

- (b) I presented the Planning Group's recommendations to the Health Service Chief Executive.
- (c) I co-ordinated the communication strategy established in the BAC Strategy Project Plan.

**(c) who were the other members of the PG and what was their expertise;**

30.5 The other members of the Planning Group and their expertise are set out in my response to question 11.

**(d) who did the PG consult with (and when), what advice/views were given to the PG, and how influential was that advice/views in the PG's decision-making;**

30.6 The Planning Group received the recommendations of the ECRG. It considered and was heavily influenced by the advice and views in that report.

30.7 The Planning Group also drew on the clinical expertise of its own members.

30.8 The Planning Group also considered the views of consumers and others who had provided submissions, letters and other communications to WMHHS in response to publicity concerning the possible closure of BAC.

30.9 In relation to communication strategy, the Planning Group consulted with and took the advice of Rowdy PR.

**(e) on what date did the PG finalise its views and who were those views communicated to, and on what date and by what means?**

30.10 The Planning Group concluded its considerations on or about 15 May 2013. The Planning Group prepared a report in which it made specific recommendations in respect of each of the recommendations in the ECRG report. The Planning Group's report was provided to the Health Service Chief Executive, Lesley Dwyer. It was provided to WMHHS as part of the Board Paper for consideration by WMHHS at its meeting on 23 May 2013 which is annexed as SK-12.

**31 Did Ms Kelly form part of, or have any involvement or input into the formation of, the 'Statewide Adolescent Extended Treatment and Rehabilitation Strategy Group' (SWAETRSG) and/or the 'Statewide Adolescent Extended Treatment and**

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Sharon May Kelly

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Witness

**Rehabilitation Service' (SWAETRS) (and say if these groups are the same or separate)?**

31.1 I did not form part of nor did I have any involvement or input into the formation of the State-wide Adolescent Extended Treatment and Rehabilitation Strategy Group or the State-wide Adolescent Extended Treatment and Rehabilitation Service.

**32 Who were the members of the SWAETRS and/or SWAETRSSG and what was the expertise of each member, and what was the function of each of the SWAETRS and SWAETRSSG?**

32.1 In view of my answer to question 31, I am unable to answer question 32.

**33 Did Ms Kelly form part of, or have any involvement or input into the formation of the 'Steering Committee with respect to the BAC?**

33.1 I am not aware of an entity or committee known as the Steering Committee with respect to BAC.

**34 Who were the members of the Steering Committee and what was the expertise of each member, and what was the function of the Steering Committee?**

34.1 In view of my answer to question 33, I am unable to answer question 34.

**Post-closure**

**35 Were any new services established in West Moreton Hospital and Health Service immediately following/in the course of the closure of the BAC/as a consequence of the closure of the BAC?**

35.1 No new services were established in WMHHS immediately following or in the course of the closure of the BAC or as a consequence of the closure of the BAC.

35.2 In that regard:

- (a) The building previously housing BAC has been decommissioned and is not in use.
- (b) The grounds adjacent to the BAC building simply now form part of the grounds of the adult forensic facility at The Park.
- (c) There are no child or adolescent mental health services at The Park.

**36 Once the BAC closed, did Ms Kelly cause any checks to be conducted to ensure**

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 Sharon May Kelly  
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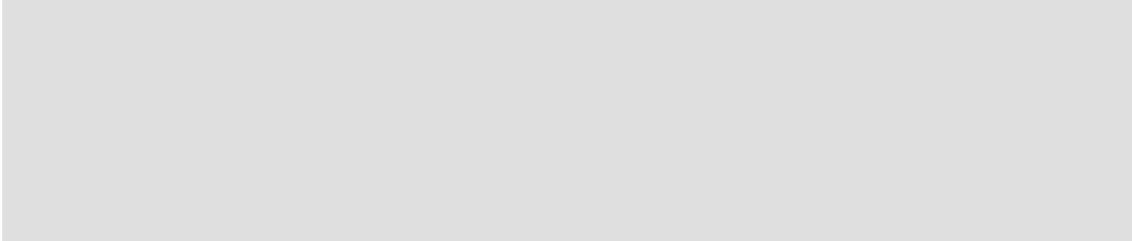
**adequate arrangements were in place for adolescents formerly patients of the BAC? If yes, what did those checks involve and when did they occur?**

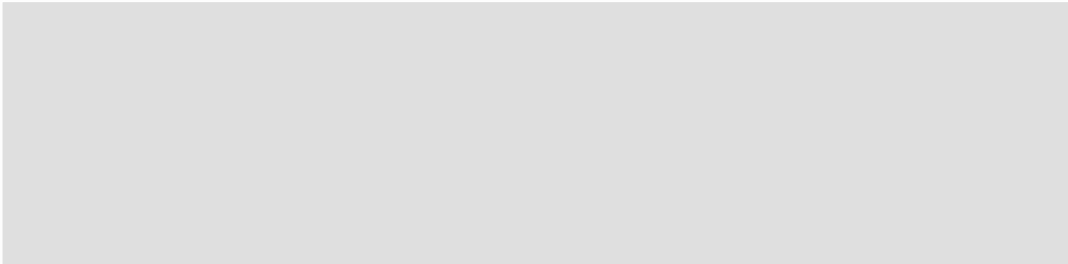
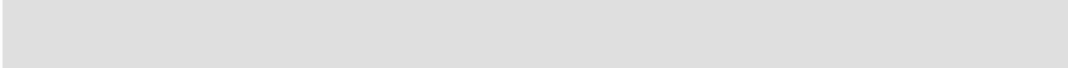
36.1 Dr Anne Brennan remained on contract with WMHHS until March 2014. In February 2014 and again in March 2014, Dr Brennan made enquiries in respect of each transitioned BAC patient, by contacting either the patient, the patient's relevant family member/carer or the service to which the patient had been transitioned (as appropriate to the patient's clinical circumstances) to make enquiries as to:

- (a) how effective the transition had been; and
- (b) whether there was anything further which WMHHS could do to assist.


36.2 Dr Brennan did not report to me any further action which had been requested of WMHHS in the course of those follow-ups. Attached and marked **SK-38** is a copy of a list prepared by Dr Brennan regarding her contact in respect of each patient.

36.3 

36.4 

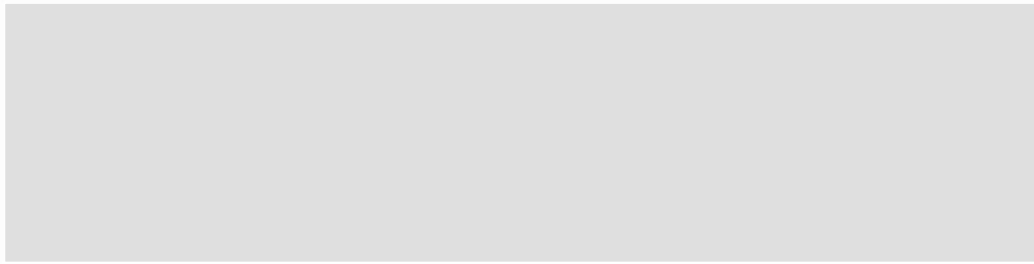
- (a) 
- (b) 

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**Sharon May Kelly**   
14534820/3

  
.....  
**Witness**  
page 42

(c)



**37 Once the BAC closed, did Ms Kelly cause any checks to be conducted to ensure adequate arrangements were in place for adolescents formerly on the BAC waiting list? If yes, what did those checks involve and when did they occur?**

37.1 I have not caused any checks to be conducted since the BAC closed in relation to arrangements for adolescents formally on the BAC waiting list.

**38 Where was the funding allocation for BAC reallocated to?**

38.1 The funding allocation for BAC was returned to the Department of Health and, so far as I am aware, was reallocated by the Department of Health to CHQHHS for the purposes of child and adolescent mental health services, as those services now come under the auspices of CHQHHS.

38.2 WMHHS initially sought to retain 25% of the funding for BAC as had been the practice for other earlier service redesigns across the facility to account for shared workforce and overhead costs that would still need to be met despite the closure of the BAC. However, this request was rejected and 100% of the funding allocation was returned to the Department. No part of the funds were reallocated back to WMHHS for any other mental health services within WMHHS.

**Other**

**39 Outline and elaborate upon any other information and knowledge (and the source of that knowledge) Ms Kelly has relevant to the Commission's Terms of Reference.**

40 Nil.

41 Identify and exhibit all documents in Ms Kelly's custody or control that are referenced in her written statement.

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**Sharon May Kelly**  
14534820/3

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**Witness**

42 All documents referred to in my witness statement are exhibited.

**And I make** this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

**Taken and declared** before me by )  
at Brisbane in the State of )  
Queensland this 16<sup>th</sup> day of )  
October 2015 )  
Before me: )

.....  
Signature of authorised witness

.....  
Signature of declarant *P*

~~A Justice of the Peace~~  
~~Commissioner for Declarations~~  
*LAWYER*

STATUTORY DECLARATION OF SHARON KELLY  
INDEX OF EXHIBITS

No	Document Description	Document Number	Page
SK-1	Curriculum Vitae of Sharon Kelly	WMS.5000.0007.00001	1-3
SK-2	West Moreton Hospital and Health Service – Role Description for Executive Director Mental Health and Specialised Services, undated (at September 2012)	WMS.5000.0015.00001	4-8
SK-3	West Moreton Hospital and Health Services Organisational Structure dated 20 September 2012	WMS.5000.0012.00001	9
SK-4	West Moreton Hospital and Health Service – Role Description for Executive Director Mental Health and Specialised Services, undated (at 2013)	WMS.5000.0006.00118	10-14
SK-6	Queensland Health Memorandum – Cancellation of Capital Delivery Project dated 28 August 2012	WMS.5000.0016.00004	759
SK-7	Email from Sharon Kelly to Logan Steele, Terry Stedman and William	WMS.5000.0016.00001	760-763

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**Sharon May Kelly**

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**Witness**

	<p>Brennan dated 29 August 2012</p> <ul style="list-style-type: none"> <li>Email from MD09-WestMoreton-HSD to Lesley Dwyer and Sharon Kelly dated 29 August 2012</li> <li>Email to HIO-Correspondence to MD09-WestMoreton-HSD dated 29 August 2012</li> <li>Queensland Health Memorandum – Cancellation of Capital Delivery Project dated 28 August 2012</li> </ul>	<p>WMS.5000.0016.00002 WMS.5000.0016.00003 WMS.5000.0016.00004</p>	
SK-8	<p>Email from Ray Chandler to Lesley Dwyer and Sharon Kelly dated 4 October 2012, attaching:</p> <ul style="list-style-type: none"> <li>Email from Robert Wood to Ray Chandler dated 21 September 2012</li> <li>West Moreton Hospital and Health Service – Report on the Condition of the Barrett Adolescent School and Accommodation</li> <li>West Moreton Hospital and Health Service – Report on the Condition of the Barrett Adolescent School and Accommodation</li> </ul>	<p>WMS.0012.0001.08161 WMS.0012.0001.08162 WMS.0012.0001.08163 WMS.0012.0001.08167</p>	764-774
SK-9	<p>Email from Sharon Kelly to Bill Kingswell, Jagmohan Gilhotra and Leanne Geppert, copied to Lesley Dwyer and Chris Thorburn dated 26 October 2012</p>	WMS.0011.0001.19338	775-776
SK-10	<p>West Moreton Hospital and Health Service Project Plan – Barrett Adolescent Strategy</p>	WMS.0012.0001.14639	777-806
SK-11	<p>West Moreton Hospital and Health Service Terms of Reference –</p>	WMS.1002.0002.00091	807-808

  
Sharon May Kelly

  
Witness

	Expert Clinical Reference Group – Barrett Adolescent Strategy dated 30 November 2012		
SK-12	West Moreton Hospital and Health Service Board Committee Agenda Paper dated 24 May 2013	WMB.1000.0001.00049	809-832
SK-13	Document entitled 'Confidential – WM HH Board Meeting 24 May 2013'	WMS.0012.0001.19826	833-834
SK-14	Barrett Adolescent Strategy Expert Clinical Reference Group – Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS) dated 8 May 2013	WMS.1000.0045.00014	835-840
SK-15	West Moreton Hospital and Health Service – Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy July 2013	WMS.1002.0002.00079	841-848
SK-16	West Moreton Hospital and Health Service Minutes - Barrett Adolescent Strategy dated 23 July 2013	WMS.0012.0001.08307	849-851
SK-17	Letter from Sharon Kelly to all staff of the Barrett Adolescent Unit dated 16 December 2013	WMS.0016.0001.13281	852-853
SK-18	West Moreton Hospital and Health Service – Fast Facts 8 dated 3 October 2013	WMS.1002.0006.00008	854
SK-19	Email from Sharon Kelly to Executive Directors and Clinical Directors, Mental Health Services dated 22 October 2013 attaching: <ul style="list-style-type: none"> <li>West Moreton Hospital and Health Service Memorandum from Sharon Kelly to Executive Directors and</li> </ul>	WMS.0011.0001.00061 WMS.0011.0001.00074	855-856

