

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.	<p>Accept with the following considerations.</p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.</p>

5. Education resource essential: on-site school for Tiers 2 and 3

ECRG Recommendations	Planning Group Recommendations
a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.	<p>Accept with the following considerations.</p> <p>The Planning Group recommends removing "Band 7" from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>

ECRG Recommendations	Planning Group Recommendations
b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).	<p>Accept with the following consideration.</p> <p>The Planning Group recommends this statement should be changed to read as:</p> <p>Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

ECRG Recommendations	Planning Group Recommendations
a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.	<p>Accept with the following consideration.</p> <p>Note that this service could be provider agnostic.</p>
b) Governance should remain with the local CYMHS or treating mental health team.	Accept.
c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.	Accept.

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	Accept.
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	Accept.

Guiding Principles

"P"

The work of the Central Mental Health Clinical Cluster | CMHCC is underpinned by principles of equity, access, effectiveness, appropriateness, efficiency, responsiveness, safety, continuity, capability and sustainability.

Purpose

The purpose of the CMHCC is to facilitate opportunities for improvement in consumer outcomes in public health sector mental health alcohol and other drugs services [MHAODS] across Hospital and Health Services [HHS] including Metro North; Sunshine Coast; Wide Bay, Central Queensland and Children's Health Queensland.

The CMHCC provides an opportunity for clinicians and cluster members to engage in planning, priority setting, information sharing, benchmarking and system improvement.

Objectives

The objectives of the Central Mental Health Clinical Cluster are to:

1. Provide a forum for benchmarking and peer review (key focus for 2015-2017) on:
 - a. MHAOD-related HHS Service Agreement KPIs;
 - b. purchasing intents;
 - c. Mental Health Alcohol and Other Drugs Performance Framework KPIs; and
 - d. other agreed national and state performance measures.
2. Facilitate information sharing across cluster specific HHS to inform best practice.
3. Assist in the development and review of operational plans and local service agreements for the included HHS.
4. Guide outcome oriented service development with a focus on safety, quality, efficiency, sustainability, transparency, accountability and access.
5. Develop, monitor and support the implementation of standardised processes consistent with national and state MHAOD service reform priorities.
6. Assist in identifying and resolving service provision issues within the network.

7. Strengthen partnerships and improve collaboration between the public sector, private sector, non-government organisations and other agencies and departments and the broader community to respond to the needs of people who live with mental illness and/or substance misuse issues, their families and carers.
8. Advise policy, planning and funding as it relates to the development of MHAODS.
9. Maintain a skilled and qualified workforce to meet the needs of our consumers in the community we serve.
10. Facilitate workforce development, streamlining and change management processes to assist services in enhancing workforce capabilities.

Scope

The CMHCC will consider the full range of HHS MHAOD services provided within the geography, including child, adolescent, adult and older person's services, and across the spectrum of intervention.

Date of Establishment

September 2005

Membership

The membership is representative of consumer and carers; senior clinicians; managers; executive and clinical directors within the HHS of the cluster and statewide representation from the Mental Health Alcohol and Other Drugs Branch

Members are requested to reconsider their membership where persistent pressures prevent active participation. **See appendix 1 for full listing**

Authority and Reporting Relationships

- The CMHCC has no formal authority however provides advice and guidance to executive and clinical management
- Agenda, previous minutes and relevant attachments – Disseminated via email to members in the week prior to meetings by the CMHCC coordinator.
- Confirmed minutes – Minutes will be confirmed at the CMHCC meeting

Out of Session Business

Business may be progressed out of session by the Chair. Papers will be circulated to members for feedback by a specified date. In these circumstances, the Chair will determine the final position based upon members feedback. The Secretariat will update members accordingly.

Meeting

Monthly, on the third Tuesday between 1330 and 1530

Quorum

50% of members plus the clinical chair or delegate

Agenda and Minutes

- Agenda items to be forwarded to the Clinical Chair one week prior to the meeting
- Agenda to be prepared by the Clinical Chair and Secretariat and circulated to members at least three days prior to the meeting
- Minutes will be recorded by the Secretariat and verified as correct at each meeting
- Meeting minutes including action lists will be forwarded to committee members at least one week prior to the next meeting.

Review Period

Terms of Reference are to be reviewed and evaluated biannually. The Terms of Reference may be amended at any time by agreement of the CMHCC.

Next Review Date

November 2017

Endorsement

Appendix 1

Central Mental Health Clinical Cluster Membership

Clinical Chair	Brett Emmerson	Executive Director, MNMH
Secretariat	Maree Lacey	Coordinator CMHCC
CMHCC	Mark Wheelehen	Manager CMHCC
	Naomi Brown	Workforce co-ordinator CMHCC
MNMH - RBWH	Vikas Moudgil	Clinical Director INBMHS
	David Higson	Operations Manager INBMHS
MNMH -TPCH	Keryn Fenton	Operations Director MNMH-TPCH
	Dr Gail Robinson	Clinical Director, MNMH-TPCH
MNMH RED/CAB	Dr Anand Choudhary	Clinical Director, MNMH RED CAB MHS
	Monica O'Neill	Operations Director, MNMH RED CAB MHS
Sunshine Coast	George Plint	Service Director MHS Sunshine Coast HHS
	Chris Lilly	Clinical Director, MHS, Sunshine Coast HHS
Wide Bay	Robyn Bradley	A_Executive Director, Wide Bay MHAODS
	Naeem Jhetam	Clinical Director, Wide Bay MHAODS
CQMHAODS	Ngari Bean	Allied Health Director CQ MHAODB
	Kieran Kinsella	Nursing Director, CQ MHAODS
Older Persons	Trevor Hollingsworth	Psychiatrist, Older Persons Mental Health
Consumer Carer	Frances Whawell	CMHCC Carer Representative
MHAODB Representation rotates Quarterly	Janet Ceron	Director Legislation Unit OCP MHAODB
	Janet Martin	A_Director Clinical Governance MHAODB
	Sandra Eyre	Director Planning & Partnership Unit, MHAODB
	Ruth Fjeldsoe	Director, Information Performance Unit, MHAODB
MHIU	Rick Bastida	Manager, MH Clinical Improvement Team
QHVSS	Michael Power	Director, QH Victim Support Service
Children's Health Queensland CHQ	Judi Krause	Divisional Manager, CHQ CYMHS
	Josie Sorban	Director of Psychology, CHQ CYMHS.



Queensland
Government

Central Mental Health Clinical Cluster [CMHCC]



MINUTES; Tuesday August 20th 2013

Clinical Chair

Dr Brett Emmerson

Secretariat

Maree Lacey

Item	Description	Discussion / Key Points	
1	Welcome & Open	Meeting opened 13:30, attendance and apologies as per attached	 CMHCC attendeesAug20.pdf Refer to attached attendee list
2	Previous Minutes	Accepted as an accurate record of the CMHCC meeting June 18th 2013: See attached for PDF version Nb. Document links will not be available. If you require a word version of these minutes please email [redacted]	 CMHCCJune18MINU TES.pdf

3 Presentations:








3.1	Central Data	 Central_Cluster_Aug 2013_final.zip
	<p data-bbox="927 836 1744 860">Please review the attached presentation for a comprehensive overview of data</p> <ol style="list-style-type: none"> <li data-bbox="474 869 1281 893">1. HoNOS challenge in September 2013 results will be out in October 2013 <li data-bbox="474 898 1261 922">2. Statewide consultation with Executive Directors to inform strategic plan <li data-bbox="474 928 1507 952">3. Awaiting the Clinical Network to endorse MHAOD Performance Framework and phase one KPIs <li data-bbox="474 959 631 983">4. KPI Results <ol style="list-style-type: none"> <li data-bbox="524 994 1420 1018">1. Preadmission Community Care incentive payment will require long term strategies <li data-bbox="524 1024 1744 1179">2. Qld seclusion indicator <ul style="list-style-type: none"> <li data-bbox="562 1059 1084 1083">• All adult services are well below the 10% goal <li data-bbox="562 1090 1744 1150">• Remains a flawed KPI for CYMHS given time out is recorded as seclusion, however rates have decreased. Membership discussed this as being something that could be addressed through the MHA legislative changes. <li data-bbox="562 1155 1104 1179">• Seclusion rates per 1000 bed days are very low. <li data-bbox="524 1185 1695 1209">3. Discharge summaries in CIMHA demonstrates an upward trend with most sites above the target of 35% FYTD <li data-bbox="524 1216 1214 1240">4. 1-7 day follow up tracking well. Target will be increase to 60% <li data-bbox="524 1246 1321 1270">5. 28 day readmission rate is over the target for RBWH, TPCH and Wide Bay <li data-bbox="524 1275 1370 1299">6. Outcome readiness has improved over the last few months across the cluster. <li data-bbox="474 1311 1379 1401">5. Ambulatory MH Activity (Service contact Duration) – Tier 2 indicator <ul style="list-style-type: none"> <li data-bbox="524 1347 1379 1370">• Reported as a percentage of the target - September has a dip for every service <li data-bbox="524 1377 1173 1401">• This KPI is causing confusion. Need to unpack it a lot more. 	


EXHIBIT 72
JKR-900-001.0263

	AODS Performance Indicators	<p>Looking at doing phase II of the framework with the task of developing AOD indicators</p> <ul style="list-style-type: none"> Complicating factors include recording of information in AODS has been sketchy; services are keeping local data sets; different outcome measures are being used across the state and there is no consistent model of service with AOD. Until these rudimentary issues are worked out it will be difficult to establish KPIs. Outcomes are considered the place to start and reporting NMDS on QHERS. Josie Sorban agreed to share this information with CYMHS forensic 	 AOD Clinical cluster.pdf Liz Gray
	Central Qld	Held over to September 17 th	
	RED CAB	<p>Outcome readiness continues to improve</p> <p>Proportion of outcomes collected for the last 12 months improved from 35-65% {significant improvement last 6 months}</p> <p>The main driving force has been a very proactive NUM</p> <p>See attached for a comprehensive overview</p>	 REDCABOutcome Readiness.zip
	TPCH	<p>The key to all of this is bringing timely data down to the individual level.</p> <p>See attached for a comprehensive overview</p>	 MNMH -MNMHCC Aug 13 PH.zip
	RBWH	<p>Review of three years of data demonstrates significant shift, trending closer to the target over the past 12 months.</p> <p>A number of factors continue to impact this KPI.</p> <p>See attached for a comprehensive overview</p>	 28 Day Readmission Report Central Cluste
	Sunshine Coast	<p>See attached for a comprehensive overview</p>	 SunshineCoast_QHE RS_Jun13.zip

4. Standing Items

4.1	Child and Youth	<ol style="list-style-type: none"> Steering committee for the Barret strategy has been formed with the first meeting scheduled August 26th 2013 Statewide Child and Youth Advisory Group will be reconvened under the name of 'clinical group' <ul style="list-style-type: none"> Invitations sent today with the first meeting scheduled October 31st 2013 Keryn Fenton would like TPCH to have a representative on this group. Keryn will contact Judi Krause 	
4.2	Older Persons	<ol style="list-style-type: none"> RBWH OPMH Symposium tomorrow, August 21st 2013. Proposed date of closure for Flinders House remains unclear. Data presentation <ul style="list-style-type: none"> If there was one thing to look at it would be length of stay for older people. Ben Chapple has set up psychogeriatricians on the dashboards. This could be useful to review across MN 	 OPMHS.zip
	CMHCC Workforce Coordinator	<p>HP DATA; Ongoing provision of assistance to PPL in reviewing and compiling data relating to information collected via the metro north allied health review.</p> <p>WORKFORCE DASHBOARDS; Continue to be provided on a fortnightly basis to requested areas. Automated system continues to be developed and will run in conjunction with manual collation for a period of time to ensure accuracy. Expansion of existing data sets to include allied health, medical, administration and will be able to be drilled down to individual teams.</p> <p>DESIGN WORK: Adhoc design activities for posters and charts provided upon request.</p>	

		<p>Capital Works Stage II CCU Capital projects continue to progress. Rockhampton remains high risk project as unable to identify a site, due to land valuation being significantly lower than the asking price of the previously identified sites. Sunshine Coast site consideration for vacant land on existing CCU site resulting in a total of 36 bed CCU. Whilst some concerns expressed in relation to model of service for such a large CCU service, it is anticipated that ongoing operational costs would be reduced as a result.</p> <p>Bundaberg block of land purchase has gone unconditional.</p> <p>Legislative changes in relation to Queensland Health As of 1 July 2013, key changes to the Industrial Relations Act 1999 include removal of union encouragement provisions, removal of policy incorporation provision (those that incorporate employment policies as awards or certified agreements), right of entry provisions for union officials and overpayment recovery provisions no longer require written consent</p>	
4.4	Workforce – Allied Health	Held over to September 17 th	
4.5	MHAODB Planning and Partnerships Unit	<p>Planning and System Redesign Team</p> <p>Steering committee has been established to identify HASP transfers</p> <p>Barrett Adolescent Centre – Refocus of state wide adolescent extended treatment services</p> <ul style="list-style-type: none"> The service elements document has been finalised with recommendations to be decided by the BAC Planning Group. <p>Early Psychosis Youth Centres</p> <ul style="list-style-type: none"> The National Youth Mental Health Foundation (<i>Headspace</i>) will deliver the last remaining element of the Federal Government's \$2.2 billion national mental health reform plan – early psychosis youth services (EPPIC). <p>National Partnership on Supporting Mental Health Reform</p> <ul style="list-style-type: none"> Personalised support services Transition of HASP to HHS is continuing Managing the implementation of the National Partnership Agreement on Supporting Mental Health Reform. The Queensland Implementation Plan for the Supporting Recovery – Coordinated Accommodation and Support 2012-16 project provides the following in the Central Queensland Cluster areas: <p>National Perinatal Depression Initiative NPDI: Current funding to implement the National Perinatal Depression Initiative (NPDI) in Queensland is provided under the National Partnership on Health Services which expires on 30 June 2013. On 15 May 2013, as part of the 2013-2014 Commonwealth Budget, the Australian Government committed \$37.4 million over four years for the continuation of the NPDI.</p> <p>The Queensland Ed-LinQ Initiative – Workforce Development Program</p> <ul style="list-style-type: none"> A state forum for Ed LinQ coordinators will be held in Brisbane on the 22 & 23 August 2013 	

