus as an adult-only forensic and secure mental health service facility, noting that this is a flexible date dependent upon the needs of the consumer group.

## Scope

This communication plan is designed to assist with the planning and delivery of effective engagement to all identified stakeholders of the SW AETRS for the period August 2013 to January 2014. The plan will:

- » Identify the key stakeholders for the project and their relevant interest areas;
- » Document the key messages which will be utilised when communicating information about the alternative model of service for adolescent mental health extended treatment and rehabilitation; and
- » Provide a communication action plan which identifies the tactics, audience, frequency and responsibilities in engaging with key stakeholders.

**This plan is intended for the use of:**

- » Statewide Adolescent Extended Treatment and Rehabilitation Strategy Project Team and Steering Committee
- » Children's Health Queensland Executive Management Team

**Objectives**

- » Ensure stakeholders are aware of the implementation of an enhanced model of service for adolescent mental health extended treatment and rehabilitation and understand the key impacts, benefits and outcomes of the project.
- » Engage key stakeholders to become champions and advocates for communicating key messages about the project.
- » Offer reassurance that continuity of high quality, safe mental health care for adolescents is our highest priority.
- » Promote a contemporary model of mental health care for Queensland adolescents
- » Increase awareness of the timeframes, processes and milestones of the implementation.
- » Gain and maintain the support of key stakeholders (internal and external), decision makers and influencers during the implementation through timely, open and accurate communication.
- » Implement effective communication processes and resources to encourage consultation with and support for stakeholders throughout the implementation of the project.

**Communication challenges**

- » The closure of the BAC has already attracted significant negative media attention. This is likely to continue until some definitive information about the future service model is communicated.
- » There is a perception that adolescents requiring longer term mental health inpatient treatment will no longer be able to access the treatment they need.
- » There is a perception that any model other than the BAC would be sub-standard.
- » Parents of current BAC patients have expressed concern that the scheduled closure of the BAC in January will not leave sufficient time to find alternative arrangements for their children's care and thus put them at risk.
- » Public health care in Queensland (including WMHHS) has undergone significant change over the past 18+ months. As a result, staff morale and the public image of public health care in Queensland has been on a downward trend. This appears to be improving however there are still a number of challenges facing CHQ and Queensland Health as the system manager including:
  - Managing community expectations and perceptions.
  - Developing new models of providing care and reconfiguring services with less reliance on the hospital and acute setting and more emphasis on patients being managed in the community setting.
  - Managing outcomes and resources when individual patient care may be provided in different locations and sectors.
  - Ensuring and demonstrating that our health service is safe and of high quality.



- Ensuring consumers and general public that not all service changes/restructures are merely a cost-saving initiative.

### Key stakeholders

The following table lists the stakeholders identified for the SW AERTS Initiative.

Stakeholder	Interest Area
<ul style="list-style-type: none"> <li>Existing BAC consumers and their parents/carers</li> <li>Existing and potential consumers and their parents/carers</li> <li>Current BAC staff (and their Union)</li> <li>SaveBarrett.org group</li> <li>Media</li> </ul>	How the SW AERTS will ensure continuity, quality and safety of services for their child.
<ul style="list-style-type: none"> <li>Children's Health Queensland (all staff), in particular:               <ul style="list-style-type: none"> <li>CHQ Board</li> <li>Executive Management Team</li> <li>CYMHS staff</li> </ul> </li> </ul>	Staying informed of the outcomes of the project and how it will improve the quality of services delivered by CHQ
<ul style="list-style-type: none"> <li>Other HHSs with acute inpatient units and mental health and specialised services</li> <li>Mental health executive directors, clinicians and other staff</li> <li>Mater Hospital</li> <li>NGOs, patient support groups, etc.</li> <li>Medicare Locals</li> <li>AMAQ</li> <li>Department of Employment, Training and Education</li> <li>Department of Housing and Public Works</li> </ul>	Staying informed of the outcomes of the project and how it will ensure continuity, quality, and safety of services for consumers.
<ul style="list-style-type: none"> <li>Divisional Director, CYMHS (Judi Krause)</li> <li>Clinical Director, CYMHS (Stephen Stathis)</li> </ul>	Steering Committee Co-Chair
<ul style="list-style-type: none"> <li>WM HHS Board, Executive, and Senior Management Team</li> <li>Mental Health, Alcohol and Other Drugs Branch</li> </ul>	Project Partner
<ul style="list-style-type: none"> <li>Minister for Health</li> <li>DDG Health Services and Clinical Innovation</li> <li>Queensland Mental Health Commissioner</li> </ul>	Strategic Oversight

### Key messages

Below are the high-level key messages for the identified stakeholders. These messages will be monitored and updated regularly.