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**Sharon May Kelly**

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**Witness**





	Clinical Directors, Mental Health Services dated 22 October 2013		
SK-20	Document entitled 'Meeting with Minister for Health – 14 December 2012'	WMS.0012.0001.16451	857-861
SK-21	Document entitled 'BAC Weekly Update Meeting Issues Register', undated (as at 22 January 2014)	WMS.3003.0001.00016	862-865
SK-22	Bundle of some West Moreton Hospital and Health Service Barrett Adolescent Centre Minutes and Agendas between 27 November 2013 and 29 January 2014	WMS.3003.0001.00029 WMS.3003.0001.00028 WMS.3003.0001.00034 WMS.3003.0001.00033 WMS.3003.0001.00023 WMS.1002.0009.00704 WMS.0014.0001.00906 WMS.0011.0001.00034 WMS.0011.0001.00015 WMS.3003.0001.00017 WMS.3003.0001.00019	866-882
SK-23	West Moreton Hospital and Health Service Terms of Reference - Complex Care Review Panel, undated	WMS.0011.0001.00288	883-885
SK-24	Complex Case Review Panel – West Moreton Hospital and Health Service dated 5 November 2013	WMS.0011.0001.00304	886-888
SK-25	Email from Sharon Kelly to Sharon Kelly, copied to Trevor Sadler and blind copied to Lesley Dwyer and Naomi Ford dated 6 August 2013  Email from Sharon Kelly to [REDACTED] [REDACTED] dated 7 August 2013	WMS.0011.0001.17358 WMS.6006.0002.27393	889-890
SK-26	West Moreton Hospital and Health	WMS.1002.0005.00028	891-905

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Sharon May Kelly

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Witness

	Service Fact Sheets 1-11	WMS.1002.0006.00015 WMS.1002.0006.00014 WMS.1002.0006.00013 WMS.1002.0006.00012 WMS.1002.0006.00011 WMS.1002.0009.00874 WMS.1002.0006.00008 WMS.1002.0006.00007 WMS.1002.0009.00834 WMS.1002.0006.00005	
SK-27	Document titled 'Concerns of consumers, carers & community in response to closure of the Barrett Adolescent Centre and the future of adolescent mental healthcare in Queensland' dated 30 August 2013	WMS.1003.0002.00288	906-935
SK-28	Bundle of letters from Sharon Kelly to Barrett Adolescent Centre parents and carers dated 20 November 2013	WMS.0016.0001.15230 WMS.1003.0003.00540 WMS.1003.0003.00534 WMS.1003.0003.00546 WMS.1003.0003.00552 WMS.1002.0009.00798 WMS.1002.0009.00822 WMS.1002.0009.00804 WMS.1007.0024.00001 WMS.1007.0023.00001 WMS.1007.0020.00003 WMS.1007.0018.00001 WMS.1007.0019.00001 WMS.1003.0003.00528	936-1002

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**Sharon May Kelly** 

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**Witness**

SK-29	West Moreton Hospital and Health Service BAC Staff Communiqués 1-4	WMS.1003.0028.00003 WMS.1002.0006.00003 WMS.1002.0009.00868 WMS.1007.0116.00007	1003-1009
SK-30	Document entitled 'Speaking Points Sharon Kelly Barrett Adolescent Centre Strategy 5 August 2013'	WMS.1007.0194.00011	1010-1012
SK-31	Spreadsheet recording Sharon Kelly's contact made with BAC parents (as at 7 November 2013)	WMS.0014.0001.01989	1013-1017
SK-32	Bundle of letters from Sharon Kelly to Barrett Adolescent Centre parents and carers dated 20 November 2013	WMS.1002.0009.00798 WMS.1002.0009.00804 WMS.1002.0009.00822 WMS.1003.0003.00528 WMS.1003.0003.00534 WMS.1003.0003.00540 WMS.1003.0003.00546 WMS.1003.0003.00552 WMS.1007.0024.00001 WMS.1007.0018.00001 WMS.1007.0019.00001 WMS.1007.0020.00003 WMS.1007.0023.00001 WMS.0016.0001.15230	1018-1083
SK-33	Letter from Lesley Dwyer to Trevor Sadler dated 13 September 2013	WMS.6001.0001.01785	1084-1085
SK-34			

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**Sharon May Kelly**

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**witness**

SK-35			
SK-36			
SK-37	<p>Email from Sharon Kelly to Maurice Drake, AHPRA, copied to Leanne Geppert, Alan Millward, Lesley Dwyer, Mark Mattiussi and Darren Neillie dated 10 September 2013 attaching:</p> <ul style="list-style-type: none"> <li>AHPRA Notification (complaint) dated 10 September 2013</li> </ul>	<p>WMS.5000.0006.00094 WMS.5000.0006.00095</p>	<p>1098-1108</p>
SK-38	<p>Document entitled 'Barrett Adolescent Consumers Review 03/03/2014' prepared by Anne Brennan dated 3 March 2014</p>	<p>WMS.0011.0001.03027</p>	<p>1109-1111</p>

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**Sharon May Kelly**

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**Witness**

## CURRICULUM VITAE

**SHARON MAY KELLY**

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**RECENT EMPLOYMENT**

**Acting Health Service Chief Executive – West Moreton Hospital and Health Service**  
(May – July 2012; September 2014 – November 2014; April 2015 – July 2015)

**Executive Director Mental Health & Specialised Services WMHHS** (2012 – current)

**Acting Health Service Chief E Torres Strait – Northern Peninsula HHS** (November 2013)

**Executive Director Primary and Community Health West Moreton Health District** (2011-2012)

**Executive Director Community Health Darling Downs West Moreton District** (2009 – 2011)

**Director Office of Chief Executive Country Health South Australia** (2009)

**Director Service Development Country Health South Australia** (2008 -2009)

**Regional Director South East Regional Community Health Service** (2000 – 2008)

**Education and Qualifications**

Master of Health Administration: University of NSW awarded May 2006

Bachelor of Nursing; Flinders University, completed 1992.

Diploma of Nursing Studies; Sturt College of Advanced Education, completed in 1989.

Registered Midwifery Certificate; The Queen Victoria Hospital, awarded 1986.

General Registered Nursing Certificate; South East School of Nursing, awarded 1984

**Professional Memberships**

Associate Fellow, Australian College Health Service Executives (2003 ongoing)

Graduate Australian Institute of Company Director Course (2012 ongoing)

**Manager Community Services, SERCHS.**

February 1999- May 2000

**Project positions, Department of Human Services and Mid North Division of General Practice.**

**February 1996- January 1999**

**Lyell McEwin Health Service; Parent Educator for the obstetric service.**

**May 1994- January 1996**

**University of South Australia clinical facilitator for the midwifery students**

**March 1995-July 1995**

**Hutchinson Hospital Parent Educator for Community Health Services Department**

**August 1988-October 1989**

**Registered Nurse/ Registered Midwife within South Australian public hospital system.**

**February 1984-February 1999**

### **CURRENT AND RECENT REPRESENTATIVE POSITIONS**

- Member Health Service Chief Executive Forum (2015)
- Member of Queensland State-wide working party to review the Mental Health Act (2014)
- Current member of the QLD state Mental Health Executive Directors leadership group (2012 – ongoing)
- Representative of the WMHHS on
- state-wide programs related to Offender Health Services (2012 – ongoing)
- Executive Delegate sponsor for Queensland Mental Health Benchmarking Unit (2012 – ongoing)
- Previous State Ministry of Food contract group, overseeing the Good Foundation/Jamie Oliver program in QLD (2011 -12)
- Previous State Multicultural Advisory committee (2011 – 2012)

### **RECENT PROFESSIONAL DEVELOPMENT**

- Global Forum Health Care Innovators Chief Executive Round Table (2015)
- Completed the leader cohort, Queensland Institute of Clinical Redesign (2013/14)
- Executive Media Coaching – Clarke & Burrow (2013)
- Top 500 Executive Leadership training Q Health (2012)

- Queensland Health Aspiring DCEO Leadership program (2011)
- Executive Learning Set Queensland Health (2011)
- Top 500 Executive Leadership training Q Health (2010)



West Moreton Hospital and Health Service



**Job ad reference:** Recruitment to insert  
**Role title:** Executive Director Mental Health and Specialised Services  
**Status:** Contract  
*(Future vacancies of a temporary, full time or part time nature may be accommodated within this role)*

**Unit/Branch:** Mental Health and Specialised Services  
**Division/District:** West Moreton Hospital and Health Service  
**Location:** Ipswich  
**Classification level:** HES 2 High  
**Salary level:** Recruitment to insert  
**Closing date:** Recruitment to insert  
*(Applications will remain current for Recruitment to insert)*

**Contact:** Leslev Dwver. Chief Executive  
**Telephone:** [Redacted]  
**Online applications:** [www.health.qld.gov.au/workforus](http://www.health.qld.gov.au/workforus) or [www.smartjobs.qld.gov.au](http://www.smartjobs.qld.gov.au)  
 If you are unable to apply online, please contact Recruitment Services on [Redacted] or [Redacted]

**Deliver application:** Hand delivered applications will not be accepted

**About our organisation**

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Our behaviour is guided by Queensland Health's commitment to high levels of ethics and integrity and the following **five core values**:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

**Purpose**

The Executive Director Mental Health and Specialised Services (MH&SS) provides strategic leadership and assumes responsibility and accountability for the day to day delivery of the mental health and specialised services within West Moreton Hospital and Health Service (WMHHS).

In addition, this role has statewide leadership responsibilities for High Secure Forensic Services, Queensland Centre of Mental Health Learning, Queensland Centre for Mental Health Research, Offender Health Services and Barrett Adolescent Centre.

To find out more about Queensland Health, visit [www.health.qld.gov.au](http://www.health.qld.gov.au)



The Executive Director MH&SS reports directly to the Chief Executive (CE). Reporting to this role are eight direct reports:

- Director Clinical Services, Mental Health and Specialised Services
- Director of Nursing, Mental Health and Specialised Services
- Director of Allied Health and Community Mental Health Programs
- Director Mental Health Strategy
- Director Queensland Centre of Mental Health Learning
- Director Queensland Centre for Mental Health Research
- Coordinator, Quality, Safety & Governance
- Consumer Advocate, West Moreton Mental Health

Services in MH&SS include those provided at The Park – Centre for Mental Health, Acute Inpatient and Community Services, ATODs, Brisbane Youth Detention Centre and Offender Health Services (provided within four correctional centres.)

The Executive Director MH&SS is accountable for the budget for MH&SS which is approximately \$111, 750 M.

### **Key accountabilities**

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.
- Provide executive level leadership, governance, day-to-day operational and performance management of MH&SS.
- Through required organisational change, reflect WMHHS's strategic aspirations to deliver integrated mental health care, in partnership with Primary Care and other organisations
- Through the development of revised systems and processes strengthen MH&SS's ability to operate integrated models of care, optimise resource allocation, remove structural boundaries that impede access and patient flow.
- Contribute to the development, framing, implementation and evaluation of the strategic plan for clinical and non clinical services within WMHHS in consultation with the Chief Executive and the Hospital and Health Service Board.
- Provide effective leadership in the development and management of a multidisciplinary leadership team that effectively executes the organisational strategic goals and plan, consistent with time frames, activity and budget.
- Lead and coordinate strategic service developments incorporating innovative and evidence-based models of service delivery and establish mechanisms for the ongoing monitoring and evaluation of agreed service models against agreed targets.
- Develop and promote an environment of participation and collaboration for service development and improvement within WMHHS and the broader community through consultation with consumer and carer groups, government and non-government service providers and community groups in the planning and management of health services to achieve optimal health outcome for people with mental disorders.
- Ensure the MH&SS facilities and services of WMHHS operate safely in accordance with the requirements of the Queensland Health Clinical Services Capability and Clinical Governance Frameworks.
- Implement, manage and monitor systems and processes of continuous improvement in accordance with Queensland Health and HHS directives, legislative requirements and National Health Care Standards.
- Manage and coordinate the use of health service and population health data in service modelling and the use of local, national and international benchmarking for quality improvement and service planning purposes.
- Ensure governance systems are in place to effectively manage patient/staff safety, service targets, and organisation risk within National and state Government legislation and policy requirements.
- At the service level ensure the effective administration and compliance with the Mental Health Act 2000 and policies and practice guidelines issued by the State Director of Mental Health.

To find out more about Queensland Health, visit [www.health.qld.gov.au](http://www.health.qld.gov.au)

- Within legislative requirements ensure there is a strategic approach and implementation to the development of contemporary human resource practices and policies including Workplace Health and Safety, Equal Employment Opportunity and Anti-discrimination.
- Lead and coordinate strategic input into the delivery of Offender Health Services to Correctional facilities across the state.

#### **Qualifications/Professional registration/Other requirements**

- An advanced degree in the relevant field is highly regarded
- Appropriate management and leadership experience and advanced training in healthcare is required.
- Thorough knowledge of modern management principles, practices and methods is required.

#### **Are you the right person for the job?**

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

#### **Leadership and Management**

- Demonstrated executive level leadership in managing and coordinating internal teams and multi-disciplinary project teams, exercising sound judgement and effective responses to the demands of a high pressure environment.
- Demonstrated high level management skills and knowledge, including high level experience in the areas of planning, managing resources, budget preparation and management, project management and performance feedback and management.

#### **Problem Solving**

- Demonstrated high senior level experience in providing high level policy advice within short time frames, including the ability to synthesise facts, conduct detailed analysis, interpret and evaluate relevant data.
- A successful track record in leading the design, implementation and evaluation of innovative strategies within complex organisations that improve organisational performance.

#### **Communication and Interpersonal Skills**

- Demonstrated senior high level communication, negotiation, persuasion and interpersonal skills, including the proven experience in developing high level strategies for communicating and consulting with Government, stakeholders, professional bodies, consultants, NGOs, universities, contractors and the community.

