

Meeting Agenda

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	1 st September 2014
Time:	9am – 10.30am
Venue:	CYMHS Board Room Citilink Building 2, Foyer 4, Level 2, 153 Campbell Street, Bowen Hills
Video/ Teleconference Details:	Teleconference Details: <u>** Please advise secretariat if you want to dial in **</u>

Chair/s:	Judi Krause	Divisional Director CYMHS CHQ HHS
	Stephen Stathis	Clinical Director CYMHS CHQ HHS
Secretariat:	Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Attendees:	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
	Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services, WM HHS
	Raymond Ho	Clinical Services Program Manager, Metro South Addiction and Mental Health Service, Metro South HHS
	Josie Sorban	Director of Psychology, CHQ HHS
	Marie Kelly	A/Director Planning and Partnership Unit, MHAODB
Video Conf.		
	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater Hospital
		Carer Representative
		Consumer Representative
Apologies:		
Guests:		

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

1. Presentations

Item no	Item	Action Officer
1.0	• Nil	

2. Meeting Opening

Item no	Item	Action Officer
2.1	Welcome and Apologies	Chair

Children's Health Queensland Hospital and Health Service

2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting (<i>attached</i>)	Chair

3. Business Arising from previous minutes

Item no	Item	Action Officer
3.1	<ul style="list-style-type: none"> Resi Service Evaluation Plan – feedback from Committee 	Chair

4. Matters for Decision

Item no	Item	Action Officer
4.1	<ul style="list-style-type: none"> Nil 	

5. Matters for Discussion

Item no	Item	Action Officer
5.1	<ul style="list-style-type: none"> Nil 	

6. Standard Agenda Items

Item no	Item	Action Officer
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS recruitment Resi Rehab operations Day Program establishment Subacute inpatient beds 	Chair
6.2	Consumer Update <ul style="list-style-type: none"> Health Service Investigation Acknowledgement of Headspace support 	SS/LG SS/LG
6.3	Risk Management <ul style="list-style-type: none"> No new risks or change to existing risks. 	Chair
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Refer Monthly Project Status Report. 	Chair
6.5	Other business <ul style="list-style-type: none"> 	

7. Matters for Noting

Item no	Item	Action Officer
7.1	Major correspondence <ul style="list-style-type: none"> 	SS

8. For Information (papers only)

Item no	Item	Action Officer
8.1	<ul style="list-style-type: none"> 	

Next MeetingDate: 6th October 2014

Time: 9am – 10.30am

Venue: CYMHS Board Room, Citilink Building 2, Foyer 4, Level 2, 153 Campbell Street, Bowen Hills

**Children's Health Queensland Hospital and Health Service
Statewide Adolescent Extended Treatment & Rehabilitation Implementation
Steering Committee Action Item Register**

(Status Indicators: Red = Significant delay, Amber = Slight delay, Green = On Track and Blue = Completed)

Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
30/06/2014	5.1	Service Evaluation and BAC Review	Raise the idea of obtaining Resi footage with YPETRI Governance Committee - for use in promoting the service with CCYMHS staff	Stephen Stathis Ingrid Adamson	04/07/14	Awaiting confirmation from YPETRI Service Manager	
4/08/2014	5.1	Service Evaluation and BAC Review	LG to draft a document, noting the decision to discontinue the BAC Review, for submission to the CEs of WM HHS and CHQ HHS	Leanne Geppert	29/08/14		
4/08/2014	5.1	Service Evaluation and BAC Review	Susan Hunt to send LG information about discussions to date regarding the BAC review	Susan Hunt	10/08/14	Completed	
04/08/14	5.1	Service Evaluation and BAC Review	Members to email feedback on the Resi Service Evaluation Plan to Chair	All	22/08/14		
04/08/14	6.1	Service Implementation Update	██████████ to circulate link to Committee on 'Mindframe', which has resources and information on reporting suicide and mental illness.	██████████	04/08/14	Completed	
04/08/14	6.1	Service Implementation Update	Media release to be circulated to Committee, together with minutes.	Susan Hunt	26/08/14	Completed	

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date: 01/09/2014 **Time:** 09:00am **Venue:** Boardroom, CitiLink Building, Bowen Hills

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

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	[REDACTED]	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Resi Service Evaluation Plan – feedback has been received from [REDACTED] Remainder of committee asked to submit feedback. 	Provide feedback on Resi Service Evaluation Plan	Committee	19/09
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS: Three Service Level agreements have 			

Item No	Topic	Action	Comm'ee member	Due date
	<p>been signed by HHSs, with Metro South and North still to be received. Recruitment for the remaining Brisbane-based positions has commenced.</p> <ul style="list-style-type: none"> Resi: The Resi is now full with [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> TOHI update: In early August, SS visited the Time Out House Initiative (TOHI) in Cairns. This is run in collaboration with Aftercare. We were under the impression they were looking after young people with mild to moderate mental health problems between 22 and 25 years of age. SS discovered the cohort was quite severe and complex. The safety and care of these young people is of key concern and needs to be addressed with extra staffing. CHQ has asked Aftercare to provide a quote for an increase in staffing, and an increase in salary to attract a high level of skill for the house manager. Also looking at a review of the referral pathway, age of the cohort, and for the TOHI to provide a life skills program – bringing the TOHI more into line with the Resi. <p>Aftercare has provided a quote which CHQ will fund through 2013/14 service underspend. This can only be provided for the 2014/15 financial year. Future funding for the TOHI will need to be revisited prior to June 2015. SS has a meeting with Aftercare/ TOHI next Tuesday to discuss this further, and look at modifying into a Resi</p> <p>AC noted that there is a working party looking at referral pathways in Cairns. SS is hoping this group could be the governance party for referrals into the TOHI.</p> <ul style="list-style-type: none"> Day Program: CHQ continues to search for a suitable site. In the interim, the plan is to establish the day program at the Child and Family Therapy Unit (CAFTU) on the Royal Children's (RCH) campus. The unit will become available from end of November when staff move across to the Lady Cilento. This will provide an interim facility until a more permanent site can be located. CAFTU will also be used to house the AMYOS teams. Some minor works will be required to refurbish CAFTU. <p>The plan is to find a large enough space to house the AMYOS teams and Day Program. JS queried whether CAFTU could be used longer term. SS noted that ideally the day program is located further north so it is not the best site, and the entire campus will be unavailable from June 2015.</p>			

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> Subacute Beds: [REDACTED] – no other referrals received to date. 			
6.2	<p>Consumer Update</p> <ul style="list-style-type: none"> The DG of Health has called an external health service investigation into the transition planning for consumers who were at the Barrett. CHQ has provided documentation as provided to the Steering Committee and CE Oversight Committee. WM HHS welcomes the investigation and notes that all information provided through the investigation is highly confidential. The final report is due by mid-September but it is anticipated that it could take longer. [REDACTED] SS acknowledged the support being provided by Headspace of both ex-BAC consumers and current consumers. It is sincerely appreciated. SS is confident that it will be found that the transition plans prior to the closure of the Barrett were as good as could be expected with the resources available at that time. SS acknowledges that it has been a difficult time for people. [REDACTED] asked if there is information on what we have researched and put in place. [REDACTED] noted that there is a lot of negative communication on Facebook due to the lack of information on new services and how these were arrived at. SS noted that there have been newspaper articles and the 7.30 Report, where SS has discussed what we have done however very little of this information makes it into those articles or the 7.30 report. The media have only chosen minimal detail. It was noted that the current website information does not include references to services in other states that were researched in the preparation of the Qld service – that similar services are being successfully delivered in other states. IA will follow up with the CHQ Media and Comms team to improve the information presented on the AMHETI web page. [REDACTED] has offered to put a link up on Facebook. RH suggested also putting out a message to consumer consultants. 	Speak to CHQ Media and Comms regarding improved information on web page – send link to committee for circulation.	IA	26/09
6.3	<p>Risk Management</p> <ul style="list-style-type: none"> No new risks have been identified and no change to existing risks. 			