### SW AERTS and future service delivery

- » Children's Health Queensland is working in partnership with West Moreton Hospital and Health Service, mental health experts, parents, and consumers to ensure Queensland adolescents have access to high-quality, effective extended treatment and rehabilitation mental health service options.
- » Continuity of high quality, safe care is our key priority.

- » Our goal is to ensure every adolescent in need of mental health services will receive the most appropriate care and support, in the most appropriate setting, as close to their family and community as possible.
- » All treatment and rehabilitation service options will be based on contemporary models of care and take into account the needs of adolescents and families across Queensland.
- » Treatment and rehabilitation will be tailored to the individual needs of consumers.
- » The provision of adolescent mental health care will be enhanced through improved and strengthened inter-sectoral partnerships.

### **Project timeframe**

- » CHQ is not implementing a completely new care model. The closure of the Barrett Adolescent Centre has provided an opportunity to revisit the way we care for young people to ensure they receive appropriate, contemporary, family-centred services.
- » The Barrett Adolescent Centre is just one service on a continuum of adolescent mental health care provided by the Queensland Government.
- » CHQ and West Moreton Hospital and Health Service are confident that the spectrum of care currently available is capable of supporting the 11 young people currently admitted to the BAC, and the other 6 young people who visit as day patients.
- » CHQ and West Moreton Hospital and Health Service are committed to safe and individually appropriate care for each young person currently attending the Barrett Adolescent Centre.
- » There will be no gap in service delivery for patients when the BAC closes in January 2014. The safety and individual needs of each adolescent is our highest priority.
- » The closure of the Barrett Adolescent Centre at The Park Centre for Mental Health does not mean extended mental health treatment and rehabilitation services for young people will no longer be available in Queensland.
- » All existing patients of the Barrett Adolescent Centre will continue to receive the mental health care services and support they require once the centre is closed. They will be supported through every step of their transition process.

### **Reason for closure of the BAC**

- » The Park Centre for Mental Health (in which the BAC is located) has expanded in its capacity as a high-secure forensic adult mental health facility. It has been deemed that the BAC is no longer a suitable or safe place for adolescents.
- » It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high-secure care.
- » The existing infrastructure of the BAC is unable to be refurbished and the building will be decommissioned.
- » Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that will deliver the best outcomes.

**Spokespeople**

The people authorised to speak to internal and external audiences about the SW AERTS on behalf of CHQ HHS are:

- » Ms Susan Johnston, Chair, Children's Health Queensland Hospital and Health Board
- » Dr Peter Steer, Chief Executive, Children's Health Queensland Hospital and Health Service
- » Dr Stephen Stathis, Clinical Director, CYMHS (Co-Chair of SW AERTS Steering Committee and Clinical Lead)
- » Ms Judi Krause, Division Director, CYMHS (Co-Chair of SW AERTS Steering Committee)

### Communication Action Plan

The following communication action plan identifies the methods required to communicate messages to stakeholders. The plan will be updated regularly to ensure the plan remains relevant for the project.