4.5.2	Office of the Chief Psychiatrist	Statewide Mental Health, Alcohol and Other Drug Clinical Network <ul style="list-style-type: none"> TOR and membership are being finalised and a planning day next week to establish the work plan Additional representation has been sought from CMHCC. Maree Lacey to contact George Plint to extend the invitation on his return from leave next week QPMAC developing revised psychotropic guidelines. The old guidelines have been removed. Clinical Governance Framework will be sent out for consultation to MHAOD services and relevant HHS clinical governance/patient safety units within the next week. Ongoing mapping and feedback on the draft Accreditation Workbook for Mental Health Services, National Safety and Quality Health Service Standards and National Standards for Mental Health Services. Recommend usage for preparation of accreditation process and self auditing. Draft National Framework for Recovery-Orientated Care in Mental Health Services documents are currently being finalised by the Safety and Quality Partnership Standing Committee. It is anticipated that the National Recovery Framework will be launched at The MHS in August 2013. 	 MHADOBClusterupdate_200813_central2.1
4.5.3	Legislation Unit Mental Health Act (MHA) amendments	Mental Health Act review <ul style="list-style-type: none"> Closing date of feedback is this Friday 23rd August The legislative changes are to be finalised by 30/4/2014. Process of developing a statewide agreement on the transport of patients	
4.5.4	Information and Performance Unit IPU	Systems and Collections: The 2013 Consumer Perceptions of Care (CPoC) collection has been completed Clinical Systems Support Team CIMHA 1.7 testing is in the second phase Clinical Systems Support Team Clinical Improvement Team: working on fact sheets on mental health KPIs	
4.6	MHCC June 12 th 2013	The Mental Health Clinical Collaborative (MHCC) will be hosting a second Forum on 26 November, 2013 focusing on the physical health of people with a serious mental illness. Currently requesting nominations regarding service improvement initiatives, from services within the clinical cluster.	
4.7	Victim Support Unit	Apology	
5: Ongoing Business			
5.1	MOU	Information sharing between probation parole and adult mental health services. <ul style="list-style-type: none"> Difficulties encountered getting traction with this piece of work. Will liaise with probation parole to ascertain need to pursue 	Mark Wheelehen
5.2	MH1300CALL	The MHAODB is keen to have a consistent number across the state with a redirection service based on where call is made. Plan is for this to be implemented before the end of the year.	
5: New Business			
6.1	Terms of Reference	Asked by the MHAODB regarding CMHCC TOR. Currently requiring review to reflect a change in core business from Workforce to Mental Health Performance Framework and peer review. Maree Lacey to add this to the next agenda.	
6.2		Naeem Jhettam posed the question of how to place a dementia patient in a nursing home. Trevor Hollingsworth offered the option of a staged transition to the nursing home environment with ongoing assistance and education from the Mental Health service.	





Queensland
Government

Central Mental Health Clinical Cluster [CMHCC]

MINUTES; Tuesday November 19th 2013

Clinical Chair
Secretariat

Brett Emmerson
Maree Lacey

Item	Description	Discussion / Key Points	
1	Welcome & Open	Meeting opened 13:30, attendance and apologies as per attached	 Nov 19 attendee list.pdf
		Refer to attached attendee list	
2	Previous Minutes	Accepted as an accurate record of the CMHCC meeting September 17 th 2013 by Rick Bastida and attending members. See attached for PDF version Nb. Document links will not be available. If you require a word version of these minutes please email [redacted]	 CMHCC Oct 15 minutes.pdf









3	Presentations:		
3.1	 Redcliffe-Caboolture Performance Manage	Most are watch and monitor, the main one is advance directives in seclusion Undertaking a research project on – Advanced directives to further reduce seclusion and restraint. Hoping to produce data on this. Q mental health commissioner has expressed intention to start a reference group around national seclusion and restraint. Looking for recommendations Anand Choudhary to be nominated	RED CAB
3.2	 KPI Presentation.pdf	KPI's are discussed at all levels within the service. Always on the agenda 1. 1-7 day follow up is going well 2. Pre-admission community not quite getting there yet 3. ALOS is trending upward. This is considered to be related to a number of new consumers to the service with dual diagnosis without current dual diagnosis coordinator 4. Rate of seclusion showed an increase last month reflecting an unwell consumer with multiple episodes 5. Discharge summaries continue to do well 6. 28 day readmission has been creeping up a little. Currently using BADS: business analysis and decision support run analysis	Central Q

EXHIBIT 72

JKR-900.001.0267

3.3	 MHPF kpi.pdf	<ol style="list-style-type: none"> 1-7 day follow up: Assertively establishing plans good strategies paying dividends Duration of ambulatory service contact: Road show to talk to all the teams across the service re the KPI's performance management. Looking at the overheads with national reporting. Reviewing team set up on CIMHA to exclude positions with no client contact so as not to skew the data. ALOS: Assertive case management Bundaberg had a spike in January Rate of Seclusion: Spike in august due to patient presentation and complexity of patient. Seclusion duration also increased in June secondary to a problematic patient. In general the service is responding positively to the workplace culture of 'least restrictive practices' Discharge summaries Ongoing focused effort on this with action plans for further improvement: South and north have a variation Bundaberg team looking good Fraser Coast has room for improvement 28 day readmission rate: Have invested time and resources into this area to change business practices on family inclusiveness. 8 cases created a spike in July. This came to the attention of the CE and the board monitoring is occurring. Clinical outcome preparedness: This is monitored in case review. It is tracking ok Consumer self-assessment: Working with the consumer consultant to become actively involved in these clinical practices 	Wide Bay
3.4	 28 Day Readmission Report Central Cluste	<ol style="list-style-type: none"> 28 day readmission Trending down however still not below the target Discharge summaries has improved significantly 	RBWH
3.5	 !All_KPI_Sunshine_Coast.pdf	<p>Matira expressed concern regarding the impact of workforce instability on Sunshine Coast KPI's over the past six months The service has experienced significant change and remains in a state of Flux. KPIs require a team to drive them. Hoping to achieve this in 2014.</p> <p>ALOS: trending towards 25 with the state average being 10-12 Major difficulty with lack of supported accommodation Some work with partners patient flow meetings</p> <p>Discharge summaries Doing ok until may June July 2013. Staff changes has impacted this significantly</p>	Sunshine Coast
3.6	 TPCHCluster Presentation Nov 201	<p>1-7 day Follow up is reasonable</p> <p>ALOS is improving AQUA project across MNMH It is anticipated this project wll positively impact ALOS</p> <p>Discharge summaries Significant drop in October, still looking into the reasons behind this.</p>	TPCH
3.7		<p>MHAOD framework was endorsed at the Statewide network</p> <p>Changes to the targets were announced and endorsed</p> <ol style="list-style-type: none"> Preadmission rate improving type of indicator which will probably take some time to change but we are seeing improvement already steadily on the increase ALOS no target around this mostly 10-12 days Discharge summaries target increased from 35-70% for the next 12 months <ul style="list-style-type: none"> Wide bay is doing well on this indicator have sustained this for 12 months August is generally registrar change over and there has been a dip around this time 1-7 day follow up target stayed at 60% 	

		<p>5. 28 day readmission</p> <ul style="list-style-type: none"> Erratic in the last few months state wide Bundaberg has risen small numbers more readmissions for sure no clear reason or difference This is one of things the chief executive has picked up spike in patients that have been non compliant Sunshine coast spike has been multifactorial. On balance consumers are being discharged earlier during this period of time doctors have being off on study leave locums in place this has an impact on patient flow junior doctors sitting exams <p>6. Ambulatory Mental Health Activity</p> <ul style="list-style-type: none"> IPU looking at revamping resources on how to POS when to POS etc. Looking at a campaign to target missed opportunities. Staff POS face to face work but not the ancillary interventions such as phone calls For a number of sites, there are three consecutive months of downward trend When teams are doing work in pairs are going to continually find it difficult to meet the target For those services they are going to be a bit lower Good deal of education yet to be done <p>7. Outcome measures clinician rated measures </p> <ul style="list-style-type: none"> Target increased from 35-40 to 75% Every service was above the previous target <p>8. Consumer rated measures</p> <ul style="list-style-type: none"> CYMHS doing well SDQ is obviously valued Counts 91 day blocks <p>9. Seclusion 3 different seclusion indicators</p> <ul style="list-style-type: none"> CYMHS reported together reporting more like with like Seclusion event per episode 	<p>Rick Bastida</p>
4. Standing Items			
4.1	Child and Youth	<p>1. Decommissioning the Barratt Adolescent Centre Statewide adolescent extended treatment and rehabilitation strategy:-</p> <ul style="list-style-type: none"> Continuing to look at a continuum of care which will be presented to the board in the next few weeks <p>Budget parameters remain unclear Looking at day program step up step down </p>	
4.2	Older Persons	Next update February 2014	
	CMHCC Workforce Coordinator	The previous month has been focused heavily on individual service projects. These projects do not impact on the cluster as a whole, and as such no updates relevant to this cohort.	
4.4	Workforce – Allied Health	Health professional EB bargaining 3 is still on the table. A lot of comment has gone back and we are now waiting to see what the final agreement looks like. Looking at supervision allocation that process is on trial signed off northern end and across the central cluster. Across MNMH aged care mapping standardised role descriptions. Health workforce Australia consultation process for MH competencies for the workforce Consultation process is in Melbourne and Sydney	
4.5	MHAODB PLANNING AND PARTNERSHIPS UNIT	<ul style="list-style-type: none"> Bill Kingswell has been interviewed and appointed in an acting capacity to the position of Director of Mental Health Steering committee has been established to identify HASP transfers Transition of HASP to HHS is continuing Decentralisation Projects <i>The Park Centre for Mental Health - ETR/DD Unit Beds and Baillie Henderson Hospital</i> QPMAC developing revised psychotropic guidelines. The old guidelines have been removed. 	 MHAODB_Cluster_Up date_November.pdf
4.5.2	MHA review	<ul style="list-style-type: none"> The legislative changes are to be finalised by 30/4/2014. 	
4.5.3	INFORMATION AND PERFORMANCE UNIT	<p>Systems and Collections : The 2013 Consumer Perceptions of Care (CPoC) collection has been completed</p> <p>Clinical Systems Support Team: Consumer Integrated Mental Health Application (CIMHA) 1.7 released 23rd Nov 2013. This release includes a redesigned alerts module, redesigned outcomes reports, reference table enhancements and software defect fixes.</p> <p>Clinical Improvement Team: Recruitment to the Clinical Indicator Coordinator position is underway</p>	

		Performance Evaluation Analysis and Purchasing Team <ul style="list-style-type: none"> • Work has commenced on scoping of measures for AOD services for consideration by the MHAODCN. • There will be a national costing study for mental health services undertaken in 2014. Further information should be available in the New Year. • The new MHAODB intranet site was published on Friday 8 November 2013. http://qheps.health.qld.gov.au/mentalhealth/default.htm 	
	OFFICE OF THE CHIEF PSYCHIATRIST	Clinical Governance Team The draft Mental Health Alcohol and Other Drugs Clinical Governance Framework (the framework) was endorsed by the MHAOD Clinical Network to <ul style="list-style-type: none"> • guide MHAOD services in the development of clinical governance strategies for the provision of the best possible quality healthcare • Support MHAOD services to develop a coordinated, consistent and sustainable approach to improving safety and quality. 2012-2013 Annual Report of the Director of Mental Health was tabled in the Queensland Parliament by the Minister for Health on 4 November 2013. http://www.health.qld.gov.au/mha2000/annual_reports.asp	
	Statewide network	<ul style="list-style-type: none"> • The next meeting of the Clinical Network is 13 December 2013. • Clinical governance framework has been endorsed • Work plan 2013 2015 	 SMAOD clinical network update.pdf
4.7	Queensland Health Victim Support Service	<ul style="list-style-type: none"> • QHVSS client and other service work has increased slightly in some areas and decreased in others in the last six months ending 30/10/2013 when compared to the previous six months ending 31/03/2013. As of 30/10 QHVSS had 195 open clients as compared to 186 at the end of the previous six months. The total number of Intakes has declined over the last six months which is due to the impact of advice from the Privacy and Right to Information Office that resulted in a cessation of information sharing with the QPS that enabled them to locate and offer assistance to victims. • There has been an increase in Victim Support Coordinator participation in LCTR Committees at 24 committees for 34 forensic patients in the April to September 2013 six month period, compared with 8 committees for 27 forensic patients in the previous six months. Thirteen training and information sessions were delivered in the last six months as compared to ten in the previous six months. • QHVSS has assisted victims in meeting with the Mental Health Act review team, as well as collated ideas from victims as part of a submission to the review. A submission was also provided by QHVSS to the review on areas to improve the timing and opportunities for victims to provide input to decisions and to be kept informed of decisions. Ongoing work has occurred with the MHA review team as they consider options to include in the discussion paper due for release in early 2014. • QHVSS has worked with the Office of the Director of Mental Health to develop a Memorandum of Understanding that is intended to include the Queensland Police Service. The MOU clarifies and confirms information to be shared between the agencies for the purpose of locating victims when their case is referred to the Mental Health Court, offering them assistance and providing them with ongoing support. The MOU has been finalised as a draft and will be progressed to QPS for their feedback and consideration. 	
5: Ongoing Business			
5.1	MO	Information sharing between probation parole and adult mental health service <ul style="list-style-type: none"> • No further contact. Remove from agenda and work plan. 	Mark Wheelehen
5.2	MH1300CALL	Carrier will be Optus. Bill Kingswell released a memo regarding the costs	Mark Wheelehen
5.3	CMHCC TOR	Maree Lacey to make final amendments and facilitate out of session endorsement.	 TERMS IN REVIEW Nov 2013_1.pdf
Please refer to the final document attached.			
Next meeting February 18 th 2014 1330-1530 CSDS RBWH Bl 6, Level 4 Conference Rm 1			

Children's Health Queensland Hospital and Health Service

Terms of Reference

Statewide Child and Youth Mental Health Alcohol and Other Drugs Clinical Group (Child and Youth Clinical Group)

1. Purpose

The Child and Youth Clinical Group has been established to support Child and Youth Mental Health Services (CYMHS) in Queensland. Its aim is to ensure that safe, clinical and quality services that are innovative, effective and efficient are delivered in an agreed coordinated approach within the Child and Youth Mental Health Services of the Hospital and Health Services. These services will consider the spectrum of mental health and substance use needs for children, young people and their families ranging from promotion, prevention and early intervention, through treatment, to relapse prevention and rehabilitation.

2. Guiding principles

The Child and Youth clinical Group will be guided by the following key documents and their principles in its operation.