Item No	Topic	Action	Comm'ee member	Due date
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Presented Monthly Status Report and Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> There has been quite a bit of correspondence in response to the recent sentinel events. SS noted the opposition (Labour Party) has released a statement about services they would establish if successfully voted in, including establishment of a 22 bed Barrett Centre, and a review the AMYOS and Resi services. 	Circulate link to the opposition's report.	IA	05/09
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			

Next meeting: Monday 20th October 2014, 9am – 10am

CYMHS Board Room, Citilink Building 2, Foyer 4, Level 2, 153 Campbell Street, Bowen Hills

Meeting Agenda

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	20 th October 2014
Time:	9am – 10am
Venue:	CYMHS Board Room Citilink Building 2, Foyer 4, Level 2, 153 Campbell Street, Bowen Hills
Teleconference Details:	

Chair/s:	Judi Krause	Divisional Director CYMHS CHQ HHS
	Stephen Stathis	Clinical Director CYMHS CHQ HHS
Secretariat:	Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Attendees:		
Tele Conf.	Bretine Curtis – Proxy for L Geppert	A/Director of Strategy, Mental Health & Specialised Services, WM HHS
	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
	Raymond Ho	Clinical Services Program Manager, Metro South Addiction and Mental Health Service, Metro South HHS
	Josie Sorban	Director of Psychology, CHQ HHS
	Marie Kelly	A/Director Planning and Partnership Unit, MHAODB
Tele Conf.		
	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater Hospital
		Carer Representative
		Consumer Representative
Apologies:		
	Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services, WM HHS
Guests:		

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

1. Presentations

Item no	Item	Action Officer
1.0	• Nil	

2. Meeting Opening

Item no	Item	Action Officer
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting (<i>attached</i>)	Chair

3. Business Arising from previous minutes		
Item no	Item	Action Officer
3.1	<ul style="list-style-type: none"> Improved information on website – update 	IA

4. Matters for Decision		
Item no	Item	Action Officer
4.1	<ul style="list-style-type: none"> Nil 	

5. Matters for Discussion		
Item no	Item	Action Officer
5.1	<ul style="list-style-type: none"> Nil 	

6. Standard Agenda Items		
Item no	Item	Action Officer
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS recruitment Resi Rehab operations Day Program establishment Subacute inpatient beds 	Chair
6.2	Consumer Update <ul style="list-style-type: none"> Health Service Investigation 	SS/LG
6.3	Risk Management <ul style="list-style-type: none"> No new risks or change to existing risks. 	Chair
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Refer Monthly Project Status Report. 	Chair
6.5	Other business <ul style="list-style-type: none"> 	

7. Matters for Noting		
Item no	Item	Action Officer
7.1	Major correspondence <ul style="list-style-type: none"> 	SS

8. For Information (papers only)		
Item no	Item	Action Officer
8.1	<ul style="list-style-type: none"> 	

Next Meeting

Date: 8th December 2014

Time: 9am – 10am

Venue: To be advised

**Children's Health Queensland Hospital and Health Service
Statewide Adolescent Extended Treatment & Rehabilitation Implementation
Steering Committee Action Item Register**

(Status Indicators: Red = Significant delay, Amber = Slight delay, Green = On Track and Blue = Completed)

Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
30/06/14	5.1	Service Evaluation and BAC Review	Raise the idea of obtaining Resi footage with YPETRI Governance Committee - for use in promoting the service with CCYMHS staff	Stephen Stathis Ingrid Adamson	04/07/14	Support given - now to be raised with CHQ Media and Comms	
04/08/14	5.1	Service Evaluation and BAC Review	LG to draft a document, noting the decision to discontinue the BAC Review, for submission to the CEs of WM HHS and CHQ HHS	Leanne Geppert	29/08/14		
04/08/14	5.1	Service Evaluation and BAC Review	Members to email feedback on the Resi Service Evaluation Plan to Chair	All	22/08/14	Completed - Two responses received	
01/09/14	6.2	Consumer Update	Speak to CHQ Media and Comms regarding improved information on web page – send link to committee for circulation.	IA	26/09/14	Content completed - awaiting publishing by Media and Comms	

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date: 20/10/2014 **Time:** 09:00am **Venue:** Boardroom, CitiLink Building, Bowen Hills

Chair:	Medical Director CYMHS CHQ HHS (SS)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Director Planning & Partnership Unit MHAODB (MK) Carer Representative
Apologies:	Divisional Director CYMHS CHQ HHS (JK) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) Director of Psychology, CHQ HHS (JS) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Consumer Representative
Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	MK	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Resi Service Evaluation Plan – feedback has been received by two committee members and will be incorporated. Improved information on AMHETI web page – link on Facebook – held up with LCCH web site update – will circulate link to new page when available. 	Circulate link to Committee, when available	IA	
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS: Recruitment – now fully recruited in Brisbane north, south and Red/Cab. 			

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> Townsville have interviewed (have 1 FTE and some part time interest in the clinicians). Will be delivering the 0.2 out of existing psychiatry hours. SS offered additional support from Brisbane if needed. Logan has just received confirmation that recruitment can progress to advertising. 0.2 psychiatry time will be absorbed by current resources. Toowoomba and Gold Coast have yet to update on their recruitment activities. Resi: The Resi is now at full capacity, with a small waiting list. There is growing awareness in the community CYMHS clinics regarding the service. SS advised that the lease on the current Resi house expires at the end of December. CHQ has decided to extend the current contract until 30 June 2015. Aftercare will attempt to extend the current lease for 6 months but if unsuccessful, he will lease for 12 months. asked whether consent will be sought from consumers and their guardians prior to resi footage being filmed. IA confirmed this would definitely be part of the process. TOHI update: MK advised that they have been progressing the contract with Aftercare. Recruitment has commenced. TOHI funding is still only available until June 2015. MK will follow up with Aftercare regarding the expiry date of the house lease for this service. MK advised that the Step Up/Step Down proposal is still under consideration by Treasury and there is no guarantee of approval. Won't have an outcome until March 2015. Day Program: CHQ continues to search for a suitable site. A site at Chermside was inspected last Thursday. IA advised that the barriers to finding an appropriate site is predominantly due to inappropriate size (too large or too small) or inappropriate zoning (e.g. residential or industrial). In the interim, the plan is to establish the day program at the Child and Family Therapy Unit (CFTU) on the Royal Children's (RCH) campus. Plan B would be to extend the use of CFTU beyond 30 June 2015; however, unclear who will own the property at that time. In the meantime, all staff have been recruited for the Day Program. Subacute Beds: We are of the understanding (informally informed) that The Mater is not strictly following the referral approach; however, with the Lady Cilento opening in 5 weeks, CHQ feels focus is better placed on developing a detailed model of service for when the beds transition to LCCH. 			

Item No	Topic	Action	Comm'ee member	Due date
6.2	Consumer Update <ul style="list-style-type: none"> The external health service investigation is continuing and the due date for the final report has been extended to end of October. CHQ doesn't expect to see the report until November. 			
6.3	Risk Management <ul style="list-style-type: none"> No new risks have been identified and no change to existing risks. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Presented Monthly Status Report and Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Nil 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: 15th December 9am – 10am; venue to be confirmed				

Meeting Agenda

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	15 th December 2014
Time:	9am – 10am
Venue:	To Be Confirmed
Teleconference Details:	

Chair/s:	Judi Krause	Divisional Director CYMHS CHQ HHS
	Stephen Stathis	Clinical Director CYMHS CHQ HHS
Secretariat:	Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Attendees:		
	Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services, WM HHS
	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
	Raymond Ho	Clinical Services Program Manager, Metro South Addiction and Mental Health Service, Metro South HHS
	Josie Sorban	Director of Psychology, CHQ HHS
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	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater Hospital
		Carer Representative
		Consumer Representative
Apologies:		
Guests:		

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

1. Presentations

Item no	Item	Action Officer
1.0	• Nil	

2. Meeting Opening

Item no	Item	Action Officer
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting (<i>attached</i>)	Chair