Date/ Frequency	Communication activity	Target audience	Purpose/Messaging	Responsibility	Priority (H/M/L)
ASAP / November 2013	Page on CHQ internet (linked to/from WM HHS site)	Consumer Parents/carers	<ul style="list-style-type: none"> <li>Inform / educate / engage (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model)</li> <li>Offer reassurance</li> <li>Provide fact sheets / FAQs</li> <li>Provide contact details for more information</li> </ul>	Comms/ SW AERTS Project Team	H
ASAP / November 2013	Page on CHQ intranet (linked to/from WM HHS intranet site)	Current BAC staff CHQ staff Mental Health Staff	<ul style="list-style-type: none"> <li>Inform / educate (e.g. project updates)</li> <li>Offer reassurance</li> <li>Provide contact details for more information</li> </ul>	Comms/ SW AERTS Project Team	H
ASAP / November 2013	Fact sheets /FAQs (Included on web pages above)	Consumers Parents/carers Media	<ul style="list-style-type: none"> <li>Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model)</li> <li>Offer reassurance</li> <li>Provide contact details for more information</li> </ul>	Comms/ SW AERTS Project Team	H
ASAP Ongoing	Meetings with current BAC families / carers	BAC Consumers / Parents / Carers	<ul style="list-style-type: none"> <li>Inform and engage BAC consumers and parents</li> <li>Educate parents about options</li> <li>Offer reassurance</li> </ul>	WM HHS	H
ASAP Ongoing	Meetings with BAC staff	BAC staff	<ul style="list-style-type: none"> <li>Inform / educate (e.g. project updates) to ensure they have accurate information for patients and families.</li> <li>Offer reassurance / thank them for support</li> <li>Make them advocates of future service delivery</li> </ul>	WM HHS	H
ASAP December 2013	Contact with current BAC families	BAC Parents / Carers	<ul style="list-style-type: none"> <li>Personally acknowledge family's situation and the anxiety they may have experienced in past</li> </ul>	SW AERTS Project Team	H

Date/ Frequency	Communication activity	Target audience	Purpose/Messaging	Responsibility	Priority (H/M/L)
			months <ul style="list-style-type: none"> <li>○ Introduce CHQ and role they will play in the future care of their child</li> <li>○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model).</li> <li>○ Offer reassurance</li> </ul>		
ASAP	Contact with the Departments of: <ul style="list-style-type: none"> <li>• Education, Employment &amp; Training</li> <li>• Housing &amp; Public Works</li> </ul>	Education and Housing Staff	<ul style="list-style-type: none"> <li>○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model).</li> <li>○ Work collaboratively to deliver enhanced model of service.</li> </ul>	SW AERTS Project Team	H
Jan 2014	Media Statement and/or Press Conference	Media All stakeholders	<ul style="list-style-type: none"> <li>○ Inform / educate re BAC closure and future model of care</li> <li>○ Offer reassurance</li> </ul>	Board Chairs of WM HHS and CHQ HHS	H
As needed / Key project milestones	Media statements	Media All stakeholders	<ul style="list-style-type: none"> <li>○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model).</li> <li>○ Offer reassurance</li> <li>○ Possible milestones:               <ul style="list-style-type: none"> <li>○ Announcement of future model of care</li> <li>○ When last patient is transitioned out of BAC</li> </ul> </li> </ul>	Comms/ SW AERTS Project Team	M
Ongoing	Presentation to Staff Forums	CHQ staff, CYMHS, and Mental Health Forums	<ul style="list-style-type: none"> <li>○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model)</li> </ul>	SW AERTS Project Team / Comms	M
2014 *when future plans known	E-alert	All QH staff	<ul style="list-style-type: none"> <li>○ Inform / educate (e.g. aim of project, timeline, updates, outcomes, next steps, promote benefits of enhanced model)</li> <li>○ Promote link to website</li> </ul>	SW AERTS Project Team / Comms	M

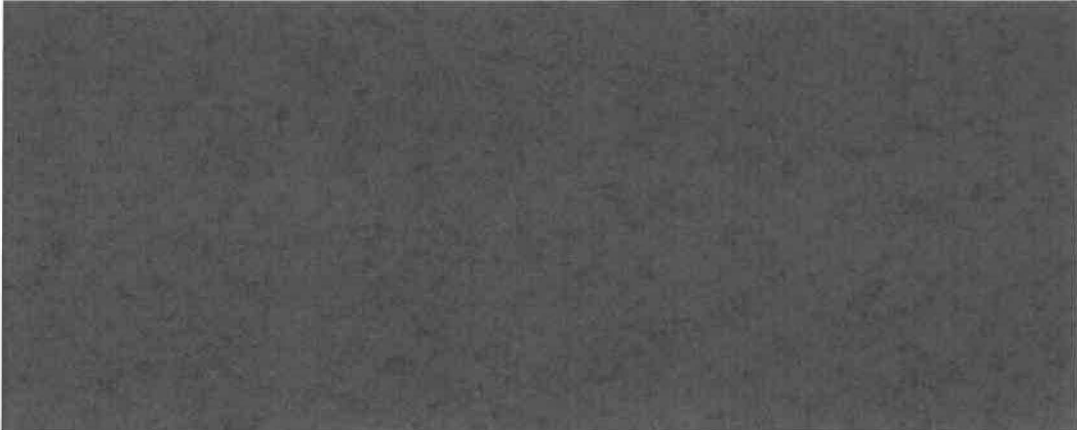
# **Health Service Chief Executive Report Dr Peter Steer**