The Council of Australian Governments (COAG) is committed to mental health reform as an ongoing national priority and has developed the *Roadmap for National Mental Health Reform 2012-2022* ('the Roadmap') which outlines the direction governments will take over the next 10 years. The COAG Working Group plans to develop, for COAG's consideration by mid-2014, a successor to the Fourth National Mental Health Plan, which will set out how the Roadmap will be implemented. It is viewed that jurisdictions' own plans will remain the key documents for setting out the specific details of how they will work towards achieving the national vision. The Roadmap sets a number of priorities:

1. Promote person-centred approaches
2. Improve the mental health and social and emotional wellbeing of all Australians
3. Prevent mental illness
4. Focus on early detection and intervention
5. Improve access to high quality services and supports
6. Improve the social and economic participation of people with mental illness

Currently, the *Queensland Plan for Mental Health 2007-2017* ('the Plan') outlines the Queensland Government's plan to reform and improve mental health service over the next 10 years. The Plan articulates six principles to guide reform. Mental health service delivery across all sectors in Queensland should align with these principles:

1. Consumers, families and carers are actively involved in all aspects of the mental health system.
2. The mental health system promotes resilience and recovery.
3. The mental health system is community- orientated, comprehensive, integrated and socially inclusive.
4. Cooperation, collaboration and partnerships are key elements of the mental health system.
5. Promotion, prevention and early intervention are integral to the mental health system.
6. Mental health care is evidence - based, prioritising quality and safety.

The Blueprint for Better Healthcare in Queensland, February 2013 ('the Blueprint') has more recently articulated four principle themes which will provide further guidance:

1. Health services focused on patients and people
2. Empowering the community and our health workforce

Date of endorsement: 18 February 2014 Date of review: February 2015

Page 1 of 6

Children's Health Queensland Hospital and Health Service

2. Guiding principles

3. Providing Queenslanders with value in health services
4. Investing, innovating and planning for the future.

The recent establishment of the Queensland Mental Health Commission (QMHC) and their development of a Whole of Government Queensland Mental Health and Drug Strategic Plan will further inform the work of the Child and Youth Clinical Group. The Child and Youth Clinical Group will also provide advice as requested or appropriate to the Queensland Mental Health and Drug Advisory Council established by the QMHC.

3. Functions

The key functions of the Child and Youth Clinical Group relate to the co-ordinated delivery of innovative, effective, efficient, safe and quality services to children, young people and their families accessing mental health services. The Child and Youth Clinical Group will:

1. Develop, review, promote and support implementation of range of evidence-based clinical pathways and best practice guidelines for the delivery of mental health alcohol and other drugs clinical services for children, young people and their families.
2. Encourage the development of contemporary and flexible service delivery models to meet the mental health and other drug (MHAOD) clinical needs of children, young people and their families through showcasing innovation, service improvements and quality initiatives.
3. Monitor, review, analyse, and act upon identified current key issues (including quality and safety issues) within the child and youth mental health and other drugs sector and develop initiatives and solutions which result in improved outcomes for the identified population.
4. Facilitate communication between MHAOD clinicians, the Statewide MHAOD Clinical Network and the MHAOD Branch. The Child and Youth representative of the Statewide MHAOD Clinical Network ('Statewide Network') is a member of the Child and Youth Clinical Group and reporting to the Statewide Network occurs through this role. The Terms of Reference for the Statewide Network can be accessed at:
http://qheps.health.qld.gov.au/mentalhealth/mhadocs/mhaod_cn_tor.pdf
5. Provide a forum for child and youth mental health alcohol and other drugs education, communication, information sharing and networking.

4. Authority

The role of the Child and Youth Clinical Group will be primarily supportive in nature, however it is nonetheless accountable for the recommendations it makes and the work that is produced via designated working groups. The objective of the group will be to establish itself as a highly regarded entity whose input is actively sought and valued at all levels of Hospital and Health Service (HHS) management, Queensland Health (QH) system management and the Queensland Mental Health Commission (QMHC).

The Chair of the Child and Youth Clinical Group is the CYMHS Divisional Director for a Statewide Level 6 facility and along with the membership of the Child and Youth Clinical Group supports the work of the CYMHS representative on the Statewide Network.

Child and Youth Clinical Group recommendations/advice/working group outcomes will be by way of consensus however where consensus is not reached within the meeting, the Child and Youth Clinical Group will consider action that can be taken to facilitate reaching a consensus (eg. further consultation with a stakeholder group, senior HHS Mental Health and/or Chief Executive staff, or the appropriate staff member within the Department of Health Mental Health Alcohol and Other Drugs Branch, (if indicated). Where final consensus is not achieved, the recommendation/advice of the Child and Youth Clinical

Children's Health Queensland Hospital and Health Service

4. Authority

Group will reflect the majority view. Where the decision will eventually result in a recommendation/ guideline to be submitted to the Statewide Mental Health Alcohol and Other Drugs Clinical Network/ MHAODB, the dissenting view/s will, as far as practicable, be identified. In any case, all members will have appropriate regard for the majority view and support the implementation of the resulting recommendation/ guideline. Where members are equally divided on a decision, the Chair will have the casting vote.

5. Frequency of meetings

Meetings will be held bimonthly but may be rescheduled or scheduled more frequently by agreement of the membership, to enable timely completion of tasks. Where there are time constraints documents may also be circulated and endorsed out of session.

6. MembershipSelection and appointment of membership

Nominations for membership were sought from senior representatives of the CYMHS sector from each Hospital and Health Service in a letter sent by the CYMHS Divisional Director of the Children's Health Queensland Hospital and Health Service whom had chaired the previous Statewide Child and Youth Mental Health Advisory Group which ceased due to machinery of government changes.

Composition of the membership may be expanded by the Chair in consultation with the currently appointed members.

Other key stakeholders may be invited to meetings as invited guests as required.

Membership for the Child and Youth Clinical Group is comprised of the following:

	Name	Position Title	Hospital and Health Service
1.	(Chair) Judi Krause	Divisional Director CYMHS	CHQ
2.	(Secretariat) Judith Piccone	Statewide Professional Leader Allied Health - CYMHS	CHQ
	Proxy: Valda Dorries	Statewide Professional Leader Allied Health - CYMHS	CHQ
3.	*Dr Stephen Stathis	Medical Director CYMHS	CHQ
4.	Jackie Bartlett		MHAOD Branch
	Proxy:		
5.	Janelle Bowra	Nursing Director CYMHS	CHQ
	Proxy:		
6.	Robin Counsel		Metro North
	Proxy		

Children's Health Queensland Hospital and Health Service

7.	Kimberley Curr Proxy		Darling Downs
8.	Tim Davidson Proxy		Mater
9.	Dr Paranee Siva Proxy		Gold Coast
10.	Michelle Giles Proxy		West Moreton
11.	Christina Gobbo Proxy		Wide Bay
12.	Hazel Goodenough Proxy		Metro North – Red/ Cab
13.	Dr Donna Dowling Proxy		Townsville
14.	Dr Sean Hatherill Proxy		Metro South
15.	Raymond Ho Proxy		Metro South
16.	Dr Elisabeth Hoehn Proxy		CHQ
17.	Gerry Howe Proxy		Wide Bay
18.	Erica Lee Proxy		Mater
19.	Dr Chris Lilley Proxy		Sunshine Coast
20.	Dr Shannon March Proxy		Darling Downs
21.	Janet Martin Proxy		MHAOD Branch
22.	Cara McCormack Proxy		Townsville
23.	Dr Brett McDermott		Mater

Children's Health Queensland Hospital and Health Service

	Proxy		
24.	Sophie Morson Proxy		CHQ
25.	Jacinta Powell Proxy		Metro North
26.	Judy Skalicky Proxy		Cairns
27.	Josie Sorban Proxy		CHQ
28.	Amanda Tilse Proxy		Mater
29.	Bernie Weckmann Proxy		Central Queensland
30.	Dr Ian Williams Proxy		CHQ

Term of membership

Membership is to be reviewed on an annual basis

Responsibilities of members

- Each member is responsible for notifying secretariat if they cease to be the HHS representative or if their proxy changes
- To attend meetings prepared and with action items completed

7. Quorum

A minimum attendance of the Chair (or nominated Chair), and 50% of the Child and Youth Clinical Group members will constitute a quorum.

8. Reporting

The Child and Youth Clinical Group receive reports from the Statewide Network's CYMHS representative. The Child and Youth Group also will identify issues for the representative to report back to the Statewide Network and clinically relevant documents for endorsement will also be escalated to the Statewide Network via the CYMHS representative. Relevant issues can also be escalated to the Mental Health Clinical Clusters, discipline professional representatives (Nursing and Midwifery Office Queensland and Allied Health Professions' Office of Queensland) and the Executive Director, MHODB, for tabling at the Mental Health Clinical Directors and Managers Operational Meeting, or other staff in the MHAODB as appropriate.

Children's Health Queensland Hospital and Health Service

9. Performance

The Child and Youth Clinical Group will review and monitor progress and outcomes against an annual work plan with priorities as determined by the Child and Youth Clinical Group.

The priorities for the work plan of the Child and Youth Clinical Group will be determined by the membership and will be reviewed on an annual basis. The work plan will identify timeframes for key deliverables over a twelve month period and will incorporate capacity to address new and emerging issues/business.

Issues for consideration by the Child and Youth Clinical Group may be raised through any member.

10. Risk Management

Membership and Terms of Reference will be reviewed annually, including identification of any risks. Any identified risks will be assessed and regular monitoring and management of existing risks and their mitigation actions as well as escalation processes will then occur.

Document history

Version	Date	Updated by	Comments
1.1	18/12/2013	Secretariat based on feedback received to date.	

Previous versions should be recorded and available for audit.

K:\MHD\OCP\CGT\Child and Youth\C&YMHCG\CHQ_SCYMHAODCG_draftTOR 2013_JB comments.doc

**Statewide Child and Youth Mental Health Alcohol
and Other Drugs (MHAOD) Clinical Group
Membership List –
As at June 2015**

	Name	Position Title	Hospital and Health Service
1.	(Chair) Judi Krause	Divisional Director CYMHS	CHQ
2.	(Secretariat) Judith Piccone	Program Manager Specialist Teams (CYMHS)	CHQ
3.	*Dr Stephen Stathis	Medical Director CYMHS *Child and Youth representative of Statewide Network	CHQ
4.	Jackie Bartlett Proxy: Janet Martin	A/Manager, Clinical Governance Team A/Director, Clinical Governance Team	MHAOD Branch MHAOD Branch
5.	Janelle Bowra	Nursing Director, CYMHS	CHQ
6.	TBA	NUM, Logan Adolescent Unit	Metro South
7.	Tim Davidson	Program Manager Community Teams (CYMHS)	CHQ
8.	Michelle Giles Proxy: Ruth Maltby	Director of Allied Health & MH Community Programs Team Leader, CYMHS	West Moreton West Moreton
9.	Christina Gobbo	Team Leader, CYMHS	Wide Bay
10.	Dr Sonali Goonetilleke	CYMHS Psychiatrist, MHAODS Wide Bay	Wide Bay
11.	Hazel Goodenough	Team Leader, CYMHS	Metro North – Red/ Cab
12.	Dr Donna Dowling	A/Clinical Director, Child, Adolescent & Young Adult Services, Townsville MH Service Group	Townsville
13.	Dr Sean Hatherill	Clinical Director Child and Youth Academic Clinical Unit	Metro South
14.	Raymond Ho	Clinical Services Program Manager, Child and Youth Academic Clinical Unit	Metro South
15.	Dr Elisabeth Hoehn	Director, QCPIMH	CHQ
16.	Jolene Dwyer	Team Leader, CYMHS	Wide Bay-South
17.	Dr Amritash Rai	Consultant Psychiatrist	Wide Bay-South
18.	Dr Chris Lilley	Clinical Lead, Sunshine Coast CYMHS	Sunshine Coast
19.	Dr Shannon March	Director of CYMHS	Darling Downs
20.	Cara McCormack	Program Manager Child, Adolescent & YP Services & Rural, Remote & Indigenous MH, Townsville Mental Health Service Group	Townsville
21.	Jennifer Sands	Service Director, MHIC	Gold Coast
22.	Dr Savio Sardinha	Medical Director, CYMHS	Gold Coast
23.	Judy Skalicky	Team Leader, Rural and Remote CYMHS	Cairns
24.	Josie Sorban	Director of Psychology	CHQ
25.	Graham Stark	A/Manager, CYMHS	Darling Downs
26.	Bernie Weckmann	Team Manager – Child and Youth Services, CQMHAOD	Central Queensland
27.	Karyn Weller	Operations Manager, CYMHS	Cairns
28.	Robin Counsel	NUM, Adolescent Inpatient Unit	RBWH, Metro North
29.	Dr David Ward	Director, Adolescent Inpatient Unit	RBWH, Metro North
30.	Valda Dorries	Statewide Professional Leader for Allied Health (CYMHS)	CHQ

Children's Health Queensland Hospital and Health Service

Minutes

Statewide Child and Youth Mental Health, Alcohol and Other Drugs Clinical Group


Date: 31/10/2013 **Time:** 10:00-12:00 **Venue:** Seminar Room, CYMHS Cnr Rogers & Water Street's Spring Hill

Chair:	Judi Krause (JK) Divisional Director, CHQ, CYMHS	Secretariat:	Grace Matthews (GM), A/ESO DD CHQ CYMHS
Attendees:	Sophie Morson Team Leader & Coordinator, Minding Young Minds Program	Jacinta Powell, Clinical Director TPCH VC	Valda Dorries Statewide Professional Leader Allied Health (CYMHS)
	Kimberly Curr, A/Mgr, CYMHS Div of MH VC	Michelle Giles, Director AH & Community MH TC	Janelle Bowra, NUM Adolescent MH Inpatient
	Shannon March, A/Clinical Director CYMHS Div of MH, Darling Downs VC	Jackie Bartlett, Principal Project Officer, Clinical Governance	Dr. Stephen Stathis, Clinical Director, CHQ CYMHS
	Michelle Fryer, A/Director CYMHS VC		Janet Martin, Manager, Clinical Governance

Observers/ Guests:

Presentations :	Dr. Stephen Stathis – update on Statewide Adolescent Extended Treatment and Rehabilitation Ms. Janet Martin – Clinical Governance and Structure MHAODB		
Apologies:	Hazel Goodenough, Team Leader	Judy Skalicky, Team Leader	Bernie Weckman Manager, Child & Youth Services) CYMHS & Evolve)
	Ian Williams, Director of AIU, RBWH	Elisabeth Hoehn, Program Director PIMH	Raymond Ho, Clinical Services Program Mgr C&Y Academic Clinical Unit, Metro South Addiction & MHS
	Judith Piccone, Statewide Professional Leader- Allied Health(CYMHS)	David Hartman, Clinical Director, CAYAS, Townsville Mental Health Service Group	Cara McCormack, Program Mgr Rural, Remote & Indigenous MHS Child, Adolescent & Young Adult Services, Assistant Director Allied Health Mental Health Service Group
	Sean Hatherill, Clinical Director, Child and Youth Academic Unit	Christina Gobbo, Bundaberg CYMHS, WBMHAODS	Robin Counsel, NUM, Adolescent MHS, RBWH
	Gerry Howe, Team Leader, CYMHS Fraser Coast	Josie Sorban Discipline Director Psychology, CYMHS	Christopher Lilley, Senior Consultant Psychiatrist, CYMHS

Children's Health Queensland Hospital and Health Service


Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.1	<p>Statewide Adolescent Extended Treatment Rehabilitation (SW AETR) Project</p> <p>Dr. Stephen Stathis is the Clinical Lead of the SW AETR project and co-chair with Judi Krause of the SW AETR Steering Committee.</p> <p>The Barrett Adolescent Centre proposed closing date is the end of January 2014. West Moreton HHS (WM) is responsible for the decommissioning process, clinical management of current patients and deployment of current staff. The closing date is flexible to ensure all current inpatients have alternative and appropriate wrap around care upon discharge. There is also assertive management of all young people on the current waiting list and those attending the BAC day program. CHQ are tasked with developing a new model of care for AETR. A range of services will be recommended to close gaps within the current continuum of care. These may include</p> <ul style="list-style-type: none"> • Bed base options (including step up and step down) • Expansion of day units • Intensive mobile youth outreach services • Youth residential services <p>Any new model will be considerate of the recommendations from the BAC Expert Clinical Reference Group.</p> <p>WM have been outstanding in engaging with parents and consumers. Currently no build funding for a bed base facility. Other services to expand. Some tiers could be implemented quickly. Bed base will be a statewide service managed by CHQ. Population data will drive the location of the proposed expansions of services.</p>	Noting	Group	
1.2	<p>Update Mental Health Alcohol and Other Drugs Branch</p> <p>This group will collaborate with the statewide Mental Health Alcohol and Other Drugs Clinical Network.</p> <p>Janet Martin discussed to role of the branch and tabled a document (attached) outlining</p> <p> MHAOD Branch Overview.pdf</p> <ol style="list-style-type: none"> 1. The chief executive (Director-General) functions 2. Overview of Structure 3. Overview of the role of Chief Psychiatrist in Clinical Governance 			

Children's Health Queensland Hospital and Health Service

	<p>4. Planning and Partnerships Unit</p> <p>5. Information and Performance Unit</p> <p>6. MHAOD Clinical Network</p> <p>7. MHAOD Senior Leaders Forum</p> <p>8. National Health Reform agenda</p> <p>Janet recently attended the planning day for the MHAOD Clinical Network. The work plan priorities were identified as below –</p> <ul style="list-style-type: none"> - Clinical documentation - Consumer/ Carer focus - Models of service - KPI's / outcomes specific for CYMHS to better reflect service models - Integration of Alcohol and other Drugs and MH - CYMHS – increase visibility within MHAODB - Communication – around quality and safety <p>Stephen Stathis is the Child and Youth representative on the Clinical Network, providing a link between this group and the Network, a conduit for escalating issues to the Network. Currently two child and youth issues:</p> <ul style="list-style-type: none"> • The Clinical Network is looking at clinical pathways in terms of 10-25 yr old for drug and alcohol abuse - a scoping exercise of existing clinical pathways of agencies eg: ADAWs, Dovetail, is underway to assist in developing clinical pathways. • Identified need to establish the role of Child and Youth Psychiatrist Advisor to the Chief Psychiatrist, MHAODB. 			
2.	Meeting opening			
2.1	Welcome and apologies Changes to the MHAODB and workforce re-structuring in HHS has delayed the re-commencement of the Clinical Group. All members welcomed back to the group.		Chair	
2.2	Statement of Conflict/Interest Dr. Michelle Fryer disclosed that she is the current Chair of Child and Adolescent faculty of Psychiatry.	Noted		
2.3	Confirmation of Minutes	NA		
2.4	Statement of Achievements	NA		
	Business			
3.1	Business Arising from Previous Meetings			
	-			

4.	Matters for Decision			
4.1	<p>Strategic directions influencing factors:</p> <p>Overview of Mental Health Commission's role</p> <p>Dr. Lesley Van Schoubroeck appointed Queensland Mental Health Commissioner in July 2013. She has a strong commitment to children's mental health and the Consumer/Carer Network. The aim of the QMHC is to</p> <ul style="list-style-type: none"> • Drive co-ordination of services, advocacy, innovation, integration, promotion, prevention and early intervention, reporting, reviewing, access and equity • Strategic guidance and directions/ benchmarks/ performance measures • Strengthening partnerships • Evidence based interventions/ policy/ increase community capacity/ stigma reduction <p>The Commission is driving reform with a whole of government approach and strong linkages with NGO's. The clinical group will be a good conduit for CYMHS consultation.</p> <p>The QMHC has 100 day outcomes with the formation of The Qld Mental Health Drug Advisory Council which will have broad membership on three year appointments. This group will advise the QMHC on service gaps and provide strategic oversight. It is likely that a sub-group for specialty areas such as CYMHS could also be established.</p> <p>The Whole of Government Strategic Plan consultation process is underway CHQ arranged two specific CYMHS stakeholder consultation forums Perinatal and Infant Mental Health and CYMHS in October, well attended with 16 sites linking in statewide. A summarised version of the issues identified in both groups will be disseminated to the group when available.</p> <p>JK encouraged the group to go on the QMHC website and complete the on-line consultation option available, if they have not participated.</p> <p>Overview of the Clinical Cluster role</p> <p>MH Directors/Managers meet monthly in each Cluster – identify key issues/ trends within the sector/ peer performance reviews of MH Performance Framework KPI's. Escalate issues to the MHAOD Clinical Network or the MHAODB. Child and youth</p>	Noting		
		Noting		

	<p>is on the agenda for Cluster meetings JK is the CYMHS representative on the Central Cluster meeting and gives feedback from outcomes from the Clinical Group. This is a two way feedback mechanism and issues can be raised by the members of the clinical cluster meetings about child and adolescent issues.</p> <p>Overview of the Mental Health Directors and Manager's Leadership Forum Closed membership. Opportunity to showcase quality and safety initiatives and use processes internally to inform local HHS boards of issues. July showcased child and youth initiatives – new CHQ and CYMHS issues. Concerns raised around adult models being applied to child and youth and subsequent Activity Based Funding disadvantage. Gaps in service provision exist between care of young people in crisis that require a more assertive outreach model of CYMHS care. This is evident with at risk adolescents who are difficult to engage and at times with the younger cohort of children in the care of the Department of Child Safety who are not picked up in the Evolve model. Identified need for CYMHS services to review their current models of care to promote more flexible hours and more assertive outreach.</p> <p>Overview of the Mental Health Clinical & Managers Operational Meeting Enables a regular interface between MHAODB and HHS's mental health leadership. Addresses operational issues and attended by Directors and Managers of Mental Health Services. Mater and CHQ only CYMHS specific representatives.</p>	Noting		
4.2	<p>Terms of Reference TOR to be disseminated out of session.</p> <ul style="list-style-type: none"> Group Name: Statewide Child and Youth Mental Health Alcohol and Other Drugs Clinical Group Purpose of Group: JK letter dated August 2013 – Useful for networking, showcasing ideas, escalate ideas/issues, problem solving and identifying trends. Chair Nomination: Group consensus for JK to continue as chair Membership: Statewide direction from the Branch. Discussion around including AOD sector – ADAWS, Hothouse. Decision to keep membership to senior CYMHS staff with decision making capacity. Involve other CYMHS clinicians in specific working groups. 	Draft TOR to be disseminated for review and feedback to Judi	Group	

	<ul style="list-style-type: none"> Frequency and Duration: Bi-monthly. Survey Monkey to scope preferred day and duration. Results: First and second options favoured Tuesday 10am-12pm <p>Recommendation for Dr. Stephen Stathis to table revised TOR at the next Clinical Network meeting in early December. Essential to build a conduit with the Network.</p>			
5.	Matters for Discussion			
5.1	<p>Modify Guidelines for Admission in view of Townsville and Toowoomba opening</p>  <p>CYMHS Admission Guidelines.pdf</p> <p>http://qheps.health.qld.gov.au/mentalhealth/docs/Cymhs-admit-child.pdf</p> <p>Suggestion that a small working group of representatives from each inpatient unit review and modify the current document for accuracy in relation to additional units being opened (Townsville – Dec 2013 (8 bed) and QCH (Nov 2014) impacting on paediatric flow statewide). Much of work could be conducted via email and telephone. Due to time constraints, rather than re-work the document, a page could be added. A representative from each HHS to be involved due to different admission processes.</p> <p><u>Working Group to consider:</u></p> <ul style="list-style-type: none"> Catchment areas, population data, patient flow issues Statewide coverage child and youth consultant on-call Co-ordination of beds to streamline admission processes Client and family preferences and capacity for choice <p>The group agreed that a more efficient process is needed.</p>	Working group to form	<p>JK to arrange for meeting in early Dec</p> <p>(Meeting date: Friday 13 Dec 10 to 11am)</p>	Dec 2013
5.2	<p>Suggestions for Standard Agenda Items</p> <ul style="list-style-type: none"> Service Updates –key issues, updates, points for discussion from each HHS/Team Workforce Development Branch Update Adolescent Extended Treatment and Rehabilitation PIMH 			

Children's Health Queensland Hospital and Health Service

	<ul style="list-style-type: none"> • Work plan • KPI's – eg Seclusion and restraint/ peer review process similar to that of Clusters – to promote benchmarking <p>Suggestions for future presentations</p> <ul style="list-style-type: none"> • Activity Based Funding/ Performance and Purchasing • Queensland Children's Hospital Update • Models of Service Delivery Progress - MHAODB • QMHC – update on progression to date • Update on Evolve Statewide roles 			
5.3	<p>Early Psychosis Intervention</p> <p>Responsibilities and funding redirected to Headspace. Judi meeting with Headspace 14 Nov and will enquire as to progress on the model and feedback to the group.</p>	Judi to feedback to the group	JK	Dec 2013
5.4	<p>Models of Service</p> <p>Unapproved MOS still a priority. Many need to be re-worked to a realistic model to align to current activity and funding. Put out as a "Guideline" in the interim. Maree Kelly to present to the Clinical Network in December.</p>			
5.5	<p>Contestability (non-clinical support)</p> <p>Contestability for QCH not inclusive of clinical roles</p> <p>Other agencies such as Youth Justice and Department of Communities are looking at their purchased services, including health services, i.e. Evolve through the contestability lens.</p>			
5.6	<p>Speech Pathology Scope of Practice</p> <p>This work was commissioned and sanctioned by the previous Child and Youth Advisory Group. Now completed and to be disseminated to the group for comment.</p> <p>Circulate out of session.</p> <p>Feedback to Narelle Anger by 16 December.</p> <p>This group can endorse and feed up to Clinical Clusters for further dissemination and endorsement.</p> <p>Implementation will be up to individual HHS MH services.</p>	Feedback directly to Narelle Anger	Group	16 Dec
6. Matters for Noting				
6.1	Michelle Fryer raised concerns of high risk young people with severe and complex			

Children's Health Queensland Hospital and Health Service

	<p>issues and service provision for those who do not get intervention. Brief discussion about the recommendations from the Carmody Enquiry into Child Protection and the implications of Evolve devolving down to regional levels.</p> <p>Warren Bergh is in the statewide Evolve Project Manager position. The position is hosted and governed by CHQ CYMHS in conjunction with DCCSDS. The Senior Service Evaluation and Research Co-ordinator role is also hosted by CHQ CYMHS. The plan is for the Evolve State-wide Steering Committee to re-convene this will be led by Child Safety and have limited health representation on it. A further decision will need to be made whether a health state-wide steering committee is re-established with representation from each HHS with an Evolve team.</p> <p>The devolving of governance down to regional Child Safety areas is presenting some challenges.</p> <p>The Clinical Group can potentially be a forum to raise issues and determine an appropriate place to escalate collective concerns. Individual HHS concerns should be escalated via the Quarterly Services Meetings with Child Safety in the individual regional areas.</p>			
7.	For Information			
<p>Next meeting Tuesday 10:00 to 12:00, 10 December 2013, CYMHS Cnr Rogers & Waters Street's , Spring Hill</p> <p>Videoconferencing available. Notify secretariat if intending to join via videoconference</p>				

ENDORSED BY:**Signature:**

Name: Judi Krause
Position: Divisional Director


Date:

Minutes

State wide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group

Date: 10/12/2013 **Time:** 10:00-12:00 **Venue:** Seminar Room, CYMHS Cnr Rogers & Water Streets, Spring Hill


Chair:	Judi Krause (JK) Divisional Director, CYMHS, Children's Health Queensland (CHQ)	Secretariat:	Judith Piccone (JP) Statewide Professional Leader – Allied Health (SPLAH) CYMHS CHQ
		Technical Support:	Grace Matthews, A/ESO to JK, CYMHS CHQ
Attendees:	Jackie Bartlett (JBa), Principal Project Officer, MHAOD Branch Chris Lilley (CL), Psychiatrist, CYMHS Sunshine Coast Jennifer Sands (JSa), Service Director, CYMHS Gold Coast Paranee Siva (PS), A/Director, CYMHS Gold Coast Josie Sorban (JSO), Director of Psychology, CYMHS CHQ	Stephen Stathis (SS), Clinical Director, CYMHS CHQ Amanda Tilse (AT), Operational Manager CYMHS Campus & AOD, CYMHS Mater Ian Williams (IW), Director Adolescent Inpatient Unit, RBWH, Metro North Janelle Bowra (JBo), Nurse Unit Manager Logan Adolescent Unit, Metro South – Videoconference (VC)	Sean Hatherill (SH), Clinical Director, CYMHS Academic Unit, Metro South (VC) Gerry Howe (GH), Team Leader CYMHS, Wide Bay (VC) Shannon March (SM), A/Clinical Director, CYMHS Division of Mental Health, Darling Downs (VC) Judy Skalicky (JSk), Team Leader Rural and Remote Area Mental Health (VC) Julie Brown (JBr), (VC) Bernie Weckman (BW), Manager Child & Youth Services, Central Queensland (VC) Cara McCormack (CM), Program Manager Child, Adolescent and Young Adult Services, Mental Health Service Group, Townsville (VC) Hazel Goodenough (HG), Team Leader, Redcliffe-Caboolture CYMHS, Metro North (VC)
Observers/ Guests:	Ingrid Adamson (IA), Project Manager, Corporate Office Sandra Radovini (SR), Child and Adolescent Psychiatrist, Victoria		
Presentations:	Stephen Stathis – Statewide Adolescent Extended Treatment and Rehabilitation Project – Proposed Models Update Sandra Radovini – Extended Treatment Services in Victoria – IMYOS Judi Krause – Models of Service Delivery – Update (in lieu of Marie Kelly)		
Apologies:	Kimberley Curr, A/Manager, CYMHS Division of Mental Health Darling Downs Michelle Fryer, A/Director CYMHS Gold Coast	David Hartman, Clinical Director Child, Adolescent and Young Adult Services, Mental Health Service Group Townsville Raymond Ho, Clinical Services Program Manager, Child and Youth Academic Unit, Metro South	Janet Martin, Manager Clinical Governance, MHAOD Branch Jacinta Powell, Clinical Director, The Prince Charles Hospital, Metro North Sophie Morson, Team Leader & Co-ordinator, Minding Young Minds Program, CYMHS CHQ Valda Dorries, Statewide Professional Leader – Allied Health CYMHS CHQ