Children's Health Queensland Hospital and Health Service

3.	Business Arising from previous minutes	
Item no	Item	Action Officer
3.1	<ul style="list-style-type: none"> Improved information on website – update 	IA
4.	Matters for Decision	
Item no	Item	Action Officer
4.1	<ul style="list-style-type: none"> Nil 	
5.	Matters for Discussion	
Item no	Item	Action Officer
5.1	<ul style="list-style-type: none"> Nil 	
6.	Standard Agenda Items	
Item no	Item	Action Officer
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS recruitment Resi Rehab operations Day Program establishment Subacute inpatient beds 	Chair
6.2	Consumer Update <ul style="list-style-type: none"> Health Service Investigation 	SS/LG
6.3	Risk Management <ul style="list-style-type: none"> No new risks or change to existing risks. 	Chair
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Refer Monthly Project Status Report. 	Chair
6.5	Other business <ul style="list-style-type: none"> 	
7.	Matters for Noting	
Item no	Item	Action Officer
7.1	Major correspondence <ul style="list-style-type: none"> 	SS
8.	For Information (papers only)	
Item no	Item	Action Officer
8.1	<ul style="list-style-type: none"> 	
	Next Meeting	
Date:	To be advised	
Time:	9am – 10am	
Venue:	To be advised	

**Children's Health Queensland Hospital and Health Service
Statewide Adolescent Extended Treatment & Rehabilitation Implementation
Steering Committee Action Item Register**

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Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
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04/08/14	5.1	Service Evaluation and BAC Review	LG to draft a document, noting the decision to discontinue the BAC Review, for submission to the CEs of WM HHS and CHQ HHS	Leanne Geppert	29/08/14		

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date: 15/12/2014**Time:** 09:00am**Venue:**

Chair:	Medical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) Director of Psychology, CHQ HHS (JS) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Director Planning & Partnership Unit MHAODB (MK) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Consumer Representative Carer Representative
Apologies:	
Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	MK	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Improved information on AMHETI web page – 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS: Recruitment Townsville have interviewed (have 1 FTE and some part time interest in the clinicians). Will be delivering the 0.2 out of existing psychiatry hours. SS offered additional support from Brisbane if needed. 			

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> Logan has just received confirmation that recruitment can progress to advertising. 0.2 psychiatry time will be absorbed by current resources. Toowoomba and Gold Coast have yet to update on their recruitment activities. Resi: The Resi is now at full capacity, with a small waiting list. There is growing awareness in the community CYMHS clinics regarding the service. SS advised that the lease on the current Resi house expires at the end of December. CHQ has decided to extend the current contract until 30 June 2015. Aftercare will attempt to extend the current lease for 6 months but if unsuccessful, he will lease for 12 months. asked whether consent will be sought from consumers and their guardians prior to resi footage being filmed. IA confirmed this would definitely be part of the process. TOHI update: MK advised that they have been progressing the contract with Aftercare. Recruitment has commenced. TOHI funding is still only available until June 2015. MK will follow up with Aftercare regarding the expiry date of the house lease for this service. MK advised that the Step Up/Step Down proposal is still under consideration by Treasury and there is no guarantee of approval. Won't have an outcome until March 2015. Day Program: CHQ continues to search for a suitable site. A site at Chermside was inspected last Thursday. IA advised that the barriers to finding an appropriate site is predominantly due to inappropriate size (too large or too small) or inappropriate zoning (e.g. residential or industrial). In the interim, the plan is to establish the day program at the Child and Family Therapy Unit (CFTU) on the Royal Children's (RCH) campus. Plan B would be to extend the use of CFTU beyond 30 June 2015; however, unclear who will own the property at that time. In the meantime, all staff have been recruited for the Day Program. Subacute Beds: We are of the understanding (informally informed) that The Mater is not strictly following the referral approach; however, with the Lady Cilento opening in 5 weeks, CHQ feels focus is better placed on developing a detailed model of service for when the beds transition to LCCH. 			
6.2	Consumer Update <ul style="list-style-type: none"> The external health service investigation is continuing and the due date for the final report has been extended to end of October. CHQ doesn't expect to see the report until November. 			

Item No	Topic	Action	Comm'ee member	Due date
6.3	Risk Management <ul style="list-style-type: none"> No new risks have been identified and no change to existing risks. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Presented Monthly Status Report and Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Nil 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: XX 2015; 9am – 10am; venue to be confirmed				

Tuesday 10 and Wednesday 11 December 2013

Flight details	Itinerary TBA (Bernice arranging)	Accommodation	Grand Chancellor Brisbane, Spring Hill
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- 1 To share experiences and learnings associated with the models of care implemented in Victoria for adolescents with complex and multiple mental health problems:
 - Literature
 - Own professional experience and learnings with service models and as previous Chief Psychiatrist, Children and Adolescents
- 2 To provide professional comment on future service options as needed and planned by Children's Health Queensland.

Critique in a public setting of the current service provision of Adolescent Extended Treatment and Rehabilitation in Queensland.

1. Travel for Sandra (flights, taxi costs, incidentals and meals) – West Moreton HHS
2. Accommodation for Sandra – CHQ
3. Tea/coffee/food at information events (excluding dinner) – West Moreton HHS

Proposed Schedule: Sandra Radovini**Tuesday 10 and Wednesday 11 December 2013****Schedule:**

Date / Time	Event	Audience	Venue	Purpose	Cost	RSVPS
Tuesday 10 December 2013 11am onwards	Meeting	Judi Krause Stephen Stathis Ingrid Adamson	(CHQ) Springhill	Discuss the Qld proposed model of care for adolescent mental health services	Nil	
Tuesday 10 December 2013 2:30pm to 3.30pm	Professional Development - Information Session by Sandra Radovini	BAC Staff West Moreton CYMHS Staff	Dawson House Conference Room The Park Centre for Mental Health	To provide an opportunity for staff to hear about service delivery models from Victoria – CYMHS; complex care models for high risk adolescents; Take 2 Model of Service in Victoria.	Afternoon Tea to be provided by WM HHS – allowing informal discussion with Sandra following the presentation	
Tuesday 10 December 2013 6:30pm	Professional Development (Dinner) - Session by Sandra Radovini	College of Psychiatry Senior CYMHS Leaders from QH WM HHS, CHQ & MHAODB leaders	Era Bistro 102 Melbourne Street South Brisbane	Informal networking 20 min presentation with laptop/projector: Dr Sandra Radovini	\$65 per person (drinks excluded) – self funded	
Wednesday 11 December 2013 10am to 12pm	Information Session by Sandra Radovini, CHQ, WM HHS	Parent/s and carer/s of young people from BAC	Anderson House Conference room The Park Centre for Mental Health	To provide an opportunity for parents and carers to hear about <ol style="list-style-type: none"> 1. service delivery models from Victoria; 2. elements of CHQ new service options (consultation) 3. WM transitional service options Media Statement	Morning Tea to be provided by WM HHS	

Meeting Agenda

Chief Executive and Department of Health Oversight Committee

Date:	22 nd January 2014
Time:	9:00am
Venue:	Board Chair's Office, North Tower, RCH, Herston
Teleconference Details:	

A/Chair:	Dr Peter Steer	Health Service Chief Executive, Children's Hospital Queensland HHS
Secretariat:	Ingrid Adamson	Project Manager, SW AETRS, CHQ HHS
Attendees:	Mr Michael Cleary Mrs Lesley Dwyer Dr Richard Ashby Ms Julia Squire Ms Deb Miller Dr Bill Kingswell Mrs Leanne Geppert Judi Krause	Deputy Director General, Health Service and Clinical Innovation Division Health Service Chief Executive, West Moreton HHS Health Service Chief Executive, Metro South HHS Health Service Chief Executive, Metro South HHS A/Executive Director, Office of Strategy Management, CHQ HHS Executive Director, Mental Health Alcohol & Other Drugs Directorate A/Director of Strategy, Mental Health and Specialised Services, West Moreton, HHS
Apologies:	Mr Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Observers / Guests:		

1.	Presentations	
Item no	Item	Action Officer
1.0	Nil	
2.	Meeting Opening	
Item no	Item	Action Officer
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous	Chair
2.4	Statement of achievements	Chair
3.	Business Arising from previous minutes	
Item no	Item	Action Officer
3.1	Nil	
4.	Matters for Decision	
Item no	Item	Action Officer
4.1	Nil	

5. Matters for Discussion		
Item no	Item	Action Officer
5.1	Barrett Adolescent Centre Closure and Transition Plans	LG
5.2	SW AETR Model of Care Budget and Funding Options	Chair