#### **Organisational Commitment and Awareness**

- Commitment to undertake responsibilities in accordance with Queensland Health's core values of caring for people, leadership, respect and integrity.

#### **How to apply**

Please provide the following information to the panel to assess your suitability:

- **Your current CV or resume, including referees.** You must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **A short response** (maximum 1-2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key responsibilities and meet the key attributes.
- **Application form** (only required if not applying online).

To find out more about Queensland Health, visit [www.health.qld.gov.au](http://www.health.qld.gov.au)

**About West Moreton Hospital and Health Service**

West Moreton Hospital and Health Service (WMHHS) comprises of four local government areas Scenic Rim Regional Council, Lockyer Valley Regional Council, Somerset Regional Council and Ipswich City Council.

Ipswich is the major city of the region. Esk, Laidley, Gatton, Boonah and Wacol are townships spread throughout the service area.

The WMHHS services a population of approximately 249,000 people. The region's demographics are diverse and include metropolitan and small rural community settings.

The service has a major teaching role, providing both undergraduate and postgraduate clinical experience for members of the multidisciplinary healthcare team. The service currently employs over 2 600 staff.

WMHHS is home to one medium sized hospital, Ipswich Hospital, four rural facilities, Boonah Health Service (HS), Esk HS, Gatton HS, and Laidley HS.

Based at Gailes are The Brisbane Youth Detention Centre Health Service and The Park-Centre for Mental Health, Treatment, Research and Education which also hosts the state-wide service of Queensland Centre for Mental Health Learning and Queensland Centre for Mental Health Research.

Wacol Women's Correctional Offender Health Service (including Helana Jones at Albion), Wolston Correctional Offender Health Service, Brisbane Correctional Offender Health Service became a part of West Moreton Hospital and Health Service on 1 July 2012 as part of the state-wide health reform.

Community Health Services operate from both the Ipswich Health Plaza and Goodna Community Health Centre and provides an outreach service to the rural area.

Oral Health services are provided in 18 fixed clinics and 12 mobile dental clinics across the region, coordinated to provide comprehensive adult and school based services. The main oral health clinic is the Ipswich Community Dental Clinic based in the Limestone Street Centre.

By 2031 it is projected that the WMHHS population will more than double to approximately 580,000, making the Hospital and Health Service the fastest growing in the state.

**Pre-employment screening**

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment. In addition, any factors which could prevent the recommended applicant complying with the requirements of the role are to be declared.

Roles providing health, counselling and support services mainly to children will require a Blue Card, unless otherwise exempt. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

**Health professional roles involving delivery of health services to children and youth**

All relevant health professional (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.

All relevant health professional are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

**Salary Packaging**

To find out whether or not your work unit is eligible for the Public Hospital Fringe Benefits Tax (FBT) Exemption Cap please refer to the Salary Packaging Information Booklet for Queensland Health employees available from the Queensland Health Salary Packaging Bureau Service Provider - RemServ at <http://www.remserv.com.au>. For further queries regarding salary packaging RemServ's Customer Care Centre may be contacted via telephone on 1300 30 40 10.

To find out more about Queensland Health, visit [www.health.qld.gov.au](http://www.health.qld.gov.au)

**Disclosure of Previous Employment as a Lobbyist**

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>.

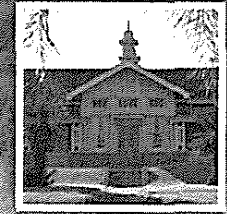
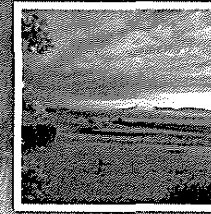
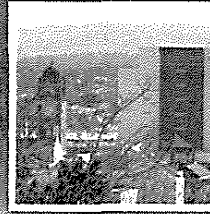
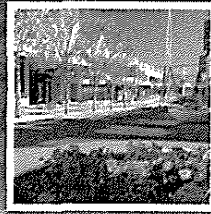
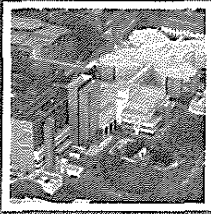
**Probation**

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 <http://www.health.qld.gov.au/ghpolicy/docs/pol/gh-pol-197.pdf>.



"SK-4"

West Moreton Hospital and Health Service



## Role Description for Executive Director (Mental Health and Specialised Services)

<b>Business unit:</b>	Mental Health and Specialised Services	<b>Division:</b>	Mental Health and Specialised Services
<b>Position ID:</b>	TBA	<b>Location:</b>	Ipswich Hospital, Ipswich
<b>Classification:</b>	HES2 (High)	<b>Contact:</b>	Lesley Dwyer
<b>Salary:</b>	\$138 194 - \$163 761 per annum	<b>Telephone:</b>	
<b>Employment status:</b>	Contract Position	<b>Closing date:</b>	Recruitment Team Use Only Applications will remain current for 12 months.
<b>Vacancy reference:</b>	Recruitment Team Use Only		

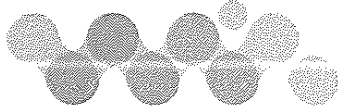
### About this role

The Executive Director (Mental Health and Specialised Services) (MH&SS) provides strategic leadership and assumes responsibility and accountability for the day to day delivery of the mental health and specialised services within West Moreton Hospital and Health Service (WMHHS).

In addition, this role has statewide leadership responsibilities for High Secure Forensic Services, Queensland Centre of Mental Health Learning, Queensland Centre for Mental Health Research, Offender Health Services and Barrett Adolescent Centre.

The key accountabilities of the role are:

- Provide executive level leadership, governance, day-to-day operational and performance management of MH&SS.
- Through required organisational change, reflect WMHHS's strategic aspirations to deliver integrated mental health care, in partnership with Primary Care and other organisations
- Through the development of revised systems and processes strengthen MH&SS's ability to operate integrated models of care, optimise resource allocation, remove structural boundaries that impede access and patient flow.
- Contribute to the development, framing, implementation and evaluation of the strategic plan for clinical and non clinical services within WMHHS in consultation with the Chief Executive (CE) and the Hospital and Health Service Board.
- Provide effective leadership in the development and management of a multidisciplinary leadership team that effectively executes the organisational strategic goals and plan, consistent with time frames, activity and budget.
- Lead and coordinate strategic service developments incorporating innovative and evidence-based models of service delivery and establish mechanisms for the ongoing monitoring and evaluation of agreed service models against agreed targets.
- Develop and promote an environment of participation and collaboration for service development and improvement within WMHHS and the broader community through consultation with consumer and carer groups, government and non-government service providers and community groups in the planning and management of health services to achieve optimal health outcome for people with mental disorders.
- Ensure the MH&SS facilities and services of WMHHS operate safely in accordance with the requirements of the Queensland Health Clinical Services Capability and Clinical Governance Frameworks.



- Implement, manage and monitor systems and processes of continuous improvement in accordance with Queensland Health and HHS directives, legislative requirements and National Health Care Standards.
- Manage and coordinate the use of health service and population health data in service modelling and the use of local, national and international benchmarking for quality improvement and service planning purposes.
- Ensure governance systems are in place to effectively manage patient/staff safety, service targets, and organisation risk within National and state Government legislation and policy requirements.
- At the service level ensure the effective administration and compliance with the Mental Health Act 2000 and policies and practice guidelines issued by the State Director of Mental Health.
- Within legislative requirements ensure there is a strategic approach and implementation to the development of contemporary human resource practices and policies including Workplace Health and Safety, Equal Employment Opportunity and Anti-discrimination.
- Lead and coordinate strategic input into the delivery of Offender Health Services to Correctional facilities across the state.
- Oversee the regular conduct of reviews within the clinical streams and identify areas of improvement that focus on improving quality care within standards of excellence.
- Provide high quality strategic reports to the CE and the Hospital and Health Service Board on major operational issues and performance plan results on a monthly, quarterly and annual basis.
- Actively contribute to developing and maintaining a culture which values health and safety and where staff are vigilant to risks of harm to their co-workers, clients or visitors.
- Actively participate in the Health Service Performance Planning and Appraisal and Individual Development Planning processes.

#### **Staffing and budget responsibilities**

The Executive Director MH&SS reports directly to the CE. Reporting to this role are eight direct reports:

- Director Clinical Services, Mental Health and Specialised Services;
- Director of Nursing, Mental Health and Specialised Services;
- Director of Allied Health and Community Mental Health Programs;
- Director Mental Health Strategy;
- Director Queensland Centre of Mental Health Learning;
- Director Queensland Centre for Mental Health Research;
- Coordinator, Quality, Safety & Governance ; and
- Consumer Advocate, West Moreton Mental Health.

Services in MH&SS include those provided at The Park – Centre for Mental Health, Acute Inpatient and Community Services, Alcohol, Tobacco & Other Drugs (ATODs), Brisbane Youth Detention Centre and Offender Health Services (provided within four correctional centres.)

The Executive Director MH&SS is accountable for the budget for MH&SS which is approximately \$111, 750 M.

#### **Attributes required for effective performance in this role**

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The information in this section is used to assess candidate suitability to perform effectively in the role.

##### **Mandatory Qualifications / Professional Registration:**

- An advanced degree in the relevant field is highly regarded;
- Appropriate management and leadership experience and advanced training in healthcare is required; and
- Thorough knowledge of modern management principles, practices and methods is required.

##### **Key capabilities required for this role:**

###### *Leadership and Management*

- Demonstrated executive level leadership in managing and coordinating internal teams and multi-disciplinary project teams, exercising sound judgement and effective responses to the demands of a high pressure environment.

- Demonstrated high level management skills and knowledge, including high level experience in the areas of planning, managing resources, budget preparation and management, project management and performance feedback and management.

#### *Problem Solving*

- Demonstrated high senior level experience in providing high level policy advice within short time frames, including the ability to synthesise facts, conduct detailed analysis, interpret and evaluate relevant data.
- A successful track record in leading the design, implementation and evaluation of innovative strategies within complex organisations that improve organisational performance.

#### *Communication and Interpersonal Skills*

- Demonstrated senior high level communication, negotiation, persuasion and interpersonal skills, including the proven experience in developing high level strategies for communicating and consulting with Government, stakeholders, professional bodies, consultants, NGOs, universities, contractors and the community.

#### *Organisational Commitment and Awareness*

- Commitment to undertake responsibilities in accordance with Queensland Health's core values of caring for people, leadership, respect and integrity.

## **How to apply for this role**

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To apply for this role please provide the following documents:

- Your current resume including the name and contact details of at least two referees; and
- A short statement (maximum 2 pages) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key capabilities.

The Health Service prefers candidates to apply for roles online through [www.health.qld.gov.au/workforus](http://www.health.qld.gov.au/workforus) or [www.smartjobs.qld.gov.au](http://www.smartjobs.qld.gov.au). If you apply online you can track your application during the selection process, maintain your personal details and contact details and withdraw your application if necessary.

If you are unable to apply online, please contact our Recruitment Services and Establishment Team on [redacted] or email [redacted] and we will assist you. We are not able to accept hand delivered applications.

## **Employment related information**

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### **Pre-employment screening**

Pre-employment screening including criminal history and discipline history checks may be undertaken on candidates recommended for employment. Roles providing health, counselling and support services mainly to children will require a Blue Card unless an exemption applies.

The recommended candidate is required to disclose if they have been subject to serious disciplinary action during any public sector employment. Candidates are also required to declare any factors which could prevent them from effectively fulfilling the requirements of the role.

All health professionals are responsible for maintaining their level of capability in the provision of health care and must comply with their reporting obligations in this regard.

Please refer to the document *Information for Applicants* for further information about pre-employment screening and other requirements.

### **Salary Packaging**

For information about the Public Hospital Fringe Benefits Tax (FBT) Exemption Cap please refer to the *Salary Packaging Information Booklet* for Department of Health employees available from our salary packaging provider RemServ at <http://www.remserv.com.au>. Questions about salary packaging can be directed to the RemServ Customer Care Centre on 1300 30 40 10.

### **Disclosure of Previous Employment as a Lobbyist**

Candidates appointed to the Health Service are required to give a statement of any previous employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>.



## Probation

Employees who are permanently appointed to the Health Service may be required to undertake a period of probation. For further information about probation requirements, please refer to Probation HR Policy B2 <http://www.health.qld.gov.au/ghpolicy/docs/pol/gh-pol-197.pdf>.

Please refer to the document *Information for Applicants* for further employment related information.

## About Queensland Health

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The behaviour of our staff is guided by Queensland Health's commitment to high levels of ethics and integrity and the following core values:

- Caring for people;
- Leadership;
- Partnership;
- Innovation; and
- Accountability, efficiency and effectiveness.

## About West Moreton Hospital and Health Service

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West Moreton Hospital and Health Service has a long and proud history of caring for the communities of Ipswich, Boonah, Esk, Laidley and more recently Gatton. The hospital and health service is one of the largest employers in the region, employing more than 2500 staff.