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.1	<p>Statewide Adolescent Extended Treatment Rehabilitation (SW AETR) Project – Proposed Models Update</p> <p>SS presented proposed models update – see presentation</p> <p> G:\SAHPL\Mental Health Clinical Cluster</p> <p>Length of Stay (LOS) guided by National Mental Health Service Planning Framework as funding will be linked to this framework.</p> <p>Proposing increase to local services with assertive outreach positions (LOS determined at local level) supported by statewide psychiatry cover (similar to e-CYMHS model), further day programs (LOS 120-160 days), development of residential services in partnership with NGO sector (LOS 6mths + 6mths) and also step up/step down options (LOS up to 28 days), statewide sub-acute beds was contentious with varied views from consultations (LOS 3mth + 3mths)</p> <p>3-4 year timeframe for development</p> <p>No capital build funds</p> <p>Funds from Barrett Adolescent Centre (BAC) not adequate</p> <p><u>Questions/Discussion:</u></p> <p>BW - mentioned difficulty in accessing beds either in the North or Brisbane – consideration of annex of beds to Adult Ward not always online but as needed. SS acknowledged the tyranny of distance in Qld (being largest decentralised state) to discuss further with BW but noted that acute beds had been out of scope for the project but is included in the overall model.</p> <p>Allow flexibility for assertive community treatment service for local needs</p> <p>Ability to provide psychiatric cover/support statewide</p> <p>Gaps with closure of BAC – current clients and those who have been on waiting list for up to 18 months; cohort has changed over the years as has LOS</p> <p>Consideration of development of hubs around the state to build critical mass of staff</p> <p>CL – is it easier to access if all in Brisbane. Discussion of risk to funding if spread around the State; however wanting to not de-skill around the State. Discussion of balance, equity, funding considerations. CHQ Board supportive of statewide ownership of model and funding for sub-acute beds.</p> <p>Discussion of care co-ordination, safety for kids at night rather than clinical opinion</p>	<p>For Noting</p> <p>Stephen Stathis to contact Bernie Weckmann to follow up some discussion points around annex beds with Adult Services</p>	SS & BW	Feb 2014

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p>– more community based treatment resources.</p> <p>Also looking to properly fund e-CYMHS model for allied health and psychiatry to provide statewide support.</p>			
1.2	<p>Extended Treatment Services in Victoria – Intensive Mobile Youth Outreach Service (IMYOS)</p> <p>Guest: Dr Sandra Radovini - presentation regarding IMYOS in Victoria which is the model that was reviewed for assertive outreach component as presented in 1.1</p> <p>Presentation/Discussion Points:</p> <p>Always a risk to IMYOS positions being watered down and funding lost but there are ways to safeguard this.</p> <p>Roll out is critical as is implementation phase – to have same training (around risk, MSE, de-escalation strategies) for staff and shared understanding of criteria.</p> <p>IMYOS staff would meet regularly and come together as a group 2 times a year to maintain a critical statewide mass.</p> <p>Low caseloads (8-9) to allow collaborative stance (linkages that take time to establish and maintain) and outreach work</p> <p>IMYOS focus was to work with high risk youth who were not engaging – most had 1-5 treatment drop out histories; diagnosis was less important, average LOS for young person working with the team was about 14 months.</p> <p>Safety of staff – screening for violence, drug use etc. not just in the young person but in their environment, 2 staff (not just IMYOS staff) attending for beginning appointments until young person well known, creative safe solutions for meeting safely.</p> <p>Flexible service, needs-led by the young person in terms of pressing need of which domain in terms of safety, therapeutic etc.</p> <p>IMYOS had 2 days psychiatry for ~ 1.2 million population</p> <p>Could also have another worker allocated for family work in conjunction to worker doing individual work.</p> <p>BW – commented that very similar to Evolve Therapeutic Services (ETS) model.</p> <p>AT – commented that IMYOS model was used to establish Adolescent Drug and Alcohol Withdrawal Service (ADAWS) outreach model.</p> <p>Important to have keep in mind worker interest and skill set – fundamentally have to like working with tricky young people who will test workers.</p>	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p>Need organisation support as some decisions are line-ball calls</p> <p>Tried not to admit young person to hospital – particular not involuntary admission.</p> <p>JBa – asked re transition from IMYOS to Early Psychosis services</p> <p>Initially IMYOS went to 25 years of age then Early Psychosis developed its own outreach so division of services occurred– transitions were difficult as young person didn't like the look of adult services – so often were linked to GP or other options to empower the young person. IMYOS were involved with depot medication.</p> <p>GH – difficulties to link in young people to non-existent community services</p> <p>JK – mentioned scoping project that will be occurring in new year about what is needed in the community to work with those at risk or suicide or not engaging – has emerged from National Mental Health Commission Report Card and outcomes will inform the whole of MHC Government Steering Committee to provide the Minister for Health with recommendations.</p> <p>JSa – would be useful to have productivity KPIs that can be met by CYMHS. JK stating that this group could develop CYMHS appropriate KPIs to inform the HHS Performance Management Framework.</p> <p>JBa – asking if the proposed sub-acute beds would include secure forensic beds – JK stated that no assumptions made but this had not been the initial thinking. Would have a Statewide Panel for appropriate referrals to statewide sub-acute beds.</p>			
1.3	<p>Models of Service (MOS) Delivery – Update on status</p> <p></p> <p>G:\SAHPL\Mental Health Clinical Cluster</p> <p>Judi Krause presented:</p> <p>Community CYMHS and Evolve Therapeutic Services (ETS) models were the only CYMHS models endorsed</p> <p>MOS Advisory Group (MOSAG) has fallen by the wayside with Machinery of Government changes. Vaoita Turi Turi is now the contact person</p> <p>MOS are now being reviewed based on capital builds and HHS priorities such as acute models of care.</p>	<p>Jackie Bartlett and Judi Krause to reconvene inpatient MOS working group – Jennifer Sands, Emma</p>	<p>Jackie Bartlett and Judi Krause to contact</p>	


Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	Working groups will be required for some – such as inpatient working group that had previously been brought together JK proposed to get Warren Bergh to quickly check ETS model is still current JBa noted that Admissions to Inpatient Units is currently being updated to include new units and may be able to feed into forensic and other MOSDs Discrete funding by may available from MHAOD Branch to progress MOSD work	Hart, Ian Williams Warren Bergh to review ETS MOSD Add these into Work Plan Contact Janet Martin regarding funding	Warren Bergh Judi Krause Stephen Stathis	
2.	Meeting opening			
2.1	Welcome and apologies	For Noting	Chair	
2.2	Statement of Conflict/Interest Nil			
2.3	Confirmation of Minutes – Janelle Bowra and seconded by Shannon March	For Noting		
2.4	Statement of Achievements	NA		
	Business			
3.	Business Arising from Previous Meetings			
3.1	Early Psychosis Intervention (31/10/13 – Item 5.3) Holdover to February 2014 meeting as no further clarity yet, further discussion to occur.	Holdover to February 2014	JK	Feb 2014
3.2	Speech Pathology Scope of Practice (31/10/13 – Item 5.6) Reminder to provide feedback directly to Narelle Anger by 16 December	Provide feedback to Narelle Anger	All	16/12/13
4.	Matters for Decision			
4.1	Terms of Reference Feedback and Endorsement Updated version to be sent out again out of session with feedback to returned out of session. To endorse at February 2014 meeting	Provide feedback on updated version attached to Judi Krause via [REDACTED]	All	ASAP prior to Feb 2014
5.	Matters for Discussion			
5.1	Nil			
6.	Standard Agenda Items			
6.1	Service Update – identifying key issues, updates, points for discussion as relevant Consider presentation at each meeting to showcase a program/service as part of updates. Townsville to provide presentation at February 2014 meeting regarding lessons learned from implementation of Day Program and Inpatient Unit with data. - CM	Townsville Presentation at February 2014 meeting QCH Presentation later in 2014 Invitation to propose presentation	CM JK All	Feb 2014 Later 2014 Feb 2014

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	Later in 2014 – presentation regarding formation of Queensland Children's Hospital (QCH) - JK	and date for future meetings to [REDACTED]		
6.2	<p>Workforce Development</p> <p>Discussion regarding the importance of skilled CYMHS workforce. Mention of past work completed such as: Discussion Paper developed in 2012 by Statewide Professional Leader – Allied Health (SPLAH) CYMHS; ongoing strategies such as orientation key skills programs across the State, Allied Health Professional Enhancement Program (AHPEP), Queensland Centre for Mental Health Learning (QCMHL) supervision training program, provision of rural and remote CYMHS practice supervision by Clinical Practice Supervision (CPS) team, future possibilities such as new graduate rotations etc. Consideration of what is needed and what can have a statewide focus.</p> <p>JBa mentioned QCMHL reviewing Mental Status Examination (MSE) has short timeframe of 17 January 2014 as already commenced and Case Management (review just commencing) courses. Require some CYMHS input to be added. Seeking representatives to attend VC meetings and provide input.</p>	<p>Valda Dorries to present a summary of "A Core Skills Training Framework for the Child and Youth Mental Health Service Workforce" Discussion Paper developed in 2012 at February 2014 meeting</p> <p>Provide out of session comments/ thoughts on CYMHS workforce needs statewide to [REDACTED]</p> <p>Jennifer Sands to provide input to MSE review</p> <p>Jennifer Sands to check for other representatives for Case Management course review and let Jackie Bartlett know Amanda Tilse to check for representatives and let Jackie Bartlett know Josie Sorban to provide back up representative option if required</p>	<p>Valda Dorries</p> <p>All</p> <p>Jennifer Sands</p> <p>Jennifer Sands Amanda Tilse Jackie Bartlett Josie Sorban</p>	<p>Feb 2014</p> <p>Before Feb 2104</p> <p>17/01/14</p> <p>ASAP</p>
6.3	<p>Branch Update</p> <p>Nil</p>			
6.4	<p>Peri-natal and Infant Mental Health (PIMH)</p> <p>Meeting occurred with Mental Health Commission to look at gaps in service delivery such as beds and funding commitment to existing components/positions. Elisabeth Hoehn to provide update at February 2014 meeting</p>	Elisabeth Hoehn to provide update at February 2014 meeting	Elisabeth Hoehn	Feb 2014
6.5	<p>Work Plan</p> <p>To include: Models of Service Delivery updates work requiring completion; Development of CYMHS appropriate KPIs; Regular review of KPI data.</p>	Development of Work Plan in progress	Judi Krause	Feb 2014
6.6	KPIs	Presentation of inpatient unit data at	Judi Krause	Feb 2014

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	To have regular presentations of KPI data for peer review. Initial presentation of inpatient data (such as seclusion rates) by inpatient units – Child and Family Therapy Unit (CFTU), Adolescent Inpatient Unit (AIU), Logan Adolescent Unit etc. for February 2014 meeting	February 2014 meeting for review and discussion. Out of session discussion on which data to present for review and discussion presentation	Ian Williams Janelle Bowra Jennifer Sands	
7.	Matters for Noting			
	Nil			
8.	For Information			
	Date Claimer - Training  G:\SAHPL\Mental Health Clinical Cluster			
Next meeting Tuesday 10:00 to 12:00, 18 February 2014, CYMHS Cnr Rogers & Water Streets , Spring Hill				
Videoconferencing available. Notify secretariat via [REDACTED] if intending to join via videoconference				

ENDORSED BY:

Signature:

Name: Judi Krause

Position: Divisional Director, CYMHS CHQ

Date:



Children's Health Queensland Hospital and Health Service

Minutes

State wide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group


Date: 18/02/2014 **Time:** 10:00-12:00 **Venue:** Seminar Room, CYMHS Cnr Rogers & Water Streets, Spring Hill

Chair:	Judi Krause (JK) Divisional Director, CYMHS, Children's Health Queensland (CHQ)	Secretariat:	Judith Piccone (JP) Statewide Professional Leader – Allied Health (SPLAH) CYMHS CHQ
		Technical Support:	Grace Matthews, A/ESO to JK, CYMHS CHQ
Attendees:	<p>Jackie Bartlett (JBa), Principal Project Officer, MHAOD Branch</p> <p>Raymond Ho (RH), Clinical Services Program Manager, Child and Youth Academic Unit (CYAU), Metro South</p> <p>Josie Sorban (JSO), Director of Psychology, CYMHS CHQ</p> <p>Christie Burke (CB), A/NUM Logan Adolescent Unit, Metro South</p> <p>Graham Stark (GS), A/Manager CYMHS, Darling Downs (VC)</p> <p>Hazel Goodenough (HG), Team Leader, Redcliffe-Caboolture CYMHS, Metro North</p>	<p>Stephen Stathis (SS), Clinical Director, CYMHS CHQ</p> <p>Christina Gobbo (CG), Team Leader, CYMHS Mental Health AOD Service (VC)</p> <p>Ian Williams (IW), Director Adolescent Inpatient Unit, RBWH, Metro North</p> <p>Janelle Bowra (JBo), Nurse Unit Manager Logan Adolescent Unit, Metro South</p> <p>Chris Lilley (CL), Psychiatrist, CYMHS Sunshine Coast</p> <p>Jennifer Sands (JSa), Service Director, CYMHS Gold Coast</p>	<p>Sean Hatherill (SH), Clinical Director, CYMHS Academic Unit, Metro South (VC)</p> <p>David Hartman, Clinical Director Child, Adolescent and Young Adult Services, Mental Health Service Group Townsville (VC)</p> <p>Shannon March (SM), A/Clinical Director, CYMHS Division of Mental Health, Darling Downs (VC)</p> <p>Elisabeth Hoehn (EHo)</p> <p>Cara McCormack (CM), Program Manager Child, Adolescent and Young Adult Services, Mental Health Service Group, Townsville (VC)</p> <p>Bernie Weckman (BW), Manager Child & Youth Services, Central Queensland (VC)</p> <p>Emma Hart, Team Leader (VC)</p> <p>Gerry Howe (GH), Team Leader CYMHS, Wide Bay (VC)</p> <p>Sophie Morson, Team Leader & Co-ordinator, Minding Young Minds Program, CYMHS CHQ</p> <p>Jacinta Powell (JPo), Clinical Director, The Prince Charles Hospital, Metro North</p>
Observers/ Guests:			
Presentations:	<p>Emma Hart (EH)– Lessons learned from implementation of a new Day Program and Inpatient Unit</p> <p>Elisabeth Hoehn (EHo) – Perinatal and Infant Mental Health Update</p> <p>Stephen Stathis (SS) – Statewide Adolescent Extended Treatment and Rehabilitation Project – Proposed Models Update</p>		
Apologies:			