6. Standard Agenda Items		
Item no	Item	Action Officer
6.1	SW AETR Project Budget Status Update <ul style="list-style-type: none"> Project expenditure on track 	IA
6.2	Funding of Future Service Model <ul style="list-style-type: none"> Refer 5.2 above 	
6.3	Communication and Stakeholder Engagement <ul style="list-style-type: none"> Presentation to BAC Parents on future Model of Care CHQ SW AETRS web page launched 	IA
6.2	Risk Management <ul style="list-style-type: none"> No new risks for escalation 	IA
6.3	Progress of key milestones and deliverables <ul style="list-style-type: none"> Refer to SW AETR Monthly Project Status Report and Clinical Care Transition Panel Monthly Report 	IA
6.4	Other business	

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

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

Next Meeting

Date: To be advised

Time:

Venue:

Children's Health Queensland Hospital and Health Service

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy – Oversight Committee

Date: 22/01/2013 **Time:** 9:00am **Venue:** Teleconference

Chair:	Health Service Chief Executive, CHQ HHS (PS)
Secretariat:	SW AETR Project Manager (IA)
Attendees	Health Service Chief Executive, West Moreton HHS (LD) Health Service Chief Executive, Metro South HHS (RA) Health Service Chief Executive, Townsville HHS (JS) Executive Director, Mental Health Alcohol & Other Drugs Directorate (BK) A/Executive Director, Office of Strategy Management, CHQ HHS (DM) Divisional Director, CYMHS CHQ HHS (JK) Executive Director of Strategy, Mental Health and Specialised Services, West Moreton HHS (SK)
Apologies	Deputy Director General, Health Service and Clinical Innovation Division (MC) Clinical Director, CYMHS CHQ HHS (SS) A/Director of Strategy, Mental Health and Specialised Services, West Moreton HHS (LG)
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
	Nil	Nil		
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Nil	Chair	
2.4	Statement of achievements <ul style="list-style-type: none"> PS acknowledged the efforts of Metro South and Townsville HHSs in working with West Moreton to transition consumers from BAC. 	Below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Nil 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> 			
5.	Matters for Discussion			
5.1	Barrett Adolescent Centre (BAC) Closure and Transition <ul style="list-style-type: none"> 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> There is a meeting between DG Health and DG Communities/Disabilities to progress [REDACTED] Department of Education are still decanting from BAC and will be completely offsite by the end of this week. HR processes have been completed for all BAC staff with many being placed in vacancies within WM HHS, and the remaining becoming Employees Requiring Placement. Complex communication processes are still ongoing with some parents and are being managed in collaboration between WM HHS and CHQ HHS. LD raised that funding is required for redundancies; however, these redundancies have been delayed until an existing investigation process has concluded. 			
5.2	SW AETR Model of Care Budget and Funding Options <ul style="list-style-type: none"> PS proposed the committee re-endorse the 5 elements of the model. Committee supported this proposal. Funding for services from February 1st is clear; however, now need a strategy to advocate for the remaining services to be implemented over time. BK raised concerns regarding the Bed-Based option – JK confirmed this has been modelled off the National Mental Health Service Planning Framework. PS advised that the structure of the unit will enable it to be modified to suit demand. BK and LD confirmed that there is \$2m from Redlands and \$3.9m from BAC in recurrent operational funding. BK is proposing that \$1m of the Redlands Operational funding be re-allocated to the Step Up/Step Down Unit being constructed in Cairns. Cairns HHS will be providing in-kind operational funding and clinical resources to the Step Up/Step Down Unit. PS advised that this was different to what the Project Team had been working toward in regard to available operational funding. PS proposed that he and BK speak with the DG regarding securing additional funding for the Step Up/Step Down Unit. 	<p>PS to meet with Mater to discuss and seek agreement re: interim bed-based option.</p> <p>Organise meeting between PS, BK and DG</p>	<p>IA to arrange</p> <p>IA</p>	<p>28/01</p> <p>31/01</p>
6.	Standard Agenda Items			
6.1	SW AETR Project Budget Status Update <ul style="list-style-type: none"> Noted project expenditure on track 			
6.2	Funding of Future Service Model <ul style="list-style-type: none"> Refer above 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
6.3	Communication and Stakeholder Engagement <ul style="list-style-type: none"> CHQ web page was launched on 6th December. Transition Services and proposed Model of Care were presented to BAC parents on 11th December, which was well received. LD recommends WM HHS formerly advise the Minister of the BAC closure when the last consumer leaves and the centre closes. PS suggested that the IA work with CHQ communications and WM communications areas to develop a message for the Minister. 	Develop message for the Minister regarding BAC closure and future services	IA	31/01
6.4	Risk Management <ul style="list-style-type: none"> Nil risks to escalate 			
6.5	Progress of key milestones and deliverables <ul style="list-style-type: none"> Noted as on track 			
6.6	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Nil 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: To Be Advised				

ENDORSED BY:

Signature:

Date: / /13

Name:

Position:

Anna Cunningham

From: Ingrid Adamson
Sent: Monday, 4 May 2015 1:17 PM
To: Judi Krause
Cc: CHQ_HHS
Subject: FW: Extension - CHQ04053 - MI203038 Due back 28/04/2015
Attachments: MI203038.pdf; 20150504 MI203038_Brief re [REDACTED] Correspondence.doc; 20150504 MI203038_Response to [REDACTED].doc

Importance: High

Hi Judi,

Would you please review the attached correspondence and brief (due today)? Let me know if you would like any changes made.

Thanks,
Ingrid

From: CHQ_HHS
Sent: Wednesday, 29 April 2015 3:15 PM
To: Ingrid Adamson
Subject: Extension - CHQ04053 - MI203038 Due back 28/04/2015

Hi Ingrid

I can give you extension for this request till Monday 04 May 2015.

Thanks
Kat

Katarina Tomic
Correspondence Officer
Office of the Chief Executive

Children's Health Queensland Hospital and Health Service
Level 7b, Executive Office
Lady Cilento Children's Hospital, South Brisbane QLD 4101

[REDACTED]
VW: www.childrens.health.qld.gov.au



From: CHQ_HHS
Sent: Thursday, 23 April 2015 1:25 PM
To: Ingrid Adamson [REDACTED]
Subject: For action - CHQ04053 - MI203038 Due back 28/04/2015

Hi Ingrid

Please find attached urgent Ministerial request for your action. Please use attached templates for response.

Briefing note is also required.

The Response is due back by **28 April 2015** for CE clearance. Should you require further information or extension please feel free to contact me.

To ensure quality drafted correspondence:

- always use a tone that is warm, sincere and friendly
- always start the second paragraph with an appropriate acknowledgement of the person writing in, for example, 'I very much appreciate you sharing your views with me/sharing your concerns/taking the time to write
- if appropriate, always include positive information that has occurred in a service, for example, wait times have decreased by 30% or funding of XYZ has been given to increase services
- try to avoid giving a chronological history of all their appointments, this is telling them information that they already know. If it is good news, keep it simple 'I understand that you have been upgraded to a Category 2' or if not 'It has been reviewed and based on a clinical decision your categorisation has remained the same'.
- keep the language simple and use language that the correspondent has used in the incoming letter, particularly the opening paragraph
- if instructed, include a contact name and number or close the letter off by saying 'I trust this information is of assistance' or 'Thank you again for writing to me with your concerns' or 'Thank you again for bringing this matter to my attention'

Katarina Tomic
Correspondence Officer
Office of the Chief Executive

Children's Health Queensland Hospital and Health Service
Level 7b, Executive Office
Lady Cilento Children's Hospital, South Brisbane QLD 4101

W: www.childrens.health.qld.gov.au



From: EXECSUPPORT
Sent: Thursday, 23 April 2015 12:14 PM
To: CHQ_HHS
Cc: health bncorros; HSCI_Corro; MD13-CentralQLD-HSD
Subject: CHQ04053 - MI203038

Hello

Attached is MI203038 – Ministerial request which is due back to EXECSUPP by **COB on 30 April 2015**.

Please use Ministerial Template 'A' on QHEPS – for the signature of the Minister.
Brief is also required on Ministerial Briefing Template '5' on QHEPS.