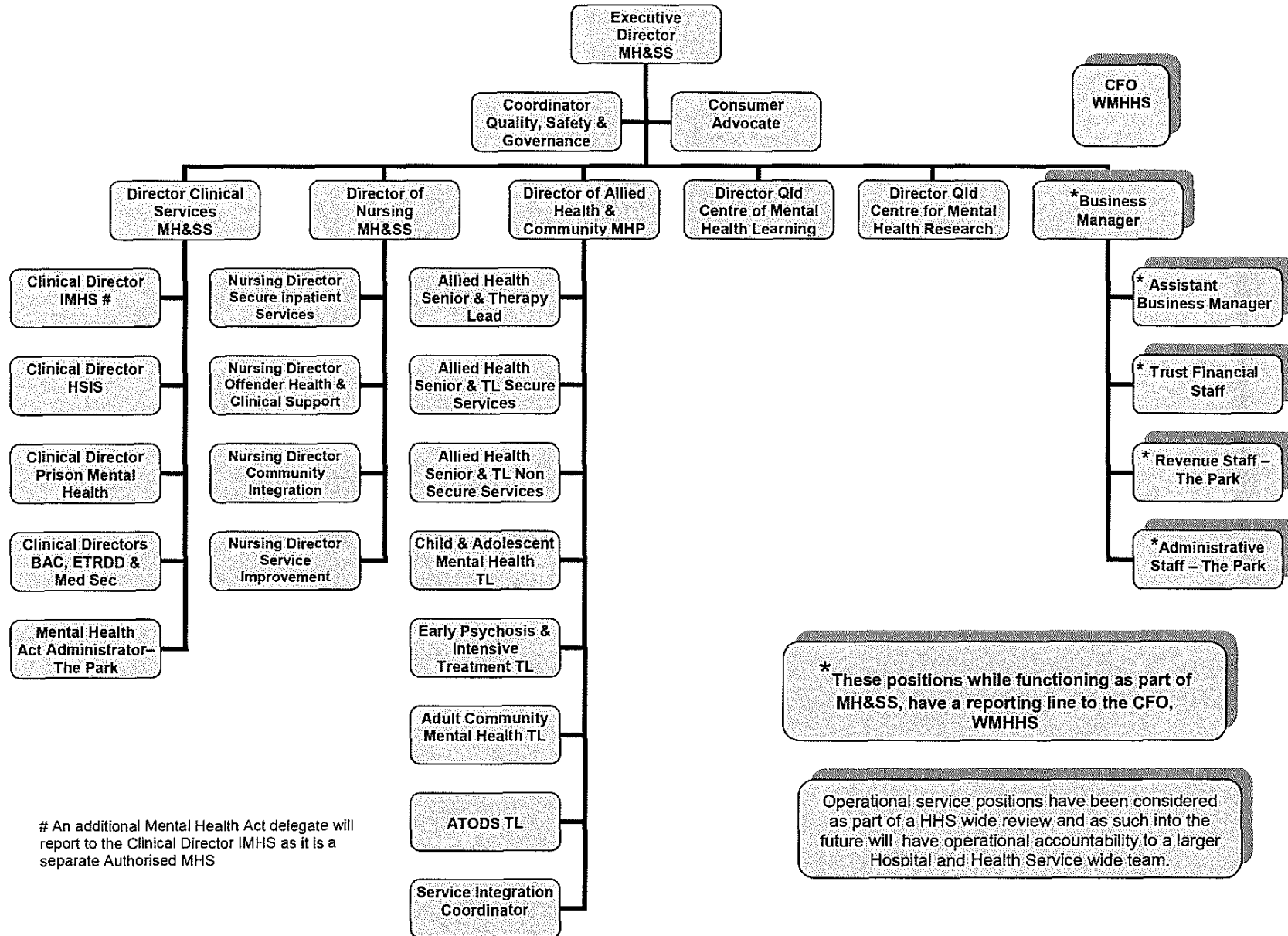
West Moreton Hospital and Health Service delivers health services in a mix of metropolitan and small rural community settings and services a population of about 245,000 people. The Health Service catchment is the third fastest growth area in Australia and the population is forecast to increase to an about 475,000 people by 2026 (an increase of 90 per cent). The projected increase in population is the largest of any Hospital and Health Service in Queensland. The Health Service has excellent prospects for growth which makes it an ideal employer for those seeking to develop their career.

The Hospital and Health Service delivers health services across the continuum of care: preventative and primary health care services, ambulatory services, acute care, sub-acute care, oral health and mental health and specialised services (including Offender Health and Alcohol Tobacco and Other Drugs). WMHHS also has a major teaching role, providing both undergraduate and postgraduate clinical experience for members of the multi disciplinary healthcare team and has accountability for state wide research and learning facilities for mental health.

Our Health facilities include:

- Ipswich Hospital;
- Boonah Health Service;
- Esk Health Service;
- Gatton Health Service;
- Laidley Health Service;
- Community Health Services; and
- The Park Centre for Mental Health.

**Organisation chart**



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"SK-6"



**Queensland  
Government**

Queensland Health

# MEMORANDUM

**To:** Lesley Dwyer, Chief Executive Officer, West Moreton Hospital and Health Service  
Dr Richard Ashby, Chief Executive Officer, Metro South Hospital and Health Service

**Copies to:** Jason Flenley, A/Executive Director, Capital Delivery Program, Health Infrastructure Office

**From:** Glenn Rashleigh, Chief Health Infrastructure Office, System Support Services

**Contact No:**  
**Fax No:**



**Subject:** Cancellation of Capital Delivery Project

**File Ref:** 66600091 HP1002.170  
**Ref-Number**

The purpose of this memo is to advise of a decision by government to cancel or defer a small number of capital delivery projects.

This includes the cancellation of the replacement Adolescent Mental Health Unit at Redlands from the current location at Wacol.

For further information, please contact Jason Flenley, A/Executive Director, Capital Delivery Program on email [redacted]

Yours sincerely



Glenn Rashleigh  
Chief Health Infrastructure Office  
System Support Services  
Director – Capital Delivery Program

*RB* 1 08 12012

"SK-7"

**From:** Sharon Kelly  
**Sent:** 29 Aug 2012 19:30:27 +1000  
**To:** Logan Steele;Terry Stedman;William Brennan  
**Cc:** Lesley Dwyer;Mark Kearin  
**Subject:** Fwd: Re: CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project  
**Attachments:** Re: CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project.txt

Logan/ Terry/Will,

please note the attached memo. I believe this will not be unexpected, however I would appreciate being provided with an outline of the consequential issues this will now place on the Park as I understand the current adolescent unit had not had any significant effort put in to refurbishment given the proposed move.

I acknowledge that you may have already provided this to Mark/Lesley in anticipation of the advice. if so could I please have a copy to ensure I also have a full understanding of the issues.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

West Moreton Hospital and Health Service

Chelmsford Avenue, Ipswich, QLD 4305  
PO Box 878, Ipswich, QLD 4305  
[www.health.qld.gov.au](http://www.health.qld.gov.au)

**From:** MD09-WestMoreton-HSD  
**Sent:** 29 Aug 2012 13:57:44 +1000  
**To:** Lesley Dwyer; Sharon Kelly  
**Subject:** Re: CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project  
**Attachments:** CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project.txt

Hi Lesley and Sharon

Please see attached

thanks  
Shireen

**From:** HIO-Correspondence  
**Sent:** 29 Aug 2012 09:25:56 +1000  
**To:** MD09-WestMoreton-HSD  
**Cc:** Jason Flenley;CHIO-HIO  
**Subject:** CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project  
**Attachments:** SSS000097 - CHIO CLEARED MD09.pdf

Morning Lesley

Please find attached CHIO APPROVED memorandum from Chief Health Infrastructure Officer regarding Cancellation of Capital Delivery Project.

For further information, please contact Jason Flenley, A/Executive Director, Capital Delivery Program on email [redacted]

Thanks

---

Health Infrastructure Correspondence Team | Health Infrastructure Branch  
System Support Services | Queensland Health

Level 5, Anzac Square Building  
200 Adelaide Street BRISBANE Q 4000  
E: [redacted]

Alan Costin, Correspondence Coordinator [redacted]  
Alana Scheikowski, Correspondence Officer [redacted]  
Angelica Patu, Correspondence Officer [redacted]

**\*\*Please email all correspondence related requests to the [redacted] email account - Thank you\*\***



Queensland Health

## MEMORANDUM

**To:** Lesley Dwyer, Chief Executive Officer, West Moreton Hospital and Health Service  
Dr Richard Ashby, Chief Executive Officer, Metro South Hospital and Health Service

**Copies to:** Jason Flenley, A/Executive Director, Capital Delivery Program, Health Infrastructure Office

**From:** Glenn Rashleigh, Chief Health Infrastructure Office, System Support Services

**Contact No:** [REDACTED]  
**Fax No:** [REDACTED]

**Subject:** Cancellation of Capital Delivery Project

**File Ref:** 555000091 HP1002170  
Ref-Number-

The purpose of this memo is to advise of a decision by government to cancel or defer a small number of capital delivery projects.

This includes the cancellation of the replacement Adolescent Mental Health Unit at Redlands from the current location at Wacol.

For further information, please contact Jason Flenley, A/Executive Director, Capital Delivery Program on email [REDACTED]

Yours sincerely

[REDACTED]  
Glenn Rashleigh  
Chief Health Infrastructure Office  
System Support Services  
Director – Capital Delivery Program

RB / 08 / 2012

**“SK-8”**

**From:** Ray Chandler  
**Sent:** 4 Oct 2012 05:32:58 +1000  
**To:** Lesley Dwyer; Sharon Kelly  
**Subject:** Fwd: Barrett Adolescent condition summary  
**Attachments:** Barrett Adolescent condition summary.txt

Good morning

I asked BEMS to pull together a high level estimate of what would be involved in bringing BAC back to good condition if it is to be used for an elongated period. The report is attached for your information

Ray

**Ray Chandler**  
**Executive Director Infrastructure & Ipswich Hospital Expansion**

---

West Moreton Hospital and Health Service

T:

M:

E:

Chelmsford Ave, Ipswich, QLD 4305

PO Box 73, Ipswich, QLD 4305

[www.health.qld.gov.au](http://www.health.qld.gov.au)



**From:** Robert Wood  
**Sent:** 21 Sep 2012 17:05:44 +1000  
**To:** Ray Chandler  
**Cc:** Wayne Plummer; Logan Steele  
**Subject:** Barrett Adolescent condition summary  
**Attachments:** Barrett Adolescent Condition Report.doc, Barrett Adolescent Condition Report2.doc

Hi Ray,

Attached are two versions of the Barrett Adolescent maintenance challenges.

My Estimate is \$400,000 to bring it back to good condition in the same layout etc that it is now. This includes some asbestos removal but there is a lot in the building - it remains safe if it is maintained.

One report has a few pictures and the other one doesn't.

Hopefully it's enough to get the ball rolling with MH Capital Delivery people.

See Ya,  
Robert

Robert Wood  
A/Building, Engineering and Maintenance Manager  
Ipswich Hospital  
West Moreton Hospital and Health Service  
T: [REDACTED]  
E: [REDACTED]  
Chelmsford Avenue, Ipswich, QLD 4305  
PO Box 73, Ipswich, QLD 4305  
[www.health.qld.gov.au](http://www.health.qld.gov.au)

West Moreton Hospital and Health Service

## **Report on the Condition of the Barrett Adolescent School and Accommodation**

### **EXECUTIVE SUMMARY**

This report has been prepared due to the expectation that the Adolescent School and Accommodation in Barrett C (school) & D (accommodation) is to remain on The Park site for the foreseeable future.

Both Barrett B & C buildings are in approximately of 35 years old and were not originally designed or built to house a school or adolescents accommodation. Genuine redevelopment or capital investment in Barrett B & C had been avoided in the 2000 site redevelopment of The Park as the service was destined to be relocated. It has now been 12 years since the 2000 major site redevelopment and Capital Works Delivery Program has cancelled the build of an alternative site at Redland Bay.

In consideration of the relocation of the Adolescent Mental Health service the Barrett buildings have been maintained with a short term view and subsequently they now have a large number of infrastructure challenges to ensure they remain fit for purpose.

An estimated investment into Barrett C & D of approximately \$400,000 is necessary to bring these buildings back to good condition.

### **INTRODUCTION**

The purpose of this report is to identify capital or redevelopment level works which are necessary to allow the Adolescent Mental Health service to effectively operate from the Barrett Adolescent site for the foreseeable future.

A recent inspection and the tri-annual Building Condition Assessments are the basis for the comments below. Values may be increased to represent a longer term maintenance view as opposed to the previous view of meeting short term maintenance objectives.

### ***STRUCTURE OF THE BUILDING (SBZZ)***

The buildings are approximately 35 years old and generally the physical structure of the buildings appears in sound condition when considered against the mandatory Building Code of Australia standard for the period.

### ***Roof General (RFZZ)***

The cliplock roofing for each building is in fair condition for its age. Repairs were actioned approximately 15 years ago due to cliplock roof sheets rusting in areas.

Both buildings roofs require sections of replacement, sealing and/or painting to ridges, flashing and cliplock sheets in lieu of total replacement due to leaks and rust.

Barrett C requires a number of sections of insulation repaired.

Barrett D requires additional possum/vermin proofing.

Estimate for repairs is \$60,000.

***External Walls (EWZZ)***

Both buildings have brick exteriors in sound condition.

External fascias of the buildings contain asbestos. The asbestos sheeting was repainted approximately five years ago. It is due for a clean and repaint by in lieu of removal to ensure the integrity of the encapsulation of the asbestos fibres.

Barrett D requires soffit repairs adjacent the visitors entrance.

Estimate for painting and repairs is \$45,000.