Children's Health Queensland Hospital and Health Service

Sean Hatherill (SH), Clinical Director,
CYAU, Metro South

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.1	<p>Service Update: Lessons learned from implementation of a new Day Program and Inpatient Unit EH provided presentation via VC – see presentation</p>  <p>D:\userdata\ picconejm\Desktop\SI</p> <p><u>Comments/Discussion:</u> House used before the purpose built building worked well for consumers Different MOC for different settings – house vs purpose built Containing junior doctors anxiety Using Tidal Model as MOC and to drive recruitment Did scenario testing role plays Day program as alternative to admission JB mentioned change of flows for Admission Guidelines and KPIs and ABF targets impact of funding</p>	For Noting		
1.2	<p>Update on Perinatal and Infant Mental Health EH provided update:</p> <p>The Queensland Mental Health Commissioner has commissioned a Costed Options Paper for Enhanced Perinatal and Infant Mental Health Services for Queensland, providing funding for a project officer position for 3 months. The terms of reference for the study are:</p> <ul style="list-style-type: none"> • To scope existing perinatal and infant mental health services in Queensland • To identify urgent service gaps and assess risks to Queensland mothers, infants and families associated with these gaps • In particular, to investigate the need for mother-infant beds in Queensland, community-based positions to deliver perinatal and infant mental health services, and stronger clinical leadership in this critical area • To present a costed options paper for closing service gaps and enhancing the 	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p>perinatal and infant mental health service system in Queensland, in a way that delivers maximum benefit to Queenslanders for every dollar of investment</p> <p>The study commenced 27th January 2014 and is scheduled for completion 27th April 2014.</p> <p>The project officer is located in Children's Health Queensland Hospital and Health Service, and is working closely with the Child and Youth Mental Health Service and the Queensland Centre for Perinatal and Infant Mental Health (QCPIMH).</p> <p>The stages of the study are:</p> <ul style="list-style-type: none"> • Scoping. The existing perinatal and infant mental health services in Queensland are being scoped, and compared with services in other Australian states and territories • Planning. Local, national and international evidence bases are being reviewed for the most effective options to fill service gaps and enhance the current service system. This will also draw on the extensive planning that QCPIMH has undertaken in recent years. • Consultation. Consultation will occur across the mental health service sector, encompassing stakeholders from maternity and child health through child and youth mental health and adult mental health. Particular attention is being given to Intersectorial collaboration and the role of cross-sectoral partnerships in delivering effective, cost-effective services. • Costing. The study has identified financial modelling expertise to assist with accurately costing proposed service models • Presentation. A costed options paper, summarizing the outcomes of the above study stages, is currently in draft. When complete, the paper will present costed options and make recommendations (in draft, for submission 27th April 2014). 			
1.3	<p>Update of Adolescent Mental Health Extended Treatment Initiative</p> <p>SS presented:</p>  <p>D:\userdata\ picconejm\Desktop\S</p> <p>Governance comment - funding central, governance local for AMYOS</p>	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
2.	Meeting opening			
2.1	Welcome and apologies	For Noting	Chair	
2.2	Statement of Conflict/Interest Nil			
2.3	Confirmation of Minutes – Jackie Bartlett and seconded by Janelle Bowra	For Noting		
2.4	Statement of Achievements	NA		
	Business			
3.	Business Arising from Previous Meetings			
3.1	Early Psychosis Intervention (31/10/13 – Item 5.3; 10/12/13 – Item 3.1) Still haven't managed to arrange discussion. Holdover to April 2014 meeting.	Holdover to April 2014	JK	15/04/14
3.2	Speech Pathology Scope of Practice (10/12/13 – Item 3.2) Feedback has been provided and is being collated for escalation through appropriate mechanisms – first through speech pathology and then MHAODB	Completed		
3.3	Statewide Adolescent Extended Treatment Rehabilitation Project (10/12/13 – Item 1.1) SS followed up with BW	Completed		
3.4	Models of Service Delivery (10/12/13 – Item 1.3) JK working on this in March ETS MOSD may need to be reviewed due to Carmody Inquiry outcomes		JK	March 2014
3.5	Review of QCMHL Courses (10/12/13 – Item 6.2) JB has followed this up and sent information to C&Y reps & QCMHL	Completed		
4.	Matters for Decision			
4.1	Terms of Reference Feedback and Endorsement Still require update on membership, titles and proxies JB wanting broader statements strengthened. To endorse out of session	Provide feedback re membership to Feedback on statements to be strengthened	All JB	15/04/14 15/04/14
5.	Matters for Discussion			
5.1	Evolve Therapeutic Services – update on ETS and EIS meeting structures Changes occurring in Child Safety Services. Need to re-convene health component – invitation for reps will go to Managers and Directors – will need to be well briefed or seek to be proxy delegate. CHQ HHS hosting statewide positions – need shared understanding of model, some changes have been agreed. Further changes coming from Carmody Inquiry Some Child Safety Service Centres may not have understood model from Child Safety Services	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
6.	Standard Agenda Items			
6.1	Service Update – identifying key issues, updates, points for discussion as relevant Mental Health Commission conducting independent evaluation of EdLinQ program – JK to attend CSCF review occurring – requiring end user input by 7 March	For Noting		
6.2	Workforce Development Valda Dorries to present a summary of "A Core Skills Training Framework for the Child and Youth Mental Health Service Workforce" Discussion Paper – held over to April meeting	Presentation	Valda Dorries	15/04/14
6.3	Branch Update Nil			
6.4	Peri-natal and Infant Mental Health (PIMH) See Item no. 1.3 presentation			
6.5	Work Plan MOS and KPIs being developed	Development of Work Plan in progress	JK	Apr 2014
6.6	KPIs To have regular presentations of KPI data for peer review. Initial presentation of inpatient data (such as seclusion rates) by inpatient units – Child and Family Therapy Unit (CFTU), Adolescent Inpatient Unit (AIU), Logan Adolescent Unit etc. – held over to April meeting	Presentation of inpatient unit data at April 2014 meeting for review and discussion. Out of session discussion on which data to present for review and discussion presentation	Judi Krause Ian Williams Janelle Bowra Jennifer Sands	Feb 2014
7.	Matters for Noting			
	Nil			
8.	For Information			
	Nil			
Next meeting Tuesday 10:00 to 12:00, 15 April 2014, CYMHS Cnr Rogers & Water Streets , Spring Hill				
Videoconferencing available. Notify secretariat via [REDACTED] if intending to join via videoconference				

ENDORSED BY:

Signature:

Name: Judi Krause

Position: Divisional Director, CYMHS CHQ

Date:








Minutes

State wide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group

Date: 15/04/2014 **Time:** 10:00-12:00 **Venue:** Seminar Room, CYMHS Cnr Rogers & Water Streets, Spring Hill


Chair:	Judi Krause (JK) Divisional Director, CYMHS, Children's Health Queensland (CHQ)	Secretariat: Technical Support:	Judith Piccone (JP) Statewide Professional Leader – Allied Health (SPLAH) CYMHS CHQ Grace Matthews, A/ESO to JK, CYMHS CHQ	
Attendees:	Jackie Bartlett (JBA), Principal Project Officer, MHAOD Branch Raymond Ho (RH), Clinical Services Program Manager, Child and Youth Academic Unit (CYAU), Metro South Josie Sorban (JSo), Director of Psychology, CYMHS CHQ Cara McCormack (CM), Program Manager Child, Adolescent and Young Adult Services, Mental Health Service Group, Townsville	Stephen Stathis (SS), Clinical Director, CYMHS CHQ (from 11.30am) Shannon March (SMa), A/Clinical Director, CYMHS Division of Mental Health, Darling Downs (VC) Christie Burke (CB), A/NUM Logan Adolescent Unit, Metro South Judy Skalicky (JSk), A/Specialist Cluster Manager, Cairns (VC)	Janelle Bowra (JBo), Nursing Director CYMHS, CHQ HHS CYMHS Graham Stark (GS), A/Manager CYMHS, Darling Downs (VC) Jennifer Sands (JSa), Service Director, CYMHS Gold Coast Karyn Weller (KW), Operations Manager, CYMHS, Cairns (TC)	Gerry Howe (GH), Team Leader CYMHS, Wide Bay (VC) Sophie Morson (SM), Team Leaer & Co-ordinator, Minding Young Minds Program, CYMHS CHQ Paranee Siva (PS), A/Clinical Director, CYMHS Gold Coast
Observers/ Guests:	Megan Preece (MP)– Suicide Prevention Scoping Project			
Presentations:	Megan Preece (MP)– Suicide Prevention Scoping Project Janelle Bowra (JBo) and Christie Burke (CB) – Inpatient activity data, KPIs and innovative strategies for improvement Jennifer Sands (JSa) – Inpatient activity data, KPIs and innovative strategies for improvement			
Apologies:	Hazel Goodenough (HG), Team Leader, Redcliffe-Caboolture CYMHS, Metro North Bernie Weckman (BW), Manager Child & Youth Services, Central Queensland	Sean Hatherill (SH), Clinical Director, CYAU, Metro South	Ian Williams (IW), Director Adolescent Inpatient Unit, RBWH, Metro North	Elisabeth Hoehn (EHo), Program Director, CHQ HHS CYMHS

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.1	<p>Suicide Prevention Scoping Project Guest: Megan Preece</p> <p>Background Documents:</p>   <p>Suicide Prevention Scoping Project - Part Suicide Prevention Scoping Project Over</p> <p>Background provided and consultation with group occurred. Summary of Discussion and Feedback received from the group is attached below.</p>  <p>Consultation with Child and Youth Advis</p>	For Noting		
1.2	<p>Inpatient Activity Data, KPIs & Innovative Strategies for Improvement Presenters: Janelle Bowra (Child Data) and Christie Burke (Adolescent Data):</p>  <p>Advisory Group Presentation.ppt</p>	For Noting		
1.3	<p>Inpatient Activity Data, KPIs & Innovative Strategies for Improvement Presenter: Jennifer Sands (Child & Youth Data):</p>  <p>CYMHS IPU PROFILE APR 2014 Jennifer S</p>	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
2.	Meeting opening			
2.1	Welcome and apologies	For Noting	Chair	
2.2	Statement of Conflict/Interest Nil			
2.3	Confirmation of Minutes – Janelle Bowra and seconded by Raymond Ho	For Noting		
2.4	Statement of Achievements	NA		
	Business			
3.	Business Arising from Previous Meetings			
3.1	Early Psychosis Intervention (31/10/13 – Item 5.3; 10/12/13 & 18/2/14–Item 3.1) Update on what is currently known was provided by JSa from Gold Coast perspective: <ul style="list-style-type: none"> • Hub and spoke model to be implemented – Hub of Gold Coast and spokes at Logan and Bayside and may not necessarily be same NGOs across hub and spokes. • 30FTE staff • Is a Headspace enhanced model within a EPICC based framework – but still awaiting further information • Gold Coast CYMHS will be involved Will remove item off agenda and return it when further information is known.	For Noting		
3.2	State wide Adolescent Extended Treatment Rehabilitation Initiative SS provided update on Assertive Mobile Youth Outreach Service (AMYOS) component: <ul style="list-style-type: none"> • Initial implementation in 7 HHSs – Metro South (Logan), Darling Downs (Toowoomba), Townsville, Gold Coast, Metro North (Redcliffe-Caboolture), CHQ/Mater (Brisbane North & Brisbane South) • Looking at further funding through business case to Policy and Planning for 15-16 teams, possible partnerships with NGOs • AMYOS guidelines and MOSD nearly finished • Service Level Agreements (SLAs) being completed with HHSs as CHQ HHS will hold funds as part of statewide initiative • Recruitment for Brisbane North, Brisbane South, and Redcliffe Caboolture has commenced • Dr Michael Daubney providing training and supervision for AMYOS from June • Looking at other supports for AMYOS 	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
3.4	Models of Service Delivery (10/12/13 – Item 1.3) ETS MOSD needs further review due to Carmody Inquiry outcomes; review of EIS manuals and expectation/obligations with different regions being progressed. ETS Program Manager re-commencing Health Consortium to discuss changes Child Safety and Health Meetings yet to re-commence RH provided some updates from Metro South Regional Director discussions occurring regarding residential facilities.	For Noting		
4.	Matters for Decision			
4.1	Terms of Reference Feedback and Endorsement Still requiring some updates on membership, titles and proxies Endorsed with these additions	Provide any final changes for membership details section asap.		
5.	Matters for Discussion			
5.1	EdLinQ Evaluation External agency headed by John Mendoza – ConNetica conducting evaluation Consultations currently occurring JK on the committee – a supportive review is occurring	For Noting		
6.	Standard Agenda Items			
6.1	Service Update – identifying key issues, updates, points for discussion as relevant As per Item 1.1 presentations	For Noting		
6.2	Workforce Development Holdover – needs to be reviewed	For Noting		
6.3	Branch Update See attached notes – update as provided to Mental Health Cluster Meetings by JBa  MHOAODDAprilUpdate.pdf	For Noting		
6.4	Peri-natal and Infant Mental Health (PIMH) Nil			
6.5	Work Plan Competing demands have delayed this along with further meetings to occur that may influence future directions Holdover to towards end of year.	Development of Work Plan held over until later in the year	JK	Dec 2014