Thank you and kind regards
Tracey Woods

Executive Support | Office of the Director-General Department of Health

GPO Box 48 BRISBANE QLD 4001

[REDACTED]

Mary Delahenty – [REDACTED] / Tracey Woods - [REDACTED]
Julianne Hanfling - [REDACTED] / Nikki Kricker - [REDACTED]
Lisa-April Baker - [REDACTED] / Tyler Amas - [REDACTED]
Mark Gibb – [REDACTED]

To ensure quality drafted correspondence:

- always use a tone that is warm, sincere and friendly
- always start the second paragraph with an appropriate acknowledgement of the person writing in, for example, 'I very much appreciate you sharing your views with me/sharing your concerns/taking the time to write
- if appropriate, always include positive information that has occurred in a service, for example, wait times have decreased by 30% or funding of XYZ has been given to increase services
- try to avoid giving a chronological history of all their appointments, this is telling them information that they already know. If it is good news, keep it simple 'I understand that you have been upgraded to a Category 2' or if not 'It has been reviewed and based on a clinical decision your categorisation has remained the same'.
- keep the language simple and use language that the correspondent has used in the incoming letter, particularly the opening paragraph
- if instructed, include a contact name and number or close the letter off by saying 'I trust this information is of assistance' or 'Thank you again for writing to me with your concerns' or 'Thank you again for bringing this matter to my attention'.

Department Ref #: M1203038

Policy Advisor: Darnoldy
(Mental Health)

Issue: Premier/
(16/4/15)

Previous Dept Ref #:

Response on progressing inquiry
and election commitment

* cc to HSC1 or MD13 For input to CHSD if appropriate.

Reviewed by: _____

Date: 2/2/4

Sent to ESU by: _____

Date: _____

ESU ONLY MIN PREM D.

Brief Template '5'

Action Officer: CHSD cc HSCI + Due Date: 30/4/15
MD13.

Template: 'A'



20 APR 2015

Office of the Premier

For reply please quote: SocPol/SV – TF/15/4135 – DOC/15/43315

16 APR 2015

Executive Building
100 George Street Brisbane
PO Box 15185 City East
Queensland 4002 Australia
Telephone [REDACTED]
Facsimile [REDACTED]
Email ThePremier@premiers.qld.gov.au
Website www.thepremier.qld.gov.au

Dear [REDACTED]

Thank you for your email of 26 February 2015 regarding [REDACTED] and the development of a comprehensive mental health system for young people. I apologise for the delay in responding.

I note the concerns you raise in relation to [REDACTED] care and I am pleased that you were satisfied with the care [REDACTED] received. Your email indicates that you care for [REDACTED] wellbeing and have been a strong advocate on [REDACTED] behalf.

As you would appreciate, a patient's consent is required before confidential patient information can be discussed or provided to another person. However, let me assure you that the Department of the Premier and Cabinet has liaised with Queensland Health (QH) in relation to the concerns you have raised about [REDACTED] care.

While I cannot discuss the details of specific individuals, I can inform you that previous Barrett Adolescent Centre (BAC) patients, if desired, had access to funding for wraparound services at the time of its closure. If this service was declined at the time of the BAC closure, subsequent requests for additional support, including private care, can still be made to the relevant mental health service (MHS).

B/C The Honourable the Minister for Health and Minister for Ambulance Services.

By direction. For your consideration please.
Copy of inwards correspondence is attached.

ORIGINAL SIGNED

GREG FOWLER
PRINCIPAL POLICY ADVISOR

If there remains concerns that current treatment needs for former BAC patients are not being met, the MHS are able to arrange a multidisciplinary review of their care in the public or private system. Appropriate people wanting to have a review should contact Associate Professor John Allan, Chief Psychiatrist and Acting Executive Director, Mental Health Alcohol and Other Drugs Branch, Health Service and Clinical Innovation Division, QH on telephone [REDACTED] or by email [REDACTED]. Should appropriate people want to access that review or additional support, QH has accepted the financial responsibility for these reviews and any additional supports.

In your email you also raise a number of wider systemic concerns about supports for adolescents with a severe/complex mental illness and, in particular, a need to examine events where tragedies have occurred. For this reason, the Government has made a commitment to establish a Commission of Inquiry into the decisions and circumstances surrounding the closure of the BAC.

Let me assure you that the Government is committed to rebuilding intensive mental health care for young people in order to ensure they have access to necessary supports, treatments and facilities. This includes increasing facilities and support services across Queensland for young people with severe/complex mental health concerns, including supports for relevant young adults aged 18–24 years.

As you highlight, enhancing these services will require a collaborative approach across government and development of an effective system. The Government will improve not only residential facilities but also day services, Assertive Mobile Youth Outreach Services, transition services and residential programs.

I have forwarded a copy of your email and request to the Office of the Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services for his consideration. As the lead Minister for Health, Minister Dick will be responsible for progressing the Government's commitments to enhancing mental health care for young people.

Let me assure you the Government is aware of the impact that the closure of the BAC had on many families and will aim to move forward in a sensitive and consultative manner.

Again, thank you for taking the time to write to me and I trust this letter provides reassurance that appropriate consultation will occur in relation to improving mental health care for young people.

Yours sincerely

GREG FOWLER
PRINCIPAL POLICY ADVISOR

Matthew Lobb

From: [REDACTED]
Sent: Thursday, 26 February 2015 11:24 AM
Subject: Att: Greg Fowler re [REDACTED]

Hi Greg,

I can't thank you enough for your help yesterday. [REDACTED] received a call from Peter ?, head of [REDACTED] Mental Health. He asked if [REDACTED] would come to see [REDACTED] ? [REDACTED] wouldn't. He offered to come out to see [REDACTED] at [REDACTED] home, with a [REDACTED] psychiatrist accompanying him. [REDACTED] accepted. They had a discussion for over an hour, in which Peter tried to allay [REDACTED] fears about the acute ward, about which [REDACTED] could not be persuaded. Peter arranged for someone to call [REDACTED] at 10/10.30 last night to see how [REDACTED] was after their talk.

He has offered for [REDACTED] to call the acute line any time 24 hrs a day and offered someone for [REDACTED] to talk to in the interim until [REDACTED] is either feeling more comfortable with the service ? trusting ? or [REDACTED] has a private option sorted. I am hoping that is how Peter normally operates, so that his style and manner is modelled for the rest of the service, and not just because he received a boot up the backside. I'm sure [REDACTED] [REDACTED] slept more soundly last night ? as did many more of us. Thanks to your intervention.

It just shouldn't be that hard Greg ? nor should it have been necessary for me to seek your intervention. It terrifies me to think of the horrible possibilities had we not had your support. And the awful circumstances others find themselves in when they don't have someone like you to call. I am

putting together a proposal for [REDACTED] involving funding towards care by private service. I will forward when I have confirmed some details. [REDACTED] was let down terribly in the transition and awfully on return to [REDACTED]

I think [REDACTED] is owed something from those funds that Bill Kingswell said were so readily available from Barrett funds for wrap-around care. And on that topic, where are all those funds ? what accounting was done on those, as we were in the middle of negotiating extra support with the DG for other Barrett young people when the election was called. I believe it is an urgent matter to communicate with someone about that Greg as there are still others who are still struggling. I understand you must be swamped with the enormous task of establishing yourselves in government, but are there still channels through which we can discuss what is needed and access funds for their care?

It is my great hope that together we can affect change in the system that means that the right thing is done by the client without everything having to be a constant fight. It is hard enough for the young person to do what they need to do with treatment and just getting through each day without feeling let down, like they can't trust the system. Likewise the carers ? the constant toll of fighting to get what is needed for their child, to be heard and believed, and to maintain their home and themselves. [REDACTED] could not stay at school yesterday out of fear for [REDACTED] and is unable to get [REDACTED] there today. The same stress has been on others in [REDACTED] circle ? teachers, friends, others. Many hours were spent yesterday by MANY people to get the support for [REDACTED] and ensure the safety and support of all others concerned. These young people become intrinsically connected by manner of their shared experience. They understand each other and they stay connected ? and they care what happens to each other, even if they are not particularly close to the person or even don't particularly like the person. They become a community and they care about each other. What affects one, affects all.

It is like a telegraph. And when it is a system failure, it feels to them like the system has failed all of them and every experience where they have been let down becomes further reinforced. Like the [REDACTED]

I believe [REDACTED] met [REDACTED] in RBH when they were about [REDACTED] They were best friends. No matter what happened to either of them they stayed connected.