***Windows General (WWZZ)***

A large number of window panels have been changed to perspex to avoid repeated breakages. Barrett D windows requires servicing, resealing and waterproofing of most windows.

Estimate for window maintenance/repairs is \$20,000.

***External Doors (DOZZ)***

External doors and trims on both buildings require a level of servicing and painting to prolong their life.

Estimate for exterior door and trim work is \$5,000.

***Wall Finishes General (WFZZ)***

The buildings appear to have been internally repainted around 2000. The internal painting of the school building walls is generally in sound condition. The accommodation building is in need of a repaint.

Estimate for Barrett D internal repaint is \$20,000.

***Floor Finishes (FFZZ)***

Floor coverings, especially in the school building are in poor condition. In lieu of total replacement all floor coverings require cleaning and some areas require replacement.

Both buildings have asbestos backed vinyl.

Estimate for floor covering cleaning, repairs and necessary replacement (including some areas containing asbestos) is \$60,000.

***Ceiling Finishes (CFZZ)***

Ceilings in both areas require replacement and/or repair.

The perforated ceiling tiles in the accommodation building have been identified as containing asbestos.

Estimate for ceiling repairs, insulation and replacement of asbestos ceiling tiles is \$100,000.

***Fitments (FTZZ)***

Many cupboards throughout the buildings are original. In general they are in fair condition.

Cupboards associated with the adolescent bedrooms are due for replacement.

Estimate for bedroom cupboard replacement \$10,000.

***Air Conditioning (ACZZ)***

Generally air conditioning systems are function correctly. Most are approximately 10 years old and due for replacement.

***Fire Protection (FPZZ)***

The fire sprinkler system throughout is 35 years old. Although the system is currently working it is foreseeable that the pipework is at the end of its expected lifespan and pipework failure can be expected.

The current fire protection panel is no longer supported by the manufacturer and requires replacement as currently only second hand spare parts can be sourced.

Estimate for replacement of existing fire panel and associated upgrade is \$20,000

***Lights and Power (LPZZ)***

Although many bedroom light fittings have been upgraded to 'safe' fittings there is a large portion of the electrical infrastructure which requires upgrades/replacement.

This includes:

- Light switches
- Power Points
- Light fittings
- Electrical switchboards
- Electrical circuit breakers
- Electrical earthing

Estimated light and power replacement / repairs is \$50,000.

**OVERALL CONDITION**

In summary, the Barrett C & D buildings require the following minimum estimated expenditure to bring them back to sound condition:-

Roof	\$60,000
External walls	\$45,000
Windows	\$20,000
External Doors	\$5,000
Wall Finishes	\$20,000
Floor Finishes	\$60,000
Ceiling Finishes	\$100,000
Fitments	\$10,000
Fire Protection	\$20,000
Light & Power	\$50,000
<b><u>TOTAL</u></b>	<b><u>\$390,000</u></b>

This estimate is to bring the buildings back to good condition in its current layout. Estimates are based on BEMS coordinating the works with current contractors.

This estimate excludes:

- items which have not failed yet (eg. Air Conditioning) but have a limited life.
- work to remove all asbestos containing materials
- changes to improve the living environment of the adolescents in care.

**RECOMMENDATION**

As the Barrett Adolescent School is to remain on the site the minimum investment to these buildings to bring them back to good order is \$390,000.

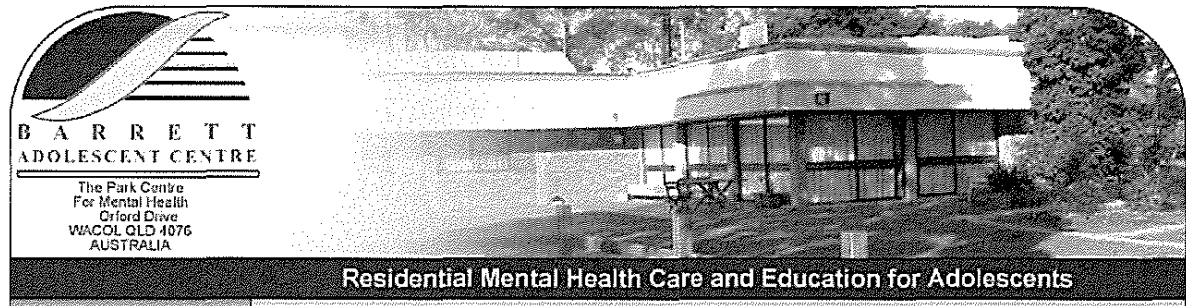
If the adolescent school is to remain for the long term investment in redesign and/or rebuilding should be considered to ensure the facility serves its purpose appropriately for the mental health treatment of adolescents

Robert Wood  
A/ Manager BEMS  
WMHHS

21/9/2012

West Moreton Hospital and Health Service

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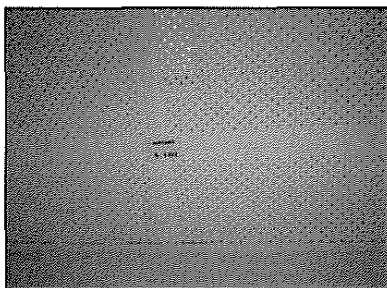
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Fitments	\$10,000
Fire Protection	\$20,000
Light & Power	\$50,000
<b>TOTAL</b>	<b>\$390,000</b>

This estimate is to bring the buildings back to good condition in its current layout. Estimates are based on BEMS coordinating the works with current contractors.

This estimate excludes:

- items which have not failed yet (eg. Air Conditioning) but have a limited life.
- work to remove all asbestos containing materials
- changes to improve the living environment of the adolescents in care.

**RECOMMENDATION**

As the Barrett Adolescent School is to remain on the site the minimum investment to these buildings to bring them back to good order is \$390,000.

If the adolescent school is to remain for the long term investment in redesign and/or rebuilding should be considered to ensure the facility serves its purpose appropriately for the mental health treatment of adolescents

Robert Wood  
A/ Manager BEMS  
WMHHS

21/9/2012

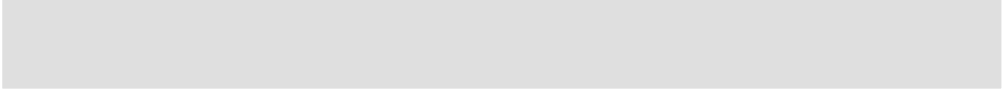
## "SK-9"

**From:** Sharon Kelly  
**Sent:** 26 Oct 2012 14:46:22 +1000  
**To:** Kingswell, Bill; Gilhotra, Jagmohan; Geppert, Leanne  
**Cc:** Dwyer, Lesley; Thorburn, Chris  
**Subject:** WMHHS and mental health plan

Bill, Leanne and Jagmohan,

thank you very much for my meeting yesterday afternoon with you to discuss the future mental health plan and the role West Moreton plays in this. I appreciated getting the up to date information and I trust we can move forward on a range of issues together.

if I can recap on some as I believe there were a few actions out of yesterday and it will help me get my thoughts in alignment and also allow me to provide the CE with an update at the same time:-

- The plan for The Park remains as a forensic unit and our current cohort of ETTR /DD patients will eventually be relocated to more suitable accommodation.
- I can confirm we have ceased admissions into the ETTR unit to achieve this, however a date for all to be transferred off site by June 2013 remains tenuous. I understand from our discussions that you are planning a conversation with the other units to attempt to expedite this process given the agreement of the State Mental health plan in this area. Please advise if you require any actions from us in this initial process.
- the funds that have currently been removed from WMHHS and reallocated to other HHS in anticipation of CCU movements will be formally support by yourselves with the system manager to reallocate those ~~to us~~ given we continue to have the consumers.
- 
- the development of the Goodna CCU has now been signed off by the Minister. I understand there is a significant amount of consultation etc moving forward so I look forward to progressing that together. If you have the signed brief back from the Minister's office we would appreciate a copy for our records as well.
- in regards to QCMHL I will ensure that the focus of QCMHL is aligned as we discussed to ensure they remain contemporary for the service requirements moving forward.
- opening of EFTRU - a number of consumers in other accommodation are awaiting the opening of EFTRU as you identified and we need to consider the opening time to relieve some congestion within the correctional facilities as well and ensure people are getting the most suitable treatment and care. I have indicated that the earliest EFTRU could open given the out of scope works etc would be March 2013 and this would rely on us being able to achieve this within our FTE etc. on that note I appreciate that besides us advising the System manager you will also advocate to the system manager regarding the omission of an increased MOHRI count into MH WMHHS for the EFTRU opening.
- Barrett Adolescent Centre- as we have all confirmed this is a somewhat sensitive issue as we define the future. I would like to confirm our discussions in regards to this however. I understand that a brief has gone to the Minister re BAC, a copy for our records would be appreciated. the content of the brief did not clearly articulate that closure was the only option, however from our discussion and opinions I have gleaned from others the model for BAC is not aligned into the future planning for The Park or for Queensland Mental Health Plan. as such the option is to close BAC as early as December 2012 given that all or most of the consumers all go home for the Christmas break. this would include the education program. an alternate would be to close the beds but keep the day program for a period of time. for any of this to occur I understand we need to commence discussions with other services that could provide the support for the young people once BAC does not exist.
  - o the brief that was written to the Minister will be provided to WMHHS for noting

- I will need to brief Lesley, my CE on this early next week so our HHS board chair is made aware of this action and also the timing of our actions.
- a meeting planned for next Friday between myself, Terry and Dr Sadler will now be expanded to include Leanne in the absence of Bill and I would like to include Chris Thorburn who is working with me on redesigning mental health WM. - at this time we will advise that closure is not optional however needs to be planned
- a strategic stakeholder meeting is to be arranged by Bill the week after next in regards to meeting with the Mater services and others to map out what actions and requirements there are to ensure no young person is disadvantaged in this change. and is December achievable.
- prior to the Friday meeting a brief does need to be written that alerts appropriately as we are reasonable confident that the advice of closure will elicit community action for those families involved in BAC. thus a clear communication plan and strategy is required.
- I appreciated your advice that previous decisions with my predecessors has given commitment that once the services are removed at least 1/3 of the allocated funding would remain within WMHHS Mental Health budget. I do recognise that the funding horizon and arrangement are somewhat changed since that agreement was reached, however would be hopeful that this remains the intent.

once again I hope I have reflected our conversation and would appreciate any clarification of comment if this is not accurate.

Thank you very much for the meeting, looking forward to continuing our partnership into the future.

Regards  
Sharon

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Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

West Moreton Hospital and Health Service

T: [REDACTED]

E: [REDACTED]

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<b>Author:</b>	Chris Thorburn, Director Service Redesign	<b>Executive Sponsor:</b>	Sharon Kelly, ED MH&SS	<b>Executive Delegate:</b>	Lesley Dwyer, CE WMHHS
<b>Start Date:</b>	16 November 2012	<b>Approval:</b>	<input type="checkbox"/> West Moreton Hospital and Health Board		
<b>End Date:</b>	TBD				

**Description of Project:** Barrett Adolescent Strategy

<b>BACKGROUND of PROJECT</b>	<ul style="list-style-type: none"> <li>• Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation<sup>1</sup> for up to 15 adolescents with severe and complex mental health disorders.</li> <li>• As part of the <i>Queensland Plan for Mental Health 2007-2017</i> (QPMH), a capital allocation had been approved to rebuild BAC in a new location as:             <ul style="list-style-type: none"> <li>○ The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation and</li> <li>○ The Park will become exclusively a High Secure and Secure Rehabilitation Mental Health Service for adults (by end of 2013).</li> </ul> </li> <li>• Initial consultation with stakeholders (about a replacement service for BAC) commenced as part of the planning for Stage 1 of the QPMH (approximately 2005-06).</li> <li>• Planning associated with the QPMH incorporated in a new capital project to be delivered at Redlands, which would replace the BAC. The Adolescent Extended Treatment and Rehabilitation Unit was to be built adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the project could not proceed and has now ceased.</li> <li>• The capital allocation previously attached to the rebuild of BAC has been redirected to other Queensland Health capital priorities; this capital funding is currently no longer available for a rebuild of BAC at an alternative site.</li> </ul>
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"SK-10"

<sup>1</sup> While currently classified as an extended treatment and rehabilitation model of service, the replacement model of service for BAC will likely be classified as either a subacute rehabilitation or community residential program. The classification will need to align with national and state classification frameworks, and relevant funding models.