**November 2013**



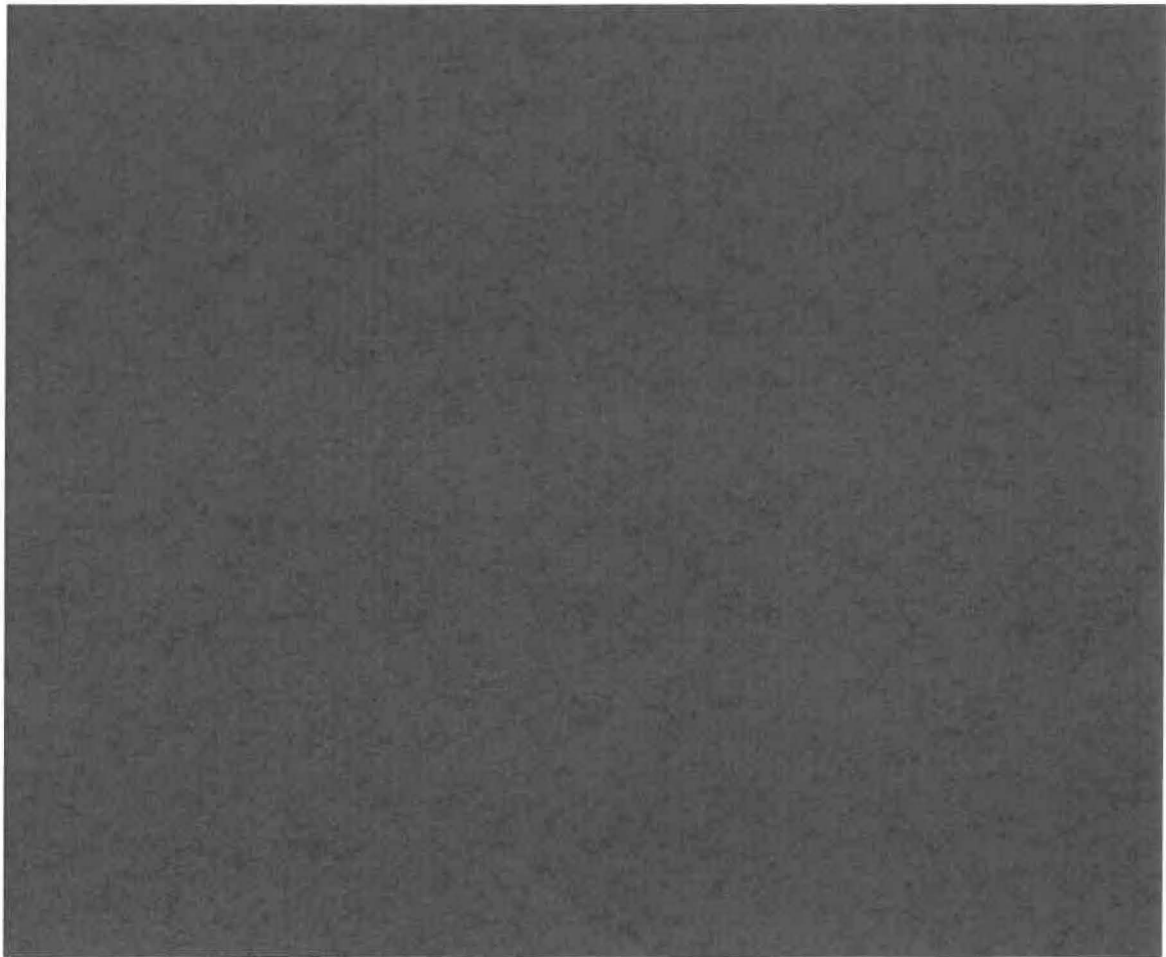
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**Statewide Adolescent Extended Treatment and Rehabilitation Initiative  
(incorporating the Barrett Adolescent Centre)**

Please refer to the separate Briefing Note discussed previously at agenda item 3.2.