Others knew [REDACTED] because of her friendship with [REDACTED] some met [REDACTED] and knew [REDACTED] tragic situation sends shockwaves around the whole community ? including those that only knew of [REDACTED], those that don't know [REDACTED] but feel connected because they know [REDACTED] and other young people who have just heard what has happened. [REDACTED]

[REDACTED] It could be any of their friends, it could be them. A parent understands it could be their child; a teacher their student. This community wide shockwave places everyone on watch ? parents, carers, friends, teachers, therapists, and anyone else connected in some way. [REDACTED]

██████████ a close friend of █████ best friend ? to send █████ into crisis, as it can do for others ? as I said, who don't even know █████ All of these tragedies, close calls, crisis situations are shared by so many. Just as a death affects so many who have links with the deceased, suicide attempts, other crises and struggles with the system about treatment, reverberate around the young person's ?community? with impacts ranging from mild to severe, to tragic, depending on where any one of those young people may be in terms of their mental state at the time or what supports they have available to them. As it does for parents who have lost children ? triggering of feelings, memories ? and other people involved in the lives of those lost. It is almost like a consciousness ? a community consciousness.

Word travels quickly when there is a tragedy and all of these things I have described are triggered again, people across that community are re-traumatised, or their own problems and struggles are magnified.

██████████ What failings were there for that █████ What impact if any did that have on █████

How many times had either of them been let down, not believed, turned away from individual clinicians, services? Did they not ?fit? the system and services they were put into? At a rough guess I would say these would be factors at the very least, in some way. And Greg, in some of the contacts Alison and I have made, this story of either being refused admission to a ward, or released from a ward despite protests from parents ? the ones who know their children ? with suicides resulting the same day, the next day or within days of release, is absolutely frightening. It is one of the many issues I want to take up with Qld Mental Health as it is a disgrace, and as I have explained, torturous to the ?community?. It will be one thing to build and provide a new centre for those young people requiring extended treatment and rehabilitation, but equally as important will be affecting important changes to the operation of many if not all other aspects of the adolescent mental health systems. There must be changes made quickly where they can be and there must be research to discover why some of these things happen and what changes can be made to stop them happening. In █████ case, at least from the age of █████ or so, █████ has struggled and fought to the age of █████ to meet a desperately tragic end. And not only █████ family and friends, but a whole ?community? feels and grieves █████ tragic loss.

Unless tragedies like █████ are examined, not just by root cause analysis of what happened in the hospital, but critical analysis of how █████ came to end up there after so many years of contact with and access to ?the system?, these tragedies will continue to devastate families and ?communities?.

I sincerely hope there is scope for much more than a new ?Barrett?, as without a sound, coordinated, integrated and UNDERSTANDING system in which it will function, the reality is there will be more deaths, no matter how good the new ?Barrett? is. The gaps, inadequacies, ignorance and failures in adolescent mental health must be addressed. I and many others are available to work with you to that end.

Again Greg, my most sincere gratitude for your support and assistance.

Kind regards,

Brief for Ministerial Correspondence

Requested by: Tracey Woods

SUBJECT: Response to email correspondence from [REDACTED]

Issue

1. [REDACTED] has emailed Mr Greg Fowler, Principal Policy Advisor to the Office of the Premier to thank him for intervening in a young person's treatment, and to raise [REDACTED] concern about youth mental health in Queensland.
2. [REDACTED] is one of [REDACTED] who are strong advocates for the BAC model of care. Throughout development of the adolescent extended treatment continuum of care, both [REDACTED] and [REDACTED] were consulted with on a number of occasions, including meetings with the then Chief Executive of Children's Health Queensland, Dr Peter Steer, the then Director-General of Queensland Health, Ian Maynard, and through a presentation to the Governance Committee of the Adolescent Mental Health Extended Treatment Initiative (AMHETI).
3. The then Director-General of Queensland Health, in a letter to all former BAC families, offered additional support, including access to private health services. To date, only the [REDACTED] family has taken up additional services.
4. In a letter dated 16th April 2015, the Office of the Premier has reiterated the offer of additional support or a multidisciplinary review of cases, where sought.
5. The Queensland Government continues to support the expansion of intensive mental healthcare for young people across the state as a key election commitment.
6. A phased approach to delivering on the commitment is currently being progressed. Phase one, including the establishment of residential rehabilitation services for up to eight young people in Townsville and accommodation for parents, was recently announced by the Minister for Health and Minister for Ambulance Services.
7. Further work is underway to determine options to enhance services across Queensland to assist the provision of appropriate and contemporary care to young people in a setting that is closer to their family, friends and support networks. Additional investment within the remaining funding envelope from the Government commitment *Rebuilding intensive mental healthcare for young people* will be determined and delivered in phase two.

Background

8. On 6 August 2013 the closure of the BAC, a 15-bed extended treatment mental health inpatient facility, was announced.
9. The Park Centre for Mental Health at Wacol was deemed unsafe for adolescents, when it was converted into an adult-only forensic facility. The closure of the BAC provided an opportunity to review the model of care being provided, which was no longer considered contemporary, and explore more family-centred services in the least restrictive environment as close to home or community as possible.
10. The West Moreton Hospital and Health Service managed the transition of patients from BAC to the most appropriate alternative care options, whilst Children's Health Queensland led the development of a new and enhanced adolescent extended treatment model of care. This included extensive consultation with mental health experts and care providers throughout Australia.
11. The BAC closed in January 2014 following the transition of all BAC patients to alternative service options that met the needs of the individual patients and their families.
12. The Department of Health commissioned and released the report of an external investigation which found the governance model and healthcare transition plans for the BAC patients were appropriate.

Consultation

13. The Health Service and Clinical Innovation Division of Queensland Health have provided input.

Minister's Office Use Only
NOTED

Chief of Staff

/ /

Chief of Staff comments

Briefing note rating

1 2 3 4 (1 = poor and 4 = excellent)

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Ingrid Adamson	Judi Krause	Fionnagh Dougan
Project Manager	Divisional Director	Chief Executive
Child and Youth Mental Health Service, Children's Health Queensland Hospital and Health Service	Child and Youth Mental Health Service, Children's Health Queensland Hospital and Health Service	Children's Health Queensland Hospital and Health Service
<div></div>	<div></div>	<div></div>
04/05/15	04/05/15	/ 05 /15

Anna Cunningham

From: Judi Krause
Sent: Wednesday, 6 May 2015 10:19 AM
To: CHQ_HHS
Subject: FW: JK - URGENT - FW: For action - CHQ04051 - MI202992 - Due back 24/04/2015
Attachments: MI202992.pdf; 20150504 MI202992_Brief re [REDACTED] Correspondence.doc

Importance: High

Hi Kat

This is approved by me, I can pop in to sign it when I get up for a meeting at 1030 if you need me to, just email and let me know.

Kind Regards

Judi Krause
Divisional Director

Child and Youth Mental Health Service (CYMHS)
Children's Health Queensland Hospital and Health Service

Level 10, 199 Grey Street, South Brisbane QLD 4101
PO Box 5492, West End QLD 4101
[REDACTED]

E: [REDACTED]
W: www.childrens.health.qld.gov.au



Children's Health Queensland

Service | Integrity | Courage | Innovation | Accountability

From: Grace Matthews **On Behalf Of** Judi Krause
Sent: Wednesday, 6 May 2015 9:19 AM
To: Judi Krause
Subject: JK - URGENT - FW: For action - CHQ04051 - MI202992 - Due back 24/04/2015
Importance: High

Kind Regards

Grace Matthews
A/Executive Support Officer
[REDACTED] (For all CYMHS management correspondence)

Child and Youth Mental Health Service (CYMHS)
Children's Health Queensland Hospital and Health Service

Level 10, 199 Grey Street, South Brisbane QLD 4101
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[REDACTED]

W: www.childrens.health.qld.gov.au



Children's Health Queensland

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From: Ingrid Adamson
Sent: Monday, 4 May 2015 1:21 PM
To: Judi Krause
Cc: CHQ_HHS
Subject: FW: For action - CHQ04051 - MI202992 - Due back 24/04/2015
Importance: High

Hi Judi – another brief for your review.

Thanks Judi
Ingrid

From: CHQ_HHS
Sent: Wednesday, 22 April 2015 11:31 AM
To: Ingrid Adamson
Cc: Judi Krause
Subject: For action - CHQ04051 - MI202992 - Due back 24/04/2015
Importance: High

Good Morning Ingrid

Please find attached Ministerial request for your action, please note Ministers office has only request a briefing note. Please use attached template for response.