West Moreton Hospital and Health Service  
**PROJECT PLAN**

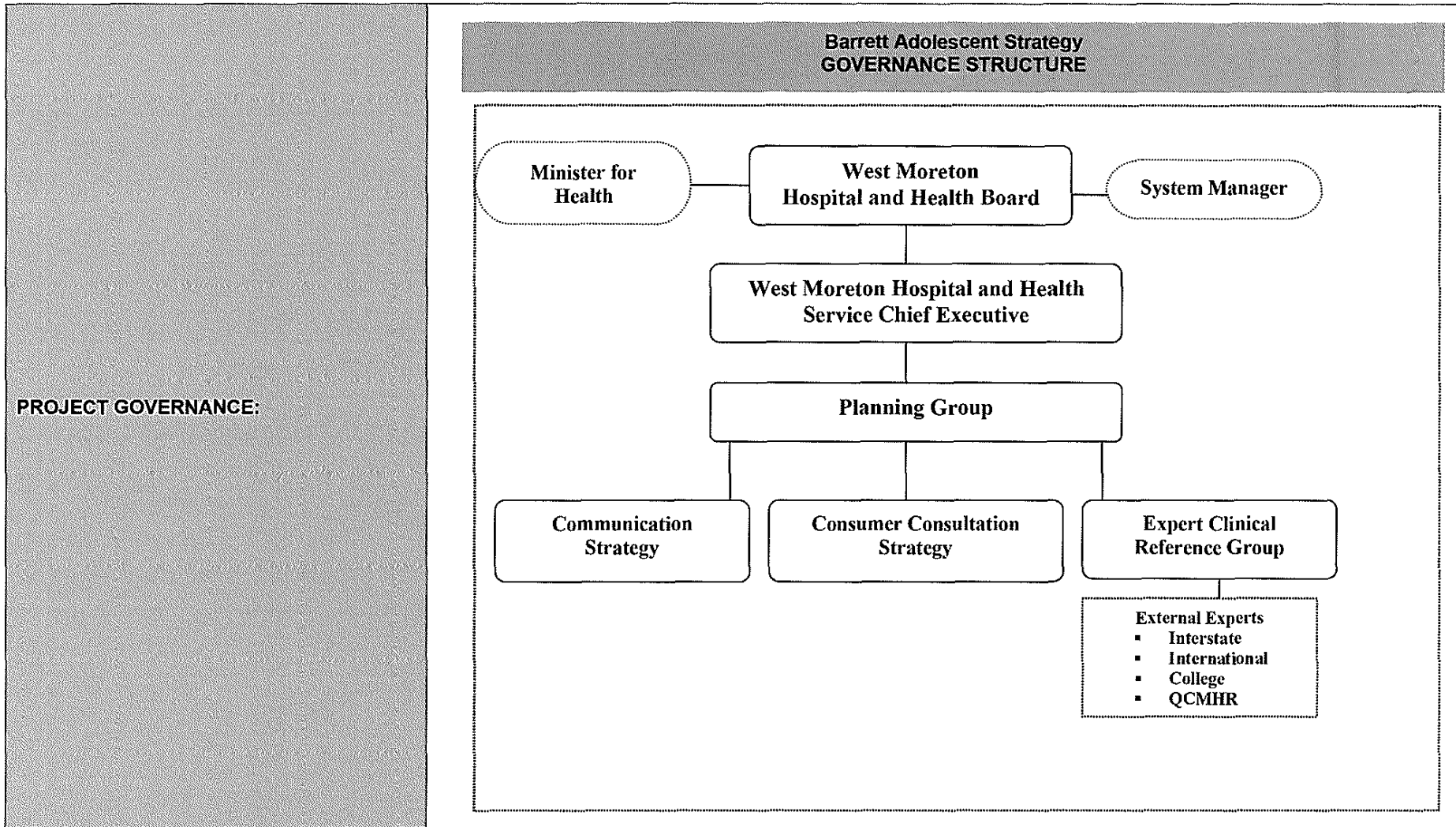
	<ul style="list-style-type: none"> <li>• It has become imperative that:             <ul style="list-style-type: none"> <li>○ alternative contemporary, statewide model(s) of care be developed to replace the services currently provided by BAC; and</li> <li>○ an implementation plan be developed to achieve the alternative statewide model(s) of care.</li> </ul> </li> <li>• This project plan will articulate the required steps to achieve the above points.</li> </ul>
<p><b>OBJECTIVES</b></p>	<ul style="list-style-type: none"> <li>• Through the formation of a planning group, with input from a multidisciplinary expert clinical reference group:             <ul style="list-style-type: none"> <li>○ alternative contemporary, statewide model(s) of care will be developed to replace the services currently provided by BAC and will also include the appropriate provision of educational services;</li> <li>○ an implementation plan will be developed to achieve the alternative model(s) of care; and</li> <li>○ a defined strategy will be articulated outlining the plan to achieve an alternative model of care for the current patients of the BAC.</li> </ul> </li> <li>• Through the development and implementation of an effective communication and engagement strategy, all identified stakeholders will:             <ul style="list-style-type: none"> <li>○ be kept informed in a timely manner; and</li> <li>○ have appropriate opportunities to provide input to the process.</li> </ul> </li> <li>• Through agreed governance and approval processes by the West Moreton Hospital and Health Board, the alternative statewide model(s) of care and implementation plan will be endorsed. This will be achieved through partnership with the System Manager.</li> </ul>
<p><b>OUTCOMES</b></p>	<ul style="list-style-type: none"> <li>• The final endorsed model(s) of care will clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland.</li> <li>• The final endorsed model(s) of care will be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models.</li> <li>• The final endorsed model(s) of care will replace the existing services provided by BAC.</li> <li>• The implementation plan will clearly identify:             <ul style="list-style-type: none"> <li>○ Stakeholders</li> <li>○ Communication and Engagement strategies</li> <li>○ Time frames and steps of implementation</li> <li>○ Human, capital and financial resources</li> <li>○ Risks, issues and mitigation strategies</li> <li>○ Evaluation strategy and criteria attached to the implementation</li> </ul> </li> </ul>

West Moreton Hospital and Health Service  
PROJECT PLAN

<b>PROJECT SCOPE</b>	<ul style="list-style-type: none"> <li>This project has a statewide focus, as the final endorsed model(s) of care must meet the needs of adolescents in Queensland requiring extended treatment and rehabilitation.</li> </ul>
<b>OUT OF SCOPE</b>	<ul style="list-style-type: none"> <li>As there is no longer a current capital allocation to rebuild BAC on another site, the model(s) of care to be developed must exclude this as an option.</li> </ul>
<b>ASSUMPTIONS</b>	<ul style="list-style-type: none"> <li>A significant assumption is that the services currently provided by BAC will not remain on the campus of The Park post June 2013. Once the implementation plan has achieved the endorsed model(s) of care for the current patients, the building that houses the service of BAC will be de-commissioned.</li> <li>It is assumed that the endorsed model(s) of care will be incorporated into forward planning for the implementation of components of the remainder of the <i>Queensland Plan for Mental Health 2007-2017</i>.</li> <li>It is assumed that there will be robust evaluation criteria applied to determine the quality and effectiveness of the endorsed model(s) of care.</li> <li>It is assumed that the endorsed model of care will be implemented in a two staged process, ie it will initially be applied to meet the needs of the current consumers in BAC and then implemented more widely across the state as per the parameters of the endorsed model of care.</li> <li>It is assumed that the existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care for this adolescent consumer group.</li> </ul>
<b>CONSTRAINTS</b>	<ul style="list-style-type: none"> <li>It is possible that the project may be constrained by a number of factors including:             <ul style="list-style-type: none"> <li>Resistance to change by internal and external stakeholders</li> <li>Insufficient recurrent resources available to support a preferred model of care</li> <li>Insufficient infrastructure across parts of the State to support a changed model (eg skilled workforce, partnerships with other agencies and accommodation requirements)</li> <li>A delay in achieving an endorsed model of care.</li> </ul> </li> </ul>
<b>DEPENDENCIES</b>	<ul style="list-style-type: none"> <li>The final model of service delivery for adolescent mental health extended treatment and rehabilitation services across Queensland will be informed by this project.</li> <li>This project is dependent upon the risks, issues and constraints being appropriately addressed.</li> <li>There are interdependencies between this project and the available, contemporary service planning frameworks at national and state levels. This includes the QPMH.</li> </ul>

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**PROJECT PLAN**

**Accountability of Project:**





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**PROJECT PLAN**

**REPORTING**

- The Planning Group will be a time limited group and it will report to the West Moreton Hospital and Health Service Chief Executive, who in turn will report to the West Moreton Hospital and Health Board.
- The Planning Group will consist of representation from West Moreton HHS, Mental Health Alcohol and Other Drugs Branch, another QLD HHS service, Department of Education, a child psychiatrist and a Communication expert.
- It is anticipated the Planning Group will meet initially to finalise the project plan and then meet on a regular basis to monitor progress regarding the development of a model(s) of care, the implementation of the communication and engagement plan and the develop the implementation plan.
- The Expert Clinical Reference Group will be a time limited group and will consist of a representative group of multidisciplinary child and youth clinicians. In the development of a contemporary model(s) of care, the Expert Clinical Reference Group will seek the assistance of external experts at key points in the consideration of a model(s) of care for extended treatment and rehabilitation for adolescents.
- The attached Communication Plan (Appendix 1) outlines the objectives, methods, frequency, target audiences and an action plan.
- A specific Consumer Consultation Strategy will be developed consistent with the Communication Plan.

**Project Resources:**

The Planning Group: With the exception of the communication expert, there is no additional labour cost associated with the Project. The costs incurred through engagement of the communication expert will be met by the Division of Health Service and Clinical Innovation.

The Expert Clinical Reference Group: There is no expected financial cost to be incurred by West Moreton Hospital and Health Service.

Implementation of the Communication Plan: Resources associated with the implementation of the communication plan will be met by the Division of Mental Health & Specialised Services, West Moreton Hospital and Health Service.

West Moreton Hospital and Health Service  
**PROJECT PLAN**

**Risk Analysis:**

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Time frames in the gant chart are not met, leading to loss of confidence from stakeholders	Likely	Minor	Medium	Executive Sponsor EDMH&SS to closely oversight activities in gant chart to minimise this risk
Expert Clinical Reference Group do not agree on a preferred Model of Care, causing delays to the development of an implementation plan	Possible	Moderate	Medium	Input from external experts and reviewing evidence based models of care will minimise this risk
Preferred Model of Care can not be endorsed, causing implementation delays	Possible	Major	High	Close collaboration between West Moreton HHS, other HHS and the System Manager will minimise this risk as existing resources, capacity etc will be confirmed
Communication of Project objectives, scope and progress is not effective, leading to stakeholder dissatisfaction	Possible	Moderate	Medium	Implementation of the communication plan will minimise this risk.
Endorsed Implementation plan is delayed, delaying stage 1 implementation for current BAC consumers	Likely	Moderate	High	Effective project management and broad stakeholder engagement with minimise this risk

West Moreton Hospital and Health Service  
**PROJECT PLAN**

**GANTT CHART:**

Activities		Fortnight Ending													
		16/11	30/11	14/12	28/12	11/1	25/1	8/2	22/2	8/3	22/3	5/4	19/4	3/5	
Project Sponsorship established		x													
Planning Group established	Endorsed by CE	x													
Expert Clinical Reference Group identified	Endorsed by CE		x												
External Experts identified			x												
Communication Plan developed	Endorsed by CE		x												
Project Plan endorsed	Endorsed by CE & WMHH Board		x												
Planning Group meets			x	x	x	x	x								
Expert Clinical Reference Group meets				x	x			x	x						
External Experts provide advice to Expert Clinical Reference Group					x	x									
Model of Care options developed						x									
Cost Benefits of options undertaken						x									
Consultation with stakeholders regarding preferred model							x	x	x						
Endorsement of preferred model	Endorsed by CE, WMHH Board & System Manager								x						
Development of project and change management plan to implement model, in a two staged process	CE supported by System Manager									x					
Communication regarding implementation plan	CE supported by System Manager									x					
Endorsement of implementation plan	Endorsed by CE										x				
Commence Stage 1 implementation											x	x	x	x	

West Moreton Hospital and Health Service  
**PROJECT PLAN**

## Appendix 1: COMMUNICATION PLAN

### Communication objectives

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Promote alternative contemporary model of care for Queensland adolescents.
- Gain and sustain support of key stakeholders and influencers who play a critical role in this project's success.
- Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

### Communication principles

- Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- Speaks with 'one voice' to stakeholders

### Communication environment

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 the HHS and Queensland Health as the system manager including:

- Managing community expectations and perceptions.
- Population growth and increased demand necessitates substantial increase in all aspects of health service capacity, including increased bed numbers and increased elective surgery services
- Workforce shortages across health professions.
- Recruiting and retaining clinical staff given overall shortages, competition from other states and countries and the private sector.
- Creating a work environment which rewards quality in service, innovation, and fosters teaching and research to attract and retain staff.

West Moreton Hospital and Health Service  
**PROJECT PLAN**

- 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.
- Improving access to the health system for Aboriginal and Torres Strait Islander people and people disadvantaged by language, disability and geographic isolation.
- Recruiting skilled, professional staff.
- Changed funding model for HHS'.

**Stakeholder groups***Internal stakeholders:*

- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors (including Mental Health Alcohol and Other Drugs Branch)
- Senior Heads of Department
- Education Queensland
- Education Minister
- Director-General Education Queensland



*External stakeholders:*

- The Premier and other Queensland Government Ministers
- Media
- Existing and potential patients of BAC
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Local Governments

West Moreton Hospital and Health Service  
**PROJECT PLAN**

- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

**Stakeholder analysis**

<b>LEVEL OF INFLUENCE</b> 	<b>MAINTAIN CONFIDENCE</b>	<b>HIGH INFLUENCE LOW IMPACT</b>	<b>COLLABORATE</b>	<b>HIGH INFLUENCE HIGH IMPACT</b>
	Consumers and families Staff working in BAC West Moreton Hospital and Health Board		Expert Clinical reference Group External experts Mental Health Alcohol and Other Drugs Branch Dept of Education NGOs Other HHS'	
	<b>MONITOR AND RESPOND</b>	<b>LOW INFLUENCE LOW IMPACT</b>	<b>KEEP INFORMED</b>	<b>HIGH IMPACT LOW INFLUENCE</b>
	Potential agencies impacted by a revised model of care Media		All Child and Youth Mental Health Services All Chief Executives, HHSs Minister for Health System Manager DG and Minister for Education Opposition parties Unions Professional colleges Broader health professionals General public	
	 <b>LEVEL OF IMPACT</b>			

## West Moreton Hospital and Health Service PROJECT PLAN

### Communication risks and issues

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Stakeholders are not kept adequately informed, leading to misinformation in public realm	Possible	Moderate	Medium	Adhere to communication plan, including evaluation targets
Stakeholders and issues are not scoped adequately and communication does not satisfy their concerns, leading to opposition to project	Possible	Major	High	Ensure stakeholder and issues thoroughly explored.
Political influence changes the scope of the project	Possible	Major	High	Keep Health Minister and Premier informed during all stages to help ensure support

### Key messages

- West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.
  - West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the new model of care for Queensland's adolescents is appropriate and based on best available evidence.
  - We will also work together with the community and mental health consumers to ensure their needs they are kept up-to-date.
- Developing alternative models of care does not mean the end of longer term mental health treatment and rehabilitation for young people in Queensland.
  - The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
  - Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that is best suited for them.
  - 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 treatment.
  - Queensland's youth will continue to receive the excellent mental health care that they have always received.
  - We want adolescents to be able to receive the care they need as close to their home as possible.