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
6.6	KPIs See 1.1 Presentations Mater, Toowoomba, Townsville to be scheduled for presentations of KPI data for peer review.	Further presentations to be scheduled		
7.	Matters for Noting			
	Nil			
8.	For Information			
	Nil			
Next meeting Tuesday 10:00 to 12:00, 10 June 2014, Butterfield Street – Level 2, Room 2.1, Call Extension 89374 to be let in from Level 2. For parking complete http://qheps.health.qld.gov.au/cho/park_nonreservation.htm Videoconferencing available. Notify secretariat via [REDACTED] if intending to join via videoconference				

ENDORSED BY:

Signature:

Date:

Name: Judi Krause

Position: Divisional Director, CYMHS CHQ





Children's Health Queensland Hospital and Health Service

Minutes

State wide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group

Date:	10/06/2014	Time:	09:00-11:00	Venue:	Level 2, Room 2.1, Butterfield Street, Herston
--------------	------------	--------------	-------------	---------------	--




Chair:	Judi Krause (JK) Divisional Director, CYMHS, Children's Health Queensland (CHQ)	Secretariat:	Judith Piccone (JP) Statewide Professional Leader – Allied Health (SPLAH) CYMHS CHQ	
Attendees:	Jackie Bartlett (JBa), Principal Project Officer, MHAOD Branch	Stephen Stathis (SS), Clinical Director, CYMHS CHQ	Janelle Bowra (JBo), Nursing Director CYMHS, CHQ HHS CYMHS	Karyn Weller (KW), Operations Manager, CYMHS, Cairns (TC)
	Michelle Giles (MG), Director of Allied Health & MH Community Programs, West Moreton.	Hazel Goodenough (HG), Team Leader, Redcliffe-Caboolture CYMHS, Metro North (VC)	Donna Dowling (DD), A/Clinical Director, Child, Adolescent & Young Adult Service, Townsville MH Service Group (VC)	Sophie Morson (SM), Team Leader & Co-ordinator, Minding Young Minds Program, CYMHS CHQ (from 9.30am)
	Raymond Ho (RH), Clinical Services Program Manager, Child and Youth Academic Unit (CYAU), Metro South (TC)	Josie Sorban (JSO), Director of Psychology, CYMHS CHQ	Cara McCormack (CM), Program Manager Child, Adolescent and Young Adult Services, Mental Health Service Group, Townsville (VC)	Chris Lilley (CL), Clinical Lead, Sunshine Coast CYMHS (VC)
	TC = Via Telephone	VC – Via Videoconference		
Observers/ Guests:	Warren Bergh (WB), A/Evolve Therapeutic Services (ETS) State-wide Program Manager			
Presentations:	Warren Bergh (WB) - Evolve Interagency Services (EIS) update including implications for ETS Josie Sorban (presenting for Valda Dorries) - A Core Skills Training Framework, CYMHS Workforce – Presentation on the Discussion Paper and Recommendations			
Apologies:	Gerry Howe (GH), Team Leader CYMHS, Wide Bay	Sean Hatherill (SH), Clinical Director, CYAU, Metro South	Ian Williams (IW), Director Adolescent Inpatient Unit, RBWH, Metro North	Elisabeth Hoehn (EHO), Program Director, CHQ HHS CYMHS
	Bernie Weckman (BW), Manager Child & Youth Services, Central Queensland	Graham Stark (GS), A/Manager CYMHS, Darling Downs	Christie Burke (CB), A/NUM Logan Adolescent Unit, Metro South	Judy Skalicky (JSK), A/Specialist Cluster Manager, Cairns
	Erica Lee (EL), Executive Manager, Mater CYMHS	Amanda Tilse (AT), Operational Manager, AOD & Campus CYMHS, Mater CYMHS		

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.1	<p>Evolve Interagency Services (EIS) update including implications for ETS Guest: Warren Bergh</p> <p>Presentation & Other key Documents attached below:</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Commission of Inquiry - Implications 1 </div> <div style="text-align: center;">  Public Guardian Act.pdf </div> <div style="text-align: center;">  Child Protection Reform Amendment / Commission Act.pdf </div> <div style="text-align: center;">  Family and Child Commission Act.pdf </div> </div> <p>Warren outlined a range of issues in the presentation:</p> <ul style="list-style-type: none"> • Changes for Child Safety Services and implications for EIS & ETS • Shift to Early Intervention and further involvement of NGO sector including Helping Out Families • Work Package 11— still need information regarding intent and resources • Transition to Independence Living Allowance (TILA) - will be commencing on 1 January 2014. At this stage, only Child Safety Officers can make application on behalf of young people applying for TILA. TILA is available for young people between 15 and 25 years (no longer 21 years) from Queensland or interstate. If the young person is still in care, they must be within 3 months of exiting care to be eligible. Departmental Officers are now aware of the changes to TILA and have the relevant paperwork and links. Applications from elsewhere will not be accepted at this stage, and will be reviewed when post care support services have been established. TILA applications have to be in line with a transition plan. The TILA guidelines information is available at http://www.dss.gov.au/our-responsibilities/families-and-children/benefits-payments/transition-to-independent-living-allowance-tila. The amount is still \$1500 and can be accessed in either one instalment or up to six instalments. • Below is also an outline of the seven strategic directions Child Safety are heading in, as outlined in the presentation. The table also outlines each DCCSDS region that has been identified as the 'Champion for Change' for one or more of the strategic directions and what ETS is associated with each region. At this point it appears that strategic directions 1, 2, 4, and 6 will have direct impact upon ETS – direction 4 in particular. 	<p>Warren Bergh willing to return and provide further updates on Acts and other developments as they progress.</p> <p>JK to send a memo to HHSs CEOs about reconvening Health Statewide ETS Steering Committee meeting and seeking delegate to attend.</p>	JK	By next meeting

Children's Health Queensland Hospital and Health Service

Item No	Topic			Action	Committee member	Due date
	Strategic Direction	DCCSDS Region	Associated ETS Team			
	1. Sharing responsibility for the safety and wellbeing of Queensland children	Brisbane	Brisbane North Brisbane South			
	2. Supporting Queensland families earlier	South West	Toowoomba Ipswich			
	3. Working better with Queensland families who are in contact with the child protection system	South East	Gold Coast Logan			
	4. Improving out-of-home care and post-care for Queensland children and young people	North Coast Central Queensland	Brisbane North Sunshine Coast Rockhampton			
	5. Meeting the requirements and needs of Queensland's Aboriginal and Torres Strait Islander children, families and communities	Far North Queensland North Queensland	Cairns Townsville			
	6. Delivering quality services to Queensland families and children through a capable, motivated workforce and client focused organisations (system enabler)	North Coast Central Queensland	Brisbane North Sunshine Coast Rockhampton			
	7. Building an accountable, transparent and cost effective Queensland system (system enabler)	Far North Queensland North Queensland	Cairns Townsville			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> Warren still reviewing the 3 bills (attached above) passed in Parliament for implications for CYMHS services Impact of move to NDIS Discussion on reconvening State-wide ETS Steering Committee in Health to have some consistency across the State in negotiations to occur with Child Safety Services. Discussion regarding changing model of service and different from initial agreement and current KPIs. JBa reminded that discussions have been made by herself and Janet Martin at State-wide level with Child Safety Services about this being a potentially different program. May need to consider setting parameters for Department of Child Safety in terms of consent, number of referrals and types of services that can be offered. 			
1.2	<p>A Core Skills Training Framework, CYMHS Workforce – Presentation on the Discussion Paper and Recommendations</p> <p>Presenter: Josie Sorban presenting for Valda Dorries, State-wide Professional Leader-Allied Health (SPLAH), CYMHS</p> <p>Presentation & Discussion Paper Attached below:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Presentation 10062014.ppt </div> <div style="text-align: center;">  Discussion Paper updated draft SepterTopic Tiers and resou </div> <div style="text-align: center;">  Revised Core Skills </div> </div> <ul style="list-style-type: none"> Discussion regarding ongoing support for existing packages (including those on-line) How to link with Cunningham Centre, AHPEP, Educators (including Clinical Educators), QCMHL to ensure linkages across the state NSW model for evaluation would be good Further consideration of SPLAH, CYMHS in this area when reviewing the position in 2015 given changing QH landscape. 	Feedback on Recommendations and further thoughts for progressing to be sent to Josie Sorban & Valda Dorries	All	By next meeting in August
2.	Meeting opening			
2.1	Welcome and apologies	For Noting	Chair	


Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
2.2	Statement of Conflict/Interest Nil			
2.3	Confirmation of Minutes – confirmed by Jackie Bartlett and seconded by Janelle Bowra	For Noting		
2.4	Statement of Achievements	NA		
Business				
3.	Business Arising from Previous Meetings			
3.1	Further KPI presentations to be scheduled for Townsville, Toowoomba, RBH AIU and Mater for future meetings (Item 6.6, 15/4/14) Holdover presentations to October Meeting	Holdover to October Meeting for presentations Scheduling to occur outside of meeting		October Meeting
4.	Matters for Decision			
4.1	Nil			
5.	Matters for Discussion			
5.1	Admission Guidelines JBa reported that another meeting will be occurring to revise these guidelines and look at patient flow. Delays since last year for this group meeting. SS and JK stated that LCCH (new children's hospital) would need to be considered in scope for revisions. JBa agreed.	For Noting		
5.2	Review of Mental Health Act 2000 SS mentioned opportunity to provide input into this review such as supporting changes that would allow closed time out to occur again with parental consent and without need to use the Act and define it as seclusion. Still also allows the Act to be used to overrule a parent's consent where needed for mental health reasons. See the <i>Mental Health Act 2000 discussion paper</i> has been released for public consultation. The discussion paper provides an opportunity to comment on the future of mental health legislation. Submissions close Friday 25 July 2014 . For more information phone 3328 9674 or email [REDACTED]	For Noting and providing input	All	25 July
6.	Standard Agenda Items			
6.1	Service Update – identifying key issues, updates, points for discussion as relevant As per Item 1.1 presentation	For Noting		
6.2	Workforce Development	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	As per Item 1.2 presentation			
6.3	Branch Update JBa provided updates: <ul style="list-style-type: none"> Review of MH Act in progress – some issues with paperwork being sent to minors as no obligation to send to parents. Clinical Services Capability Framework (CSCF) – an extension for MH input to 14 July with targeted working group consultations for C&Y, Adults, Older People. JBa has emailed key people and dates will be set. Specialities will be consulted separately Models of Service – some re-formatting has occurred; those endorsed are now due for review – trying to get these uploaded on QHEPS in interim as people creating own versions in absence of access to endorsed versions. Child and Adolescent Aggressive Behaviour Management (including acute sedation) guidelines have been endorsed and are now with Regulatory Instruments Unit for uploading to QHEPS. Restructure to Department of Health has made little change to MHAODD. 	For Noting		
6.4	Peri-natal and Infant Mental Health (PIMH) Nil			
6.5	Work Plan Competing demands have delayed this along with further meetings to occur that may influence future directions Holdover to towards end of year.	Development of Work Plan held over until later in the year	JK	Dec 2014
6.6	KPIs See 1.1 Presentations Mater, Toowoomba, Townsville, RBH AIU to be scheduled for presentations of KPI data for peer review.	Further presentations to be scheduled		
6.7	Adolescent Mental Health Extended Treatment Initiative (AMHETI) SS provide a number of updates: <ul style="list-style-type: none"> AMYOS – Brisbane and Redcliffe-Caboolture recruited; discussions have occurred with Metro South with recruitment occurring soon; some minor service agreement issues to be discussed with Townsville, Gold Coast and Toowoomba with an aim for recruitment to occur shortly. Residential – Time Out House Initiative (TOHI) in Cairns is moving to a residential model with Aftercare for 2014/15 financial year (this information 	SS to send MOS for Residentials to KW and Janet Bailey and continue discussions outside meeting.	SS & KW	Asap

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p>only released on Friday 6th June) will be using MOS used at Greenslopes Residential in Brisbane. Shift in age from 18-25 (mild/moderate problems) short-term to 16-18/19 severe/complex MH issues with a longer time frame and referrals coming from CYMHS. Lots of issues to sort out quickly</p> <ul style="list-style-type: none"> Wondering if it would be useful for further communications to occur at team level of range of programs occurring as part of AMHETI. Agreed this would be useful to use existing forums/ tele conferencing facilities. 	SS/JK to contact services or versa to arrange times for presentation of AMHETI programs/details to local CYMHS.	SS & Committee members	By next meeting
7. Matters for Noting				
	<p>TOR Endorsed – Final Version attached below (Next Review, April 2015)</p> <p></p> <p>CHQ_SCYMHAODCG _TOR_April 2014.pdf</p>			
8. For Information				
	Nil			
<p>Next meeting TBC – Tuesday 12th August, 10:00 to 12:00, CHQ CYMHS, Level 2, Building 2, Foyer 4, Citilink, 153 Campbell Street, Bowen Hills</p> <p>Videoconferencing available. Notify secretariat via [redacted] if intending to join via videoconference or require telephone port.</p>				

ENDORSED BY:

Signature:

Name: Judi Krause

Position: Divisional Director, CYMHS CHQ

Date:





Minutes

State wide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group


Date:	21/10/2014	Time:	10:00am - 12:00pm	Venue:	CYMHS Conference Room, Citilink Business Centre, Building 2, Foyer 4, Level 2, 153 Campbell Street, Bowen Hills
--------------	------------	--------------	-------------------	---------------	---