The response is due back by **24 April 2015** for CE clearance. Should you require further information please feel free to contact me.

Thank you,
Kat

Katarina Tomic
Correspondence Officer
Office of the Chief Executive

Children's Health Queensland Hospital and Health Service
Level 7b, Executive Office
Lady Cilento Children's Hospital, South Brisbane QLD 4101

W: www.childrens.health.qld.gov.au

**Children's Health Queensland**

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From: EXECSUPPORT
Sent: Wednesday, 22 April 2015 9:24 AM
To: CHQ_HHS
Cc: health bncorros; HSCI_Corro
Subject: MI202992

Hello

Attached is MI202992 – Ministerial request which is due back to EXECSUPP by **COB on 29 April 2015**.

Brief only is also required on Ministerial Briefing Template '5' on QHEPS.

Thank you and kind regards

Tracey Woods

Executive Support | Office of the Director-General Department of Health

GPO Box 48 BRISBANE QLD 4001

Mary Delahenty - [REDACTED] / Tracey Woods - [REDACTED]
 Julianne Hanfling - [REDACTED] / Nikki Krickler - [REDACTED]
 Lisa-April Baker - [REDACTED] Tyler Amas - [REDACTED]
 Mark Gibb - [REDACTED]

To ensure quality drafted correspondence:

- always use a tone that is warm, sincere and friendly
- always start the second paragraph with an appropriate acknowledgement of the person writing in, for example, 'I very much appreciate you sharing your views with me/sharing your concerns/taking the time to write
- if appropriate, always include positive information that has occurred in a service, for example, wait times have decreased by 30% or funding of XYZ has been given to increase services
- try to avoid giving a chronological history of all their appointments, this is telling them information that they already know. If it is good news, keep it simple 'I understand that you have been upgraded to a Category 2' or if not 'It has been reviewed and based on a clinical decision your categorisation has remained the same'.
- keep the language simple and use language that the correspondent has used in the incoming letter, particularly the opening paragraph
- if instructed, include a contact name and number or close the letter off by saying 'I trust this information is of assistance' or 'Thank you again for writing to me with your concerns' or 'Thank you again for bringing this matter to my attention'.

ACKNOWLEDGEMENT:☐ Acknowledgement EmailDepartment Ref #: MI 202992.**RESPONSE:**☒ Minister☐ Dept Contact required☐ Chief of Staff☐ Dept Contact required☐ Principal Policy Advisor☐ Dept Contact required☐ Hospital and Health Service☐ Action Direct – Dept to provideMinister's office copy of Response
or details of response☐ No Response Required (Note and
File)☒ BRIEFING NOTE REQUIRED☐ BRIEFING NOTE NOT REQUIREDPolicy Advisor: BarnabyRe-Issue: 13/4/15 PremiersMental Health care for
young people.

Previous Dept Ref #: _____

INSTRUCTIONS:Briefing note only, letter not necessary* Brief Only Requested* Refers MI 200844 for HSCI for input if appropriate

Reviewed by: _____

Date: 20/4

Sent to ESU by: _____

Date: 21 APR 2015**ESU ONLY** MIN PREM.Action Officer: CHSD
CC HSCI.Due Date: 29/4/15.Brief Template
Template: 5.



Office of the Premier

For reply please quote: *SocPol/SV – TF/15/4262 – DOC/15/44375*

13 APR 2015

Executive Building
100 George Street Brisbane
PO Box 15185 City East
Queensland 4002 Australia
Telephone [REDACTED]
Facsimile [REDACTED]
Email [REDACTED]
Website www.thepremier.qld.gov.au

Dear [REDACTED]

Thank you for your email of 26 February 2015 regarding mental health care for young people. I have been requested to reply to you on behalf of the Premier and I apologise for the delay in responding.

Your letter indicates that you have very real and personal experience in relation to the mental health care of young people in Queensland. I sincerely hope that [REDACTED] are receiving the supports and services that you need at this difficult and worrying time.

This Government is aware of the urgent need to enhance supports for mental health care for young people. Accordingly, the Government is committed to providing accessible, culturally appropriate mental illness prevention, early detection and intervention services, and recovery oriented support services across all communities. As you are aware, this includes a particular focus on improving mental health care for young people, with young, vulnerable people at high risk of self-harm requiring particular attention.

I wish to reassure you that the Government is committed to rebuilding intensive mental health care for young people in order to ensure they have access to necessary supports, treatments and facilities. This includes increasing facilities and support services across Queensland for young people with severe/complex mental health concerns, including supports for relevant young adults aged 18–24 years.

In seeking to enhance and develop these particular services, there will be a consultation process undertaken in which I sincerely hope that anyone with knowledge, expertise and insight feels able to participate in. I agree with you that families who have had experience in this area are able to provide valuable insights and are an important resource in planning a way forward.

B/C The Honourable the Minister for Health and Minister for Ambulance Services.

By direction. For your information and consideration.
Copy of inwards correspondence is attached.

ORIGINAL SIGNED

PETER NIBBS
DIRECTOR OF POLICY

One avenue for you to have involvement in enhancing Queensland's mental health services at this stage is by engaging in the consultation processes around the development of a Mental Health Awareness, Prevention and Early Intervention Plan. If you would like further information on this, please contact the Queensland Mental Health Commission on telephone 1300 855 945 or via their website at www.qmhc.qld.gov.au.

Additionally, Queensland Health will be developing a Mental Health, Drug and Alcohol Services Plan to govern service planning and the delivery of the state-funded mental health, drug and alcohol system in Queensland. There will be opportunities for stakeholders to be involved in the consultation process as part of developing this plan.

The Government is aware of the impact that the closure of the Barrett Adolescent Centre (BAC) had on many families and will aim to move forward in a sensitive and consultative manner. Additionally, as you are aware, the Government has made a commitment to establish a Commission of Inquiry into the decisions and circumstances surrounding the closure of BAC.

If you have any further queries, I would encourage you to contact Associate Professor John Allan, Chief Psychiatrist and Acting Executive Director, Mental Health Alcohol and Other Drugs Branch, Health Service and Clinical Innovation Division, Queensland Health on telephone [REDACTED] or by email at [REDACTED]

As the Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services holds responsibility for progressing the Government's commitments to enhancing mental health care for young people, I have taken the liberty of forwarding your concerns to Minister Dick for his consideration.

Again, thank you for taking the time to write to the Premier.

Yours sincerely

PETER NIBBS
DIRECTOR OF POLICY

Linda Gater

From: [REDACTED]
Sent: Thursday, 26 February 2015 2:25 PM
Subject: Adolescent Mental Health

Dear Annastacia Palaszczuk

You now hold a very privileged yet daunting position in QLD as leader of the government. I know you must be extremely busy, however this cannot be the reason why young people in QLD who experience mental health issues are not given the priority of action that they desperately need. Tragic and preventable things happened on Campbell Newman, Laurence Springborg and the LNPs' watch as I am sure you are aware in Adolescent Mental Health in this state. [REDACTED] has been affected dramatically by it and we are still living day to day wondering if she will survive. [REDACTED] the Barrett Adolescent Centre prior to it's closure in early 2014.

The terrible mistakes and broken QLD Health system surrounding Adolescent Mental Health has existed for some time and as you know, the Barrett was a last resort option when everything else had failed a young person experiencing complex mental health illnesses. [REDACTED] before being able to go to the Barrett Centre. [REDACTED] was abused and neglected whilst there despite my robust advocacy and multiple letters to the QLD Government.

While I was very happy to hear of the termination of the Director General Ian Maynard yesterday, an immediate and effective change needs to be made to the lofty levels of QLD Health where there exists a toxic culture of blaming young people and their families rather than address the service gaps and other treatment issues responsibly and professionally. Dr Bill Kingswell is included in this culture where he has been involved in processes, decisions and actions that have led to young people dying despite the numerous pleas and warnings of esteemed professionals and family members.

Families are a valuable resource in the planning and implementation of mental health services to young people which was largely ignored and generally barely tolerated by the previous QLD government. None of the families I have met in my journey of over 4 years since [REDACTED] become acutely unwell chose to be in the situation we are in. We are good and loving families in the most part who desperately want and wanted our children to get the help and treatment they needed.