## KEY MEETINGS

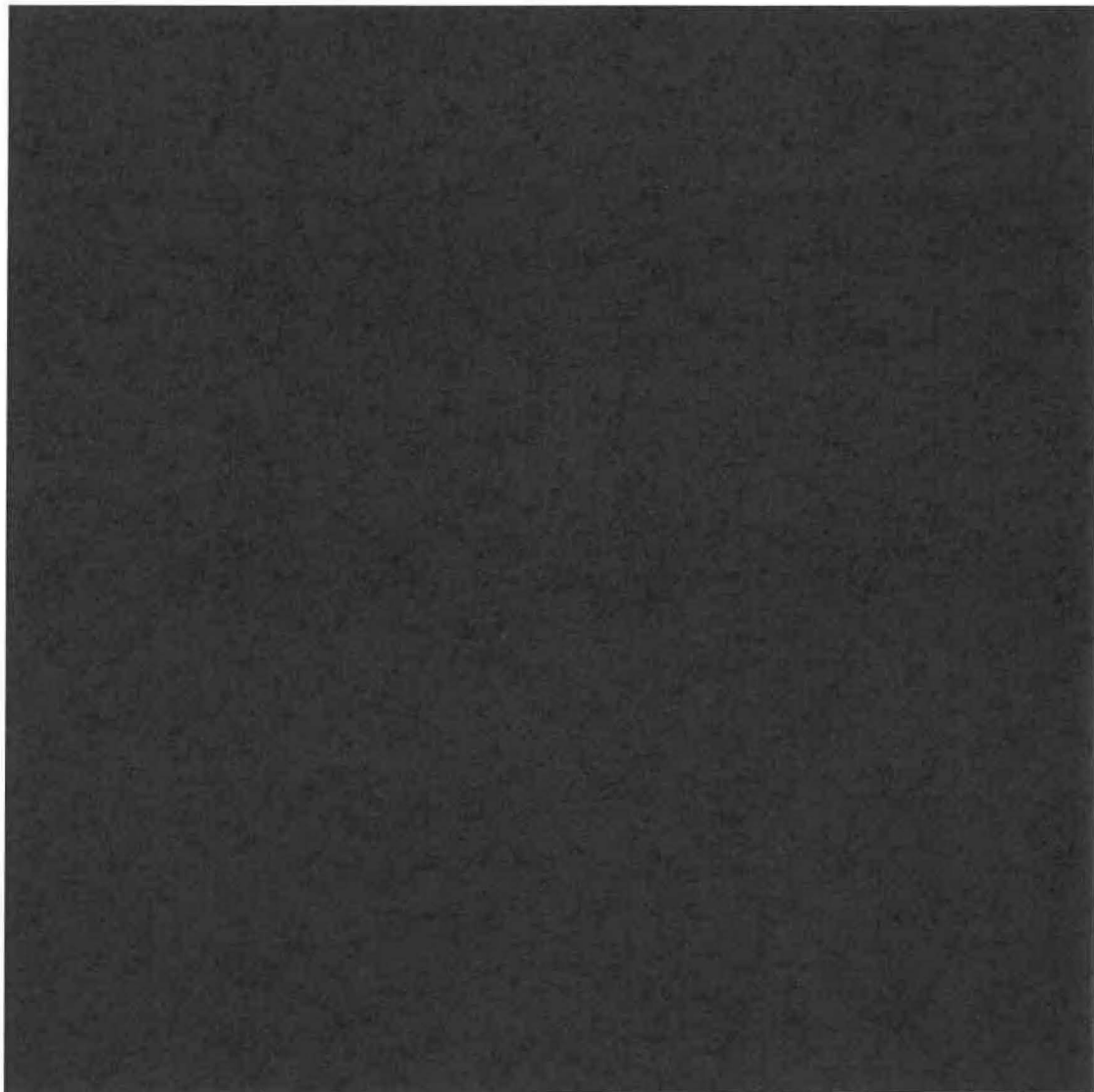


October 16 –

Teleconference with key stakeholders regarding BAC

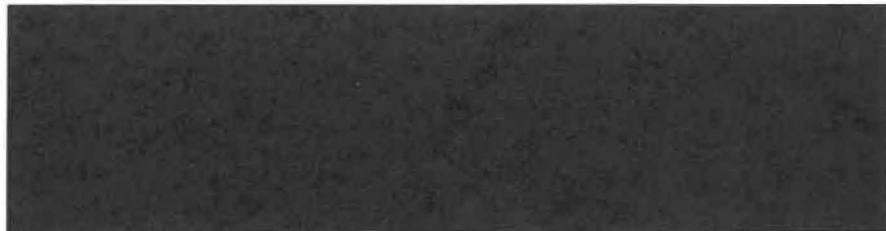
October 17 –

Meeting with Chief Executives and DoH Oversight Committee regarding BAC



**Minutes of the Children's Health Queensland Hospital and Health Board Meeting****Boardroom, Level 5 – Woolworths Building, Royal Children's Hospital****28 November 2013****Meeting Open:** 9:30am**Present:** Board Chair: Susan Johnston

Board Members: Jane Yacopetti (Deputy Chair), Andrea O'Shea, David Gow, Dr David Wood, Dr Leanne Johnston, Eileen Jones, Georgie Somerset, Paul Cooper

**In Attendance:** Dr Peter Steer (Health Service, Chief Executive (HSCE)), Sue McKee (General Manager, Operations (GMO)), Loretta Seamer (Chief Finance Officer (CFO)), Deborah Miller (A/Board Secretary), Nikki Marriott (Executive Support Officer & Meeting Secretariat)**Apologies:** Nil**Guests:** Agenda Item 3.2 – Dr Stephen Stathis (Clinical Director, CYMHS) and Ingrid Adamson (Project Manager, OSM)

<b>Minutes of the Previous Meeting</b> The minutes of the previous meeting were accepted without change.	

<u>Matters for Decision</u>	

### 3.2 – Statewide Adolescent Extended Treatment and Rehabilitation Initiative (SWAETR) (including Barrett Adolescent Centre (BAC))

Dr Stathis led the discussion for this agenda item with a summary as follows:

- By 13 December 2013, West Moreton Hospital and Health Service (HHS) will have developed a transitional plan for the BAC, accounting for the six week holiday period over Christmas and New Year;
- By 1 February 2014 all existing day units and acute care units in the state will be participating in the SW AETR initiative. The Board was provided with the locations of these units. A residential service has been secured with a day program running at Woollongabba;
- An overview of the admissions process, referral pathways and the model of care was provided with Dr Stathis noting CHQ will be linking closely with the Clinical Director, Child and Youth Mental Health Services, MHS;
- The Board discussed transition plans already underway and the support services being provided to BAC;
- Funding was discussed in detail by the Board with a draft business case and implementation plan to be submitted at for the January 2014 Board meeting. Several funding options will be presented including Non-Government Organisations and the Children's Hospital Foundation Queensland (CHFQ);
- The Board discussed funding opportunities and in particular, philanthropic funds that may be available for use in the rural remit;
- Length of stay for BAC patients and community and consumer engagement was discussed by the Board; and
- It was noted that engagement with other HHSs will be required, in particular the Board agreed that CHQ should remain the fund holder;

The Board acknowledged the tremendous work completed and the Chair requested a brief on this initiative prior to a meeting with the Minister on 2 December 2013.

**Action:** The Board endorsed the work completed to date and supports further work as outlined by Dr Stathis on the Placement Model.