West Moreton Hospital and Health Service  
**PROJECT PLAN**

**Communication tactics**

Channel/tactic	Rationale
<b>Online and digital communication</b>	
Intranet (including spotlight) and Internet (new web pages and FAQs)	Low cost and a central repository for all project/program related information.
Internet new page(s) to HHS website including FAQs. Can emulate the Intranet page(s)	Low cost, engages both internal & external stakeholders
Social media (Twitter / Facebook)	Low cost, engages both internal & external stakeholders
<b>Internal communications</b>	
CE all staff emails / staff newsletter updates	Timely distribution from the CE re: key information (changes and updates)
E-alerts	Consider e-alerts to inform System Manager. May only be appropriate once new model of care has been determined.
Memos / letters and email to networks	Top down communications from CE on key information (changes and updates) about the project/program as they're about to roll out. These memos/ letters should be prepared for other HHS', NGOs etc.
Briefing note to Health Minister and System Manager	Bottom up communications on key information (changes and updates) about the project/program for noting or approval
<b>Face-to-face</b>	
Internal stakeholder briefings, trainings, meetings and focus groups	One-on-one engagement with key stakeholders such as BAC staff, Health Minister, other HHS' etc on project/program milestone activities prior to commencement.
External stakeholders briefings, meetings	Undertake a consultative approach with key stakeholders (e.g EQ, NGOs) to ensure messages align with stakeholder expectations.
<b>Marketing collateral</b>	
Fact sheet	Develop and distribute supporting collateral that explains, reinforces or triggers key project/program



West Moreton Hospital and Health Service  
**PROJECT PLAN**

Channel/tactic	Rationale
Mail out (letters)	messages.
Media	
Media statements	
Media conferences	
Community service announcements	
Social media (Twitter / Facebook)	

**Action plan internal and external stakeholders**

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
Responses to correspondence	BAC existing patients, staff, general public, politicians who have submitted correspondence on issue	Correspondence writer may go to media	Develop standard response regarding background of project, reasoning etc. However, ensure response is updated to reflect various phases of project.	WMHHS CE/ Executive Team	Nil	ASAP	High	done
Media holding statements	Media, general public, WMHHS staff	Media attention will provoke negative public perception of project if not responded to quickly	Key messages with focus on care being provided to young people	Rowdy PR	Nil	ASAP	Medium	done
Fact sheet	WMHHS staff, consumers, general public, media	Outdated / inaccurate information	As above. Should also include info on consumer concerns	Rowdy PR, Project Lead, WM HHS online & marketing officer	Nil	1/12/12	Medium	
Briefing note to Health Minister & System Manager	Minister & Ministerial staff, Director-General(Dept Community Services et al)	May not support recommendations	Outline scope of project, reasoning and discussions to be covered in meeting with BAC staff	WMHHS CE MHAODB	Nil	W/C 26/11/12	High	
Internal stakeholder	BAC staff, WMHHS mental health staff	BAC staff currently do not support	Explain background for project, focus on key messages that youth	WMHHS CE	Nil	W/C 26/11/12	High	

## West Moreton Hospital and Health Service PROJECT PLAN

Activity	Target audience	Issues / risks	Messages / content	Responsibility	Budget	When	Priority	Status
briefing		project	will not miss out					
Internal stakeholder briefing	Health Minister & Ministerial staff	Want solution now	Update on project and outcome of staff briefing	WMHHS CE	Nil	4/12/12	Medium	
Planning - Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Start planning for content. Outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	1/12/12	Low	
Media conferences / community service announcements	Media, general public	Negative media stories	Stick to key messages	WMHHS CE, Rowdy PR	Nil	As required	Medium	
Go live-Online communication	WMHHS staff, general public	If information is not timely and accurate will create negative perception and media attention	Go live information	Rowdy PR, Project Lead, WMHHS online & marketing officer	Nil	Mid-January	Low	
Social media (consider using the System Manager's social media channels if WMHHS has none available)	All	Negative feedback; no staff to monitor social media channels	Stick to key messages, outline scope of project, reasoning and proposed way forward. Must be regularly updated with project phase information  Social media (consider using the System Manager's social media channels if WMHHS has none available)	WMHHS CE, Project Lead, WMHHS online & marketing officer	Nil	TBD	Low	

### Evaluation

Evaluation of this plan will involve feedback being sourced at each phase of the project to ascertain the effectiveness of communications. The main channels for gaining feedback are as follows:

- Feedback from staff on concerns and issues
- Feedback from management groups
- Staff forums
- Media analysis and tracking
- Meetings

West Moreton Hospital and Health Service  
**PROJECT PLAN**

This feedback will be used as the main driver for up-dating and continually improving the communication plan.

### **Issues management**

Issues management will form a critical part of the BAC communication plan and should be based on the following platforms:

#### ***Prevention of public media issues wherever possible***

This can be achieved by:

- Avoiding the deliberate 'baiting' of likely opponents and instead focusing all information and communication on the positives of the BAC project and WMHHS.
- Providing tangible examples or explanations rather than playing the 'blame game'.
- Keeping focused on consistent delivery of key messages
- Factually answering all questions from media and opponents.
- Ensuring BAC staff and consumers are informed of the mechanisms available to address their concerns / issues, to avoid them going directly to the media with their concerns.

#### ***Effective and timely management of issues as and when they arise***

This can be achieved by:

- Agreeing a process for issues management in the media with the Health Minister's and Premier's offices to ensure there are no obstacles to a fast and timely response.
- Preparing Q&As where possible for any significant issues that arise to ensure the HHS CE, Minister or Premier is prepared to answer all anticipated questions, and has a broad range of facts and figures at hand.
- Seek agreement with the HHS CE on a case-by-case basis which media inquiries the CE is prepared to respond to by interview, or via written statement.
- Preparing updated key messages for the HHS CE as issues flare to assist with responding to media inquiries.
- Ensuring all media inquiries that are issues-related are responded to quickly.
- Designating a suitable alternative spokesperson if the HHS CE is unavailable.

West Moreton Hospital and Health Service  
**PROJECT PLAN**

<b>Author:</b>	Chris Thorburn, Director Service Redesign	<b>Executive Sponsor:</b>	Sharon Kelly, ED MH&SS	<b>Executive Delegate:</b>	Lesley Dwyer, CE WMHHS
<b>Start Date:</b>	16 November 2012	<b>Approval:</b>	<input type="checkbox"/> West Moreton Hospital and Health Board		
<b>End Date:</b>	TBD				

**Description of Project:** Barrett Adolescent Strategy

<b>BACKGROUND of PROJECT</b>	<ul style="list-style-type: none"> <li>• Barrett Adolescent Centre (BAC) is located within The Park – Centre for Mental Health (The Park) and provides a state wide service of extended treatment and rehabilitation<sup>1</sup> for up to 15 adolescents with severe and complex mental health disorders.</li> <li>• As part of the <i>Queensland Plan for Mental Health 2007-2017</i> (QPMH), a capital allocation had been approved to rebuild BAC in a new location as:             <ul style="list-style-type: none"> <li>○ The capital fabric of BAC is no longer able to meet the requirements of a contemporary model of care for adolescent extended treatment and rehabilitation and</li> <li>○ The Park will become exclusively a High Secure and Secure Rehabilitation Mental Health Service for adults (by end of 2013).</li> </ul> </li> <li>• Initial consultation with stakeholders (about a replacement service for BAC) commenced as part of the planning for Stage 1 of the QPMH (approximately 2005-06).</li> <li>• Planning associated with the QPMH incorporated in a new capital project to be delivered at Redlands, which would replace the BAC. The Adolescent Extended Treatment and Rehabilitation Unit was to be built adjacent to the Redlands Hospital. It was to be commissioned in 2014. Due to environmental and other issues, the project could not proceed and has now ceased.</li> <li>• The capital allocation previously attached to the rebuild of BAC has been redirected to other Queensland Health capital priorities; this capital funding is currently no longer available for a rebuild of BAC at an alternative site.</li> </ul>
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<sup>1</sup> While currently classified as an extended treatment and rehabilitation model of service, the replacement model of service for BAC will likely be classified as either a subacute rehabilitation or community residential program. The classification will need to align with national and state classification frameworks, and relevant funding models.

West Moreton Hospital and Health Service  
**PROJECT PLAN**

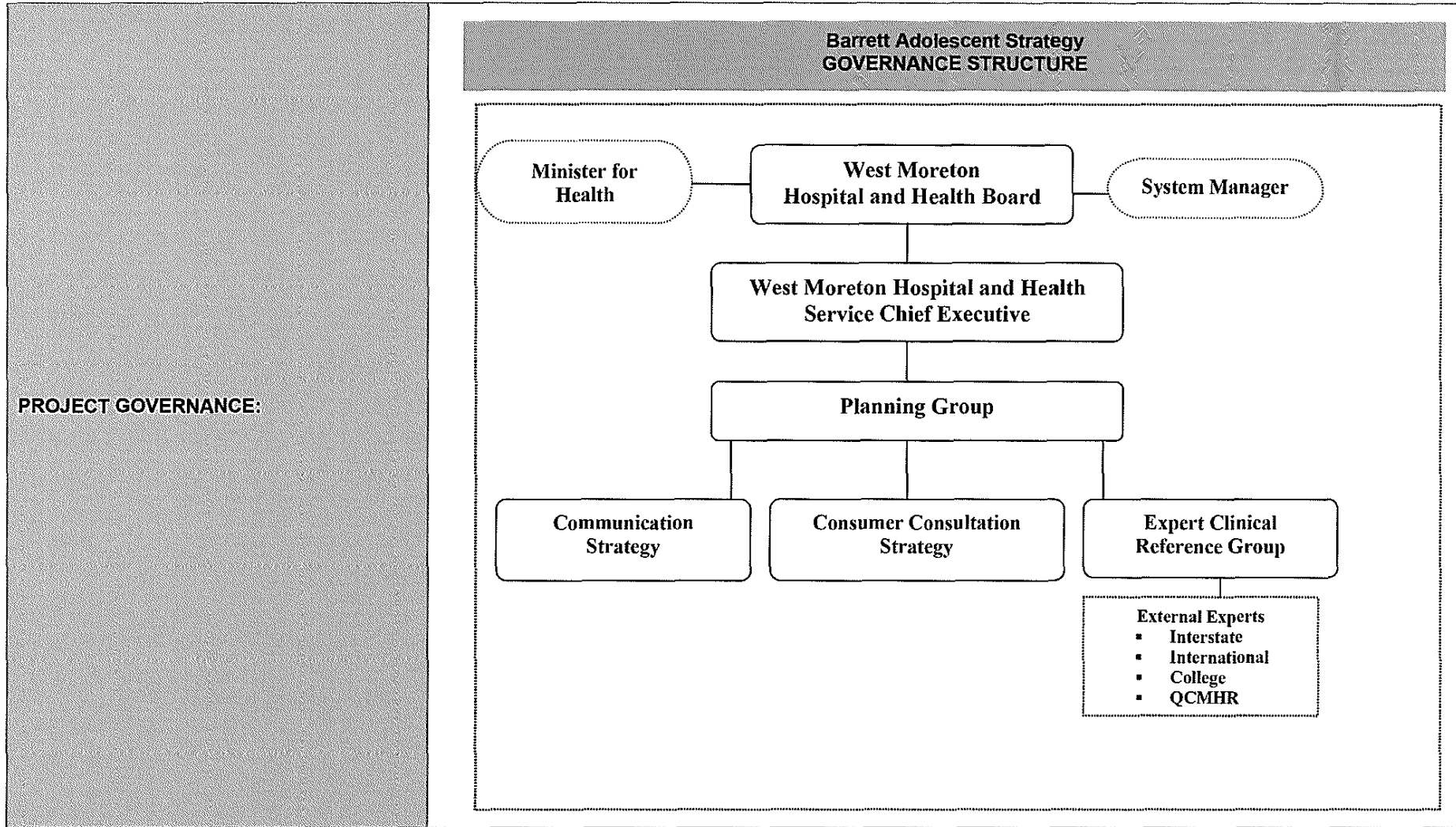
	<ul style="list-style-type: none"> <li>• It has become imperative that:             <ul style="list-style-type: none"> <li>○ alternative contemporary, statewide model(s) of care be developed to replace the services currently provided by BAC; and</li> <li>○ an implementation plan be developed to achieve the alternative statewide model(s) of care.</li> </ul> </li> <li>• This project plan will articulate the required steps to achieve the above points.</li> </ul>
<p><b>OBJECTIVES</b></p>	<ul style="list-style-type: none"> <li>• Through the formation of a planning group, with input from a multidisciplinary expert clinical reference group:             <ul style="list-style-type: none"> <li>○ alternative contemporary, statewide model(s) of care will be developed to replace the services currently provided by BAC and will also include the appropriate provision of educational services;</li> <li>○ an implementation plan will be developed to achieve the alternative model(s) of care; and</li> <li>○ a defined strategy will be articulated outlining the plan to achieve an alternative model of care for the current patients of the BAC.</li> </ul> </li> <li>• Through the development and implementation of an effective communication and engagement strategy, all identified stakeholders will:             <ul style="list-style-type: none"> <li>○ be kept informed in a timely manner; and</li> <li>○ have appropriate opportunities to provide input to the process.</li> </ul> </li> <li>• Through agreed governance and approval processes by the West Moreton Hospital and Health Board, the alternative statewide model(s) of care and implementation plan will be endorsed. This will be achieved through partnership with the System Manager.</li> </ul>
<p><b>OUTCOMES</b></p>	<ul style="list-style-type: none"> <li>• The final endorsed model(s) of care will clearly articulate a contemporary model(s) of care for extended treatment and rehabilitation for adolescents in Queensland.</li> <li>• The final endorsed model(s) of care will be evidenced based, sustainable and align with statewide mental health policy, service planning frameworks and funding models.</li> <li>• The final endorsed model(s) of care will replace the existing services provided by BAC.</li> <li>• The implementation plan will clearly identify:             <ul style="list-style-type: none"> <li>○ Stakeholders</li> <li>○ Communication and Engagement strategies</li> <li>○ Time frames and steps of implementation</li> <li>○ Human, capital and financial resources</li> <li>○ Risks, issues and mitigation strategies</li> <li>○ Evaluation strategy and criteria attached to the implementation</li> </ul> </li> </ul>