So, now it is your watch. I trust that you will fulfill pre-election promises (such as a Commission of Inquiry into the closure of the Barrett Adolescent Centre) and have a genuine focus on properly meeting the serious and imminent need of Adolescents with Mental Health issues as would be the case if any of them were experiencing any other serious illness that at times risks to take their lives.

Yours very sincerely

[REDACTED]

Brief for Ministerial Correspondence

Requested by: Tracey Woods

SUBJECT: Response to email correspondence from [REDACTED]

Issue

1. [REDACTED] has emailed the Premier to raise [REDACTED] concern about youth mental health in Queensland, and request fulfilment of a pre-election promise to undertake a Commission of Inquiry into the closure of the Barrett Adolescent Centre (BAC).
2. [REDACTED] is one of [REDACTED], who are strong advocates for the BAC model of care. Throughout development of the adolescent extended treatment continuum of care, [REDACTED] and [REDACTED] were consulted with on a number of occasions, including meetings with the then Chief Executive of Children's Health Queensland, Dr Peter Steer, the then Director-General of Queensland Health, Ian Maynard, and through a presentation to the Governance Committee of the Adolescent Mental Health Extended Treatment Initiative (AMHETI).
3. The Queensland Government continues to support the expansion of intensive mental healthcare for young people across the state as a key election commitment.
4. A phased approach to delivering on the commitment is currently being progressed. Phase one, including the establishment of residential rehabilitation services for up to eight young people in Townsville and accommodation for parents, was recently announced by the Minister for Health and Minister for Ambulance Services.
5. Further work is underway to determine options to enhance services across Queensland to assist the provision of appropriate and contemporary care to young people in a setting that is closer to their family, friends and support networks. Additional investment within the remaining funding envelope from the Government commitment *Rebuilding intensive mental healthcare for young people* will be determined and delivered in phase two.
6. Children's Health Queensland Hospital and Health Service would like to request that any Commission of Inquiry into the closure of the BAC include a comprehensive risk assessment in regard to the potential detrimental emotional and mental health impact on former patients, their families, and former staff.

Background

7. On 6 August 2013 the closure of the BAC, a 15-bed extended treatment mental health inpatient facility, was announced.
8. The Park Centre for Mental Health at Wacol was deemed unsafe for adolescents, when it was converted into an adult-only forensic facility. The closure of the BAC provided an opportunity to review the model of care being provided, which was no longer considered contemporary, and explore more family-centred services in the least restrictive environment as close to home or community as possible.
9. The West Moreton Hospital and Health Service managed the transition of patients from BAC to the most appropriate alternative care options, whilst Children's Health Queensland led the development of a new and enhanced adolescent extended treatment model of care. This included extensive consultation with mental health experts and care providers throughout Australia.
10. The BAC closed in January 2014 following the transition of all BAC patients to alternative service options that met the needs of the individual patients and their families.
11. The Department of Health commissioned and released the report of an external investigation which found the governance model and healthcare transition plans for the BAC patients were appropriate.

Consultation

12. The Health Service and Clinical Innovation Division of Queensland Health have provided input to this brief.

Minister's Office Use Only
NOTED

Chief of Staff

/ /

Chief of Staff comments

Briefing note rating

1 2 3 4 (1 = poor and 4 = excellent)

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Ingrid Adamson	Judi Krause	Fionnagh Dougan
Project Manager	Divisional Director	Chief Executive
Child and Youth Mental Health Service, Children's Health Queensland Hospital and Health Service	Child and Youth Mental Health Service, Children's Health Queensland Hospital and Health Service	Children's Health Queensland Hospital and Health Service
04/05/15	04/05/15	/ 05 /15

Anna Cunningham

From: Ingrid Adamson
Sent: Monday, 14 July 2014 4:04 PM
To: Judi Krause; Stephen Stathis; Deborah Miller
Subject: FW: New Service Model

Hi Everyone – received the email below from [REDACTED] and propose to send [REDACTED] the following response – appreciate your thoughts/comments before I send this. Cheers...Ingrid

Hi [REDACTED] and thank you for your email.

With the exception of the Brisbane Northside Adolescent Day Program, Children's Health Queensland (CHQ) is really pleased with the progress that has been made in establishing the new or enhanced adolescent mental health extended treatment services. We continue the search for a suitable site for the Day Program and will be sure to make an announcement regarding this as soon as a site is secured.

In the meantime, the AMYOS teams continue to be recruited and established in the seven regions identified. The Residential Rehabilitation Unit is progressing well, accommodating up to 5 young people at any one time. And the subacute inpatient beds, at the Mater, are also still in place and available.

Each of the services are provided through existing CHQ operational funds, and the establishment of additional services across the State is subject to securing additional new funding. CHQ continues every effort to explore other avenues to fund additional services for young people across Queensland.

Thanks again for your interest and warm regards,
Ingrid

Ingrid Adamson

Project Manager, AMHETI
Office of Strategy Management
Children's Health Queensland Hospital and Health Service | Queensland Government
Level 1, Foundation Building, Royal Children's Hospital
Herston QLD 4029
e. [REDACTED] | www.health.qld.gov.au/childrenshealth



From: [REDACTED] [mailto:[REDACTED]]
Sent: Saturday, 12 July 2014 4:48 PM
To: Ingrid Adamson
Subject: New Service Model

Hi Ingrid,

It's been a few months since the announcement of the AMYOS, and I was wondering if any more progress had been made with the other service elements – step-up/step-down units, and the residential rehab pilot? Is it possible you could provide an update on these components? Is the residential still only operating on two rooms or has this been able to be expanded?

I was also wondering if there was any more consideration for other locations for these services? I note that the AMYOS are only located in south-east Queensland and Townsville. Was there any plan for extra AMYOS - to be located in Central Queensland/Wide Bay areas, for example, or were these the only areas planned?

I would be interested in any information you can provide on any of the above Ingrid – including any evaluation that was available to date, that was for public distribution.

Many thanks.

Kind regards,

Anna Cunningham

From: Ingrid Adamson
Sent: Monday, 17 November 2014 2:13 PM
To: Judi Krause
Subject: RE: Day Program and Mobile units

Hi Judi – for your review...cheers, Ingrid

 Hi [REDACTED] and thank you for your email.

I am pleased to advise that there are three AMYOS teams operational and seeing clients across Brisbane and Redcliffe/Caboolture with recruitment for the remaining teams, located in other Hospital and Health Services, drawing to a close. The new Day Program on the north side of Brisbane will open at the commencement of the 2015 school term. I am also pleased to advise that the Residential Rehabilitation Unit on the southside of Brisbane is progressing well; and the Subacute Beds Service (**a Tier 3 service**), currently at the Mater, will transition across to the Lady Cilento Children's Hospital when it opens at the end of next week (29th November). You will also be pleased to hear that we have been working very closely with the Department of Education, and the new Principal of the Lady Cilento School, to ensure all of the young people in our care have access to onsite schooling.

For further information and updates on the progress of service establishment, please refer to the following website:
<http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp>

In the meantime, I hope you had the opportunity to visit the new Children's Hospital during the public open day on 12 October, or plan to visit when it opens on the 29th November.

Warm Regards,
 Ingrid

Ingrid Adamson

Project Manager

Child and Youth Mental Health Service | Division of Child and Youth Mental Health
 Children's Health Queensland Hospital and Health Service | Queensland Government

Citilink Business Centre

Building 2, Foyer 4, Level 2, 153 Campbell Street, Bowen Hills QLD 4006

PO Box 5492, West End QLD 4101

e. [REDACTED] | www.health.qld.gov.au/childrenshealth



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Queensland
Government

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, 12 November 2014 7:02 PM
To: Ingrid Adamson
Subject: Day Program and Mobile units

Hi Ingrid,

I was wondering if there was an update on the northside day program? Is it up and running yet? Also I had heard there was 1 AMYOS team up and running. Are others ready to become operational?

Can't believe it's nearly 12 months since we met to discuss the model! Where does the time go. I can remember discussing Christmas at the meeting – and here it is again.

Hope this finds you well.

Kind regards,

Expert Clinical Reference Group Recommendations
Barrett Adolescent Strategy
July 2013

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

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

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

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

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

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

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

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