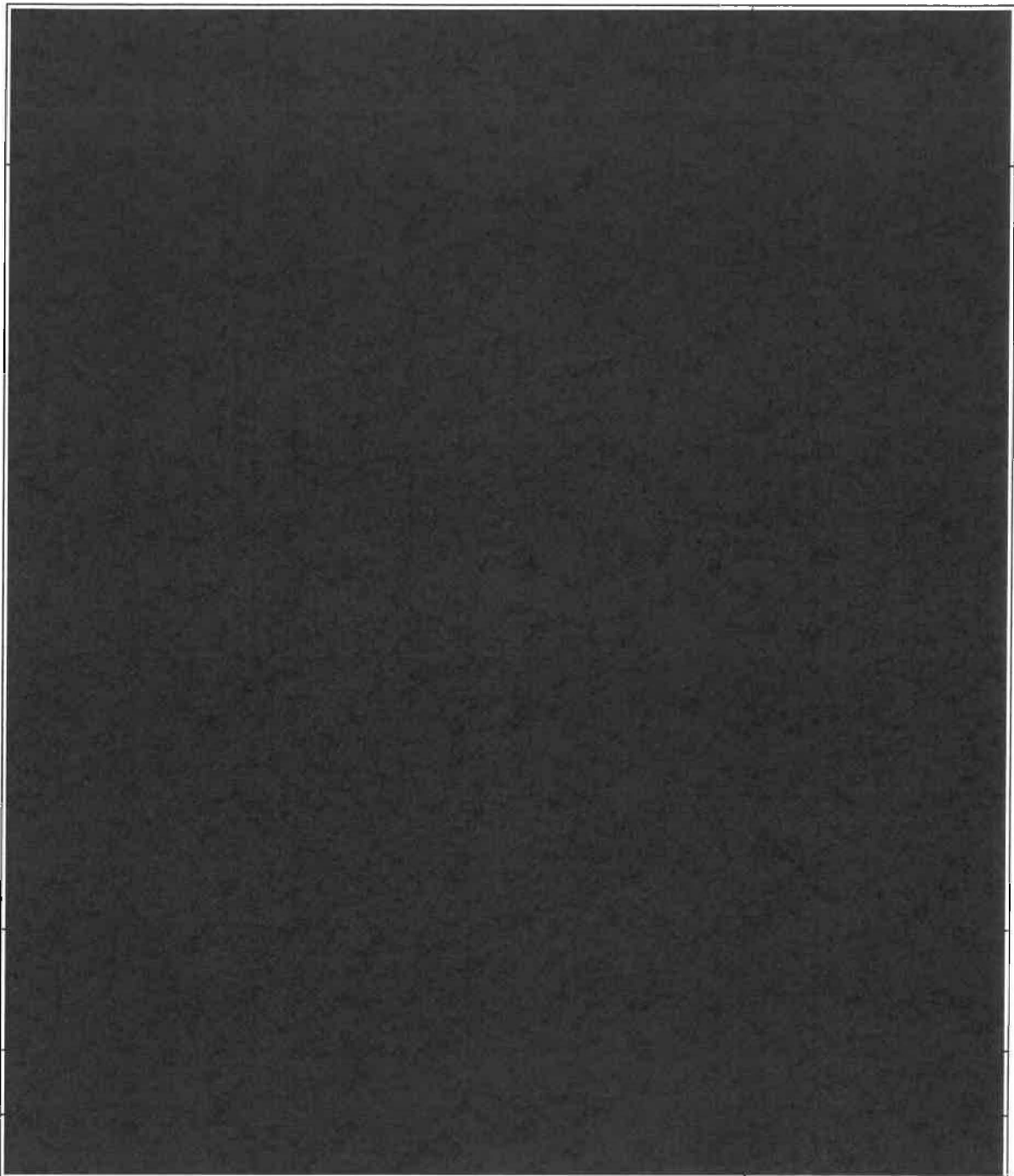
**Action:** The Board noted the agreement by HHS and Department Leads on the transition care plan being implemented by West Moreton HHS.

**Action:** Dr Stathis and Ms Ingrid Adamson will meet with Ms Georgie Somerset to further discuss rural funding opportunities.

**Action:** A SW AETR briefing paper is required for the Chair prior to 2 December meeting with the Minister.







The meeting closed at 4:30pm

Signed by the Board Chair: \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Action	Who	When
BAI235 and BAI238 will be updated as per feedback from the Board (BAI239).	A/Board Secretary	November 2013



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**BOARD PAPER****January 2014**

**Agenda Item:** 3.2  
**Agenda Title:** Adolescent Mental Health Extended Treatment Initiative  
**Sponsor:** Deborah Miller, A/Executive Director, Office of Strategy Management

**Resolution:** **The Board to note progress of the adolescent mental health extended treatment initiative.**

**Executive Summary:**

This paper provides an update on the development of a model of care for statewide adolescent mental health extended treatment and rehabilitation.