West Moreton Hospital and Health Service  
**PROJECT PLAN**

<b>PROJECT SCOPE</b>	<ul style="list-style-type: none"> <li>• This project has a statewide focus, as the final endorsed model(s) of care must meet the needs of adolescents in Queensland requiring extended treatment and rehabilitation.</li> </ul>
<b>OUT OF SCOPE</b>	<ul style="list-style-type: none"> <li>• As there is no longer a current capital allocation to rebuild BAC on another site, the model(s) of care to be developed must exclude this as an option.</li> </ul>
<b>ASSUMPTIONS</b>	<ul style="list-style-type: none"> <li>• A significant assumption is that the services currently provided by BAC will not remain on the campus of The Park post June 2013. Once the implementation plan has achieved the endorsed model(s) of care for the current patients, the building that houses the service of BAC will be de-commissioned.</li> <li>• It is assumed that the endorsed model(s) of care will be incorporated into forward planning for the implementation of components of the remainder of the <i>Queensland Plan for Mental Health 2007-2017</i>.</li> <li>• It is assumed that there will be robust evaluation criteria applied to determine the quality and effectiveness of the endorsed model(s) of care.</li> <li>• It is assumed that the endorsed model of care will be implemented in a two staged process, ie it will initially be applied to meet the needs of the current consumers in BAC and then implemented more widely across the state as per the parameters of the endorsed model of care.</li> <li>• It is assumed that the existing recurrent funding for BAC and the additional future funding earmarked for the former Redlands Unit will be utilised to fund the endorsed model(s) of care for this adolescent consumer group.</li> </ul>
<b>CONSTRAINTS</b>	<ul style="list-style-type: none"> <li>• It is possible that the project may be constrained by a number of factors including: <ul style="list-style-type: none"> <li>○ Resistance to change by internal and external stakeholders</li> <li>○ Insufficient recurrent resources available to support a preferred model of care</li> <li>○ Insufficient infrastructure across parts of the State to support a changed model (eg skilled workforce, partnerships with other agencies and accommodation requirements)</li> <li>○ A delay in achieving an endorsed model of care.</li> </ul> </li> </ul>
<b>DEPENDENCIES</b>	<ul style="list-style-type: none"> <li>• The final model of service delivery for adolescent mental health extended treatment and rehabilitation services across Queensland will be informed by this project.</li> <li>• This project is dependent upon the risks, issues and constraints being appropriately addressed.</li> <li>• There are interdependencies between this project and the available, contemporary service planning frameworks at national and state levels. This includes the QPMH.</li> </ul>

# West Moreton Hospital and Health Service PROJECT PLAN

## Accountability of Project:



West Moreton Hospital and Health Service  
**PROJECT PLAN**

**REPORTING**

- The Planning Group will be a time limited group and it will report to the West Moreton Hospital and Health Service Chief Executive, who in turn will report to the West Moreton Hospital and Health Board.
- The Planning Group will consist of representation from West Moreton HHS, Mental Health Alcohol and Other Drugs Branch, another QLD HHS service, Department of Education, a child psychiatrist and a Communication expert.
- It is anticipated the Planning Group will meet initially to finalise the project plan and then meet on a regular basis to monitor progress regarding the development of a model(s) of care, the implementation of the communication and engagement plan and the develop the implementation plan.
- The Expert Clinical Reference Group will be a time limited group and will consist of a representative group of multidisciplinary child and youth clinicians. In the development of a contemporary model(s) of care, the Expert Clinical Reference Group will seek the assistance of external experts at key points in the consideration of a model(s) of care for extended treatment and rehabilitation for adolescents.
- The attached Communication Plan (Appendix 1) outlines the objectives, methods, frequency, target audiences and an action plan.
- A specific Consumer Consultation Strategy will be developed consistent with the Communication Plan.

**Project Resources:**

The Planning Group: With the exception of the communication expert, there is no additional labour cost associated with the Project. The costs incurred through engagement of the communication expert will be met by the Division of Health Service and Clinical Innovation.

The Expert Clinical Reference Group: There is no expected financial cost to be incurred by West Moreton Hospital and Health Service.

Implementation of the Communication Plan: Resources associated with the implementation of the communication plan will be met by the Division of Mental Health & Specialised Services, West Moreton Hospital and Health Service.



West Moreton Hospital and Health Service  
**PROJECT PLAN**

### Risk Analysis:

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Time frames in the gant chart are not met, leading to loss of confidence from stakeholders	Likely	Minor	Medium	Executive Sponsor EDMH&SS to closely oversight activities in gant chart to minimise this risk
Expert Clinical Reference Group do not agree on a preferred Model of Care, causing delays to the development of an implementation plan	Possible	Moderate	Medium	Input from external experts and reviewing evidence based models of care will minimise this risk
Preferred Model of Care can not be endorsed, causing implementation delays	Possible	Major	High	Close collaboration between West Moreton HHS, other HHS and the System Manager will minimise this risk as existing resources, capacity etc will be confirmed
Communication of Project objectives, scope and progress is not effective, leading to stakeholder dissatisfaction	Possible	Moderate	Medium	Implementation of the communication plan will minimise this risk.
Endorsed Implementation plan is delayed, delaying stage 1 implementation for current BAC consumers	Likely	Moderate	High	Effective project management and broad stakeholder engagement with minimise this risk

West Moreton Hospital and Health Service  
**PROJECT PLAN**

**GANTT CHART:**

Activities		Fortnight Ending													
		16/11	30/11	14/12	28/12	11/1	25/1	8/2	22/2	8/3	22/3	5/4	19/4	3/5	
Project Sponsorship established		x													
Planning Group established	Endorsed by CE	x													
Expert Clinical Reference Group identified	Endorsed by CE		x												
External Experts identified			x												
Communication Plan developed	Endorsed by CE		x												
Project Plan endorsed	Endorsed by CE & WMHH Board		x												
Planning Group meets			x	x	x	x	x								
Expert Clinical Reference Group meets				x	x			x	x						
External Experts provide advice to Expert Clinical Reference Group					x	x									
Model of Care options developed						x									
Cost Benefits of options undertaken						x									
Consultation with stakeholders regarding preferred model							x	x	x						
Endorsement of preferred model	Endorsed by CE, WMHH Board & System Manager								x						
Development of project and change management plan to implement model, in a two staged process	CE supported by System Manager									x					
Communication regarding implementation plan	CE supported by System Manager									x					
Endorsement of implementation plan	Endorsed by CE										x				
Commence Stage 1 implementation											x	x	x	x	

West Moreton Hospital and Health Service  
**PROJECT PLAN**

## **Appendix 1: COMMUNICATION PLAN**

### **Communication objectives**

- Ensure stakeholders understand the vision and objectives of the BAC project.
- Promote alternative contemporary model of care for Queensland adolescents.
- Gain and sustain support of key stakeholders and influencers who play a critical role in this project's success.
- Create ownership of, and support for, the BAC project within WMHHS staff.
- Increase the community's understanding of the BAC project.
- Use existing effective communication channels and forums to deliver key communication wherever possible.
- Devise new communication channels and forums to deliver key communication where possible.
- Encourage effective communication and feedback from stakeholders.
- Manage expectations and reduce negative or speculative information.

### **Communication principles**

- Communication with all stakeholders is based on honesty and transparency
- Information is easily accessed by all stakeholders
- Communication is responsive and flexible to stakeholder feedback
- Speaks with 'one voice' to stakeholders

### **Communication environment**

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 the HHS and Queensland Health as the system manager including:

- Managing community expectations and perceptions.
- Population growth and increased demand necessitates substantial increase in all aspects of health service capacity, including increased bed numbers and increased elective surgery services
- Workforce shortages across health professions.
- Recruiting and retaining clinical staff given overall shortages, competition from other states and countries and the private sector.
- Creating a work environment which rewards quality in service, innovation, and fosters teaching and research to attract and retain staff.

West Moreton Hospital and Health Service  
**PROJECT PLAN**

- 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.
- Improving access to the health system for Aboriginal and Torres Strait Islander people and people disadvantaged by language, disability and geographic isolation.
- Recruiting skilled, professional staff.
- Changed funding model for HHS'.

### **Stakeholder groups**

#### *Internal stakeholders:*

- WMHHS Board, Executive and Senior Management Team
- Clinicians, other staff and management working within WMHHS
- Health Minister and key advisors
- Queensland Health Director-General, Deputy Directors-General and Executive Directors (including Mental Health Alcohol and Other Drugs Branch)
- Senior Heads of Department
- Education Queensland
- Education Minister
- Director-General Education Queensland

#### *External stakeholders:*

- The Premier and other Queensland Government Ministers
- Media
- Existing and potential patients of BAC
- General public
- Broader health professionals including GPs
- Australian Medical Association
- Members of Parliament
- Local Governments

West Moreton Hospital and Health Service  
**PROJECT PLAN**

- Opposition parties
- Relevant unions
- Professional colleges
- Other Hospital and Health Services
- Non-government organisations

**Stakeholder analysis**

LEVEL OF INFLUENCE ↑	MAINTAIN CONFIDENCE	HIGH INFLUENCE LOW IMPACT	COLLABORATE	HIGH INFLUENCE HIGH IMPACT
	Consumers and families Staff working in BAC West Moreton Hospital and Health Board			Expert Clinical reference Group External experts Mental Health Alcohol and Other Drugs Branch Dept of Education NGOs Other HHS'
	MONITOR AND RESPOND	LOW INFLUENCE LOW IMPACT	KEEP INFORMED	HIGH IMPACT LOW INFLUENCE
Potential agencies impacted by a revised model of care Media			All Child and Youth Mental Health Services All Chief Executives, HHSS Minister for Health System Manager DG and Minister for Education Opposition parties Unions Professional colleges Broader health professionals General public	
	→ LEVEL OF IMPACT			

## West Moreton Hospital and Health Service PROJECT PLAN

### Communication risks and issues

Risk Event and Impact	Likelihood	Severity	Risk rating	Treatment
Stakeholders are not kept adequately informed, leading to misinformation in public realm	Possible	Moderate	Medium	Adhere to communication plan, including evaluation targets
Stakeholders and issues are not scoped adequately and communication does not satisfy their concerns, leading to opposition to project	Possible	Major	High	Ensure stakeholder and issues thoroughly explored.
Political influence changes the scope of the project	Possible	Major	High	Keep Health Minister and Premier informed during all stages to help ensure support

### Key messages

- West Moreton Hospital and Health Service is committed to ensuring adolescents have access to the mental health care they need.
  - West Moreton Hospital and Health Service is collaborating with an expert clinical reference group to ensure the model of care developed meets the needs of adolescents requiring extended mental health treatment. The Hospital and Health Service is working closely with mental health experts to ensure the new model of care for Queensland's adolescents is appropriate and based on best available evidence.
  - We will also work together with the community and mental health consumers to ensure their needs they are kept up-to-date.
- Developing alternative models of care does not mean the end of longer term mental health treatment and rehabilitation for young people in Queensland.
  - The Park has expanded in its capacity as a high secure forensic adult mental health facility. This is not a suitable place for adolescents
  - Our goal is to ensure that the adolescents currently at Barrett Adolescent Centre are cared for in an environment that is best suited for them.
  - 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 treatment.
  - Queensland's youth will continue to receive the excellent mental health care that they have always received.
  - We want adolescents to be able to receive the care they need as close to their home as possible.