**Background:**

This paper refers to previous information provided at the August, October and November Board meetings.

At the November meeting, the Children's Health Queensland Hospital and Health Service (CHQ HHS) Board endorsed a proposed model of care outlining five service options for extended treatment and rehabilitation, which include:

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

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

A draft Business Case, including indicative implementation, has been developed, and a summary of this is provided in the table below. The first tier of implementation (2014 A in blue) identifies services recommended for implementation utilising existing operational funding. This is based on an estimate of what CHQ understands is available. CHQ has requested confirmation from the Mental Health, Alcohol and Other Drugs Branch.

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

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

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## Children's Health Queensland Hospital and Health Service

**Adolescent Mental Health Extended Treatment Initiative Business Case Summary:**

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

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

In the interim, West Moreton Hospital and Health Service (WM HHS) has implemented a transition service model for existing Barrett Adolescent Centre (BAC) consumers. This commenced with an activity program at the BAC over the school holidays, and the establishment of supportive accommodation (a residential rehabilitation unit comprising up to five beds) in partnership with Aftercare at Greenslopes. This residential service is the first of its kind in Queensland and will be used as a pilot for future services.

As at the writing of this paper, only [redacted] as inpatients at the BAC. Transition planning is underway to transfer these consumers to alternative care arrangements by the end of January 2014. As this is an evolving situation, a verbal update regarding transition progress will be provided at the Board Meeting.

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

The next step for this initiative is to finalise the draft Business Case seeking recurrent funding for service implementation over a four year timeframe. Delivery of services identified in 2014 B onward will require new recurrent funding. The Business Case will be submitted to the Department of Health Service Agreement Unit through the next Relationship Management Group Meeting on the 14<sup>th</sup> February 2014.

#### Recommendation:

It is recommended that the Board note the progress of the statewide adolescent extended treatment and rehabilitation initiative, and further note the progress of the transition care plan being implemented by WM HHS.

#### Issues:

The closure of the BAC and the adoption of an alternative service model are contentious. Many stakeholders continue to advocate for the continuation of the BAC model of care. There is also significant consumer / carer, community, mental health sector and media interest about the future of the BAC and the extended mental health care for adolescents. A Ministerial Brief is currently under development, in partnership with WM HHS, to advise of the closure of the Barrett and the proposed services in the future model of care. The Minister's advice will be sought in regard to his willingness to participate in a media announcement at this time. If the Minister does not wish to make an announcement, it is intended that the Chair, CHQ, will do so (in relation to the new initiatives).

#### Strategy Implications

This initiative is aligned to CHQ HHS Strategic Direction: *Leading the provision of quality health care for children and young people*, and the CHQ HHS Pillar of Quality and Safety, through the provision of an evidence-informed model of care for statewide adolescent extended treatment and rehabilitation services.

#### Financial Implications

Current identified funding will be insufficient to implement the full spectrum of service options proposed. An Implementation Plan, inclusive of a Business Case, has been developed to seek funding for a progressive rollout of services.

#### Risk Analysis

Identified Risk	Risk Likelihood (H,M,L)	Impact of Risk (H,M,L)	Strategy to Manage Risk
Critical incident with an adolescent prior to availability of new or enhanced service options	H	H	<ul style="list-style-type: none"> <li>• Appropriate Consumer Clinical Care Plans</li> <li>• Clear communication strategies with service providers regarding the development and rollout of service options</li> <li>• Develop an escalation process for referral of consumers whose needs fall outside of existing service options</li> </ul>
Reputational and political implications from any adverse incidents or media	H	H	<ul style="list-style-type: none"> <li>• Clear communication strategies regarding impact of change and benefits</li> <li>• Proactive workforce and community engagement</li> <li>• Regular communication to Premier, Minister, Mental Health Commissioner and Chief Executives regarding initiative, to keep fully informed of progress and issues</li> <li>• Activities undertaken as per CHQ Communications Plan</li> </ul>
Availability of skilled resources to provide future services	H	H	<ul style="list-style-type: none"> <li>• Develop a recruitment strategy appropriate for the sector</li> </ul>
Absence of capital and growth funding to support services	H	H	<ul style="list-style-type: none"> <li>• Utilise existing operational funds</li> <li>• Explore operational expenditure options versus capital intensive options</li> </ul>

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