Chair:	Judi Krause (JK) Divisional Director, CYMHS, Children's Health Queensland (CHQ)	Secretariat:	Judith Piccone (JP) CYMHS ARC Project Officer, CYMHS CHQ	
Attendees:	Graham Stark (GS), Manager CYMHS, Darling Downs (VC)	Stephen Stathis (SS), Clinical Director, CYMHS CHQ	Janelle Bowra (JBo), Nursing Director CYMHS, CHQ HHS CYMHS	Karyn Weller (KW), Operations Manager, CYMHS, Cairns (TC)
	Christina Gobb (CG), Team Leader, Wide Bay CYMHS (VC)	Tim Davidson (TD), Operational Manager, Mater Community CYMHS	Elisabeth Hoehn (EHo), Program Director, CHQ HHS CYMHS	Christie Burke (CB), NUM Logan Adolescent Unit, Metro South
	Raymond Ho (RH), Clinical Services Program Manager, Child and Youth Academic Unit (CYAU), Metro South (TC)	Hazel Goodenough (HG), Team Leader, Redcliffe-Caboolture CYMHS, Metro North (VC)	Cara McCormack (CM), Progam Manager Child, Adolescent and Young Adult Services, Mental Health Service Group, Townsville (VC)	Bernie Weckman (BW), Manager Child & Youth Services, Central Queensland (VC)
	Josie Sorban (JSo), Director of Psychology, CYMHS CHQ	Dan O'Brien (DB), Team Leader, Mater CYMHS Day Program	Lincoln Kappikulam-Pauliah (LKP), A/Director CYMHS, Darling Downs (VC)	
	TC = Via Telephone	VC – Via Videoconference		
Observers/ Guests:	Tania Lee, Clinical Improvement Coordinator, Central Cluster, Mental Health Improvement Team Ossi Beck, Clinical Improvement Coordinator, Central Cluster, Mental Health Improvement Team Diana Bissett, Principal Project Officer (Data Standards & Integrity), Systems and Collections Team			
Presentations:	Ossi Beck – Overview of the Queensland Shadow Purchasing Model for Community Mental Health Services Diana Bissett – CIMHA Business Processes for CYMHS Speciality Areas (eg. Day Programs) Judi Krause – Overview of Lady Cilento Children's Hospital and CHQ CYMHS			
Apologies:	Gerry Howe (GH), Team Leader CYMHS, Wide Bay	Sean Hatherill (SH), Clinical Director, CYAU, Metro South	Jackie Bartlett (JBa), Principal Project Officer, MHAOD Branch	Erica Lee (EL), Executive Manager, Mater CYMHS
	Amanda Tilse (AT), Operational Manager, AOD & Campus CYMHS, Mater CYMHS	Sophie Morson (SM), Team Leaer & Co-ordinator, Minding Young Minds Program, CYMHS CHQ	Judy Skalicky (JSk), A/Specialist Cluster Manager, Cairns	

Children's Health Queensland Hospital and Health Service


Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.1	<p>Overview of the Queensland Shadow Purchasing Model for Community Mental Health Services Guests: Ossi Beck & Tania Lee</p> <p>Presentation & Other key Documents attached below:</p> <div style="display: flex; justify-content: space-around; align-items: center;">    </div> <p>ShadowModel_CYMH shadowtechspec.pdf shadowguide.pdf S Clinical Group 2014.</p> <p>See QHEPS: http://qheps.health.qld.gov.au/mentalhealth/govperf/abfpurch/shadowpurch.htm for further information and documents</p> <p>Ossi presented information on shadow purchasing model – see attached presentation. Discussion occurred particularly around package cost which is based on state average data as entered in CIMHA.</p>	For Noting		
1.2	<p>CIMHA Business Processes for CYMHS Speciality Areas (eg. Day Programs) Guest:Diane Bissett</p> <ul style="list-style-type: none"> Discussion regarding Information Performance Unit developing CIMHA business rules for specialist programs. Importance of data shown by previous presentation. For ETS example see: http://qheps.health.qld.gov.au/mentalhealth/cimha/business-rules.htm Di working with group after they have finalised their MOSD JK discussed that MOSDAG due to be reconvened and a number of MOS for CYMHS requiring updating or review. Discussion of differences in MOSD for CYMHS day programs – how there may be two subtype – Day program inpatient based and Day program community based. Agreed to have a working party to review draft MOSD for Day Programs and 	<p>Working group to be convened to finalise CYMHS Day Program MOSD</p> <p>Review current draft of Day Program MOSD and provide comments to working group – See below:</p> <div style="display: flex; justify-content: center; align-items: center;">  </div> <p>CADP MoS draft_v5_sent MHAO</p>	<p>JK to arrange working group meeting</p> <p>All – provide any feedback or comments to working group via JK</p>	<p>By end of 2014</p> <p>ASAP</p>

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p>finalise so that CIMHA business rules can be developed in early 2015.</p> <ul style="list-style-type: none"> Working group representatives from HHSs with Day Programs at this stage. BW mentioned that Rockhampton are trying to develop a business case for a Day Program and would like a model without an inpatient unit to be considered as they do not have a CYMHS inpatient unit. Working party to include: Amanda Tilse, Dan O'Brien, Emma Hart, Graham Stark ongoing support for existing packages (including those on-line) How to link with Cunningham Centre, AHPEP, Educators (including Clinical Educators), QCMHL to ensure linkages across the state NSW model for evaluation would be good Further consideration of SPLAH, CYMHS in this area when reviewing the position in 2015 given changing QH landscape. 			
1.3	<p>Overview of Lady Cilento Children's Hospital (LCCH) and CHQ CYMHS Presenter: Judi Krause</p> <p>JK provided an overview of the merged CHQ & Mater CYMHS and new LCCH. See attached presentation and also link for virtual tour of LCCH at http://www.health.qld.gov.au/childrenshospital/html/lcch-virtual-tour.asp :</p> <p> CYMHS LCCH.pdf</p>	For Noting		
2. Meeting opening				
2.1	Welcome and apologies	For Noting	Chair	
2.2	Statement of Conflict/Interest Nil			
2.3	Confirmation of June Minutes – confirmed by Josie Sorban	For Noting		
2.4	Statement of Achievements	NA		
Business				
3.	Business Arising from Previous Meetings			
3.1	<p>Reconvening Statewide ETS Steering Committee Meeting (Item 1.1, 10/6/14) Steering Committee has been reconvened – met in early September and another meeting is due in early December</p>	Completed		

Item No	Topic	Action	Committee member	Due date
3.2	Date for further presentation (invite Warren Bergh) on EIS/ETS changes and implications on CYMHS with new Bills and Carmody Inquiry recommendations (Item 1.1, 10/06/14) Things are continuing to change in this area – invite Warrant to meeting in 2015 to provide an update	Invite Warren Bergh as guest to meeting in 2015 to provide further updates	JK	2015
3.3	Further KPI presentations to be scheduled for Townsville, Toowoomba, RBH AIU and Mater for future meetings (Item 6.6, 15/4/14) Continue presentations to highlight areas working well and areas to improve, may be useful for services with inpatient units to look at seclusion and restraint data and PRN data. Scheduling presentations for 2015.	Scheduling of presentations for 2015 to occur outside of meeting	JK	By next meeting
3.4	Sending MOS for Residential to KW and Janet Bayley (Item 6.7, 10/06/14) Documents were sent to Cairns.	Completed		
3.5	Local CYMHS HHS presentations on AMHETI (Item 6.7, 10/06/14) SS has been to services (Logan and Gold Coast) to discuss services. SS available to visit other areas too.	Completed		
4.	Matters for Decision			
4.1	Nil			
5.	Matters for Discussion			
5.1	MOSD Adolescent Day Program and CIMHA Business Processes See Item 1.2	See Item 1.2		
6.	Standard Agenda Items			
6.1	Service Update – identifying key issues, updates, points for discussion as relevant As per Item 1.3 presentation for CHQ CYMHS	For Noting		
6.2	Workforce Development Nil			
6.3	Branch Update JBa was an apology and provided an update via email as below: <ul style="list-style-type: none"> <i>I have attached the Central Cluster update from Sep 2014 which highlights activities within the Branch.</i> 	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	 <p>MHAODB_CentralCluster_September2014</p> <ul style="list-style-type: none"> • <i>Child and Adolescent Admission Guidelines. I will be arranging a meeting in the next two weeks with representatives from Information and Performance Unit (Ruth Fjeldsoe) and Partnerships and Planning Unit (Karissa Maxwell) to talk about the consequences of proposed patient flow changes e.g need to amend Service Agreements and funding impacts.</i> • <i>MOS review. In the process of finalising a project plan for a joint initiative between the PPU and CGT, the aim is to prioritise those MOS that were in draft form, there are a couple of new MOS that urgently need developing and then undertake a review of those previously endorsed. Some preliminary work has been undertaken regarding the templates as there will be need to be changes to reflect the new relationship with DoH and the HHS and the fact that these will be guidelines only, and removal of all reference to "policies", procedures and protocols etc. Equally the project team will need to consider the fact that the MOS were originally designed to include stretch goals to align with the second half of the Queensland Plan for Mental Health and determine at what level they need to be pitched i.e "best practice". There is no existing MOSAG at present, decisions regarding the submission and progression to endorsement of draft/new MOS will need to be made by the steering committee that will be formed as part of the Project. One of the first activities of the endorsed project plan will be to communicate with the HHS and various specialist groups who will be used to review the MOS about the project, activities and timelines.</i> 			
6.4	<p>Peri-natal and Infant Mental Health (PIMH) Update provided by EHo:</p> <p><u>PIMH Options Paper</u> Queensland Mental Health Commission obtained feedback (community and NGO input) on the PIMH Options paper with 80 submissions received. The feedback is now being collated and given the Commissioner's commitment to this area it is hoped that some items can be advocated for inclusion in future State Budgets</p>	EHo to further update via presentation at meeting in 2015	EHo & JK	Scheduled for 2015

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p><u>National Perinatal Depression Initiative (NPDI)</u> QCPIMH received funding in 13/14 and will again get some funding from 14/15 funds. Look at a number of projects in 14/15 to reinvest in service development including:</p> <ul style="list-style-type: none"> • rural remote project • day program concept (combining adult mental health, CYMHS, and community child health to provide services) • data collection for perinatal provisions of service by seeking an additional category in Assessment drop down choices in CIMHA • workforce development through a learning needs analysis • upgrade of website to allow education packages to be uploaded into cloud services for easier access and to reduce amounts of printed materials <p><u>Governance Structure for QCPIMH</u></p> <ul style="list-style-type: none"> • Reviewing structure with changes to MH Branch and move to HHSs • Maintaining an adult mental health and CYMHS dyadic relationship approach as this is the international view which Queensland is progressing but may not be the case in other jurisdictions where NPDI is geared at adult mental health services. • Will have a Steering Committee with MH Branch and HHS representation and a Reference with broader representation from NGOs, Consumers, MH Commission • Have representatives at a range of QH Clinical Networks but looking at ways to have a more active input 			
6.5	<p>Work Plan To be developed in 2015 with clear direction, outcomes and deliverables probably with a focus on updating and completing MOSDs</p>	Development of Work Plan held over until early 2015	JK	Early 2015
6.6	<p>KPIs See item 3.3</p>	See Item 3.3		
6.7	<p>Adolescent Mental Health Extended Treatment Initiative (AMHETI) SS provide an update:</p> <ul style="list-style-type: none"> • AMYOS – signed service level agreements (SLA) with HHSs commencing with AMYOS teams at this stage and all Brisbane North & South recruitment has been completed; Townsville and Metro South are recruiting 	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> Residential in Greenslopes is running to capacity and has a waiting list Residential – Time Out House Initiative (TOHI) in Cairns is moving to a residential model with Aftercare for 2014/15 financial year Possibility of a Step Up/Step Down model for North Queensland pending commonwealth funding Day Program for Brisbane North – 9 sites viewed but not suitable for a range of varying reasons – staff recruited so will commence at CFTU as interim site to 30 June 2015 with some small refurbishment occurring for this use. Sub Acute Beds – a SLA is in place with Mater for sub acute bed use and currently there is one consumer using this. Sub Acute beds will move to LCCH with Dr Michael Daubney overseeing this and development of a MOS for secure beds. Will be evaluating services and needs in 2015 			
7.	Matters for Noting			
	Nil			
8.	For Information			
	Nil			
Next meeting TBC – February 2015, 10:00 to 12:00, Venue TBC				
Videoconferencing available. Notify secretariat via [REDACTED] if intending to join via videoconference or require telephone port.				

ENDORSED BY:

Signature:

Name: Judi Krause

Position: Divisional Director, CYMHS CHQ

Date:

Children's Health Queensland Hospital and Health Service

Minutes

State wide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group

Date:	24/02/2015	Time:	10:00am - 12:00pm	Venue:	CYMHS Room 2, Level 10, 199 Grey Street, South Brisbane
Chair:	Judi Krause (JK) Divisional Director, CYMHS, Children's Health Queensland (CHQ)	Secretariat:	Judith Piccone (JP) Program Manager Specialist Teams, CYMHS CHQ		
Attendees:	Chris Lilley (CL), Clinical Lead, Sunshine Coast CYMHS (VC)	Stephen Stathis (SS), Clinical Director, CYMHS CHQ	Janelle Bowra (JBo), Nursing Director CYMHS, CHQ HHS CYMHS	Karyn Weller (KW), Operations Manager, CYMHS, Cairns (VC)	
	Cary Breakey (CB), A/Director, Darling Downs CYMHS (VC)	Tim Davidson (TD), Operational Manager, Mater Community CYMHS	Elisabeth Hoehn (EHo), Program Director, CHQ HHS CYMHS (TC)	Christie Burke (CB), NUM Logan Adolescent Unit, Metro South	
	Sean Hatherill (SH), Clinical Director, CYAU, Metro South	Shane Regbetz (SR), (proxy for Hazel Goodenough), Redcliffe Caboolture CYMHS (VC)	Emma Hart (EHa), Team Leader, CYMHS Inpatient Unit, Townsville CYMHS (VC)	Bernie Weckman (BW), Manager Child & Youth Services, Central Queensland (VC)	
	Josie Sorban (JSo), Director of Psychology, CYMHS CHQ	Jackie Bartlett (JBa), Principal Project Officer, MHAOD Branch (TC)	Judy Skalicky (JSk), Team Leader, Rural and Remote CYMHS, Cairns (VC)	Donna Dowling (DD) A/Clinical Director, Child, Adolescent & Young Adult Services, Townsville MH Service Group (VC)	
TC = Via Telephone VC – Via Videoconference					
Observers/ Guests:	Tania Lee, Clinical Improvement Coordinator, Central Cluster, Mental Health Improvement Team Ossi Beck, Clinical Improvement Coordinator, Central Cluster, Mental Health Improvement Team Warren Bergh, P Evolve Therapeutic Services State-wide Program Manager				
Presentations:	Warren Bergh – EIS/ETS Statewide update with Carmody Inquiry Recommendations Christie Burke - KPI Data – Logan Adolescent Unit Judi Krause / Ossi Beck / Tania Lee – CHQ HHS CYMHS Current KPIs				
Apologies:	Graham Stark (GS), Manager CYMHS, Darling Downs	Michelle Giles (MG), Director of Allied Health & MH Community Programs, West Moreton	Hazel Goodenough (HG), Team Leader, Redcliffe-Caboolture CYMHS, Metro North	Raymond Ho (RH), Clinical Services Program Manager, Child and Youth Academic Unit (CYAU), Metro South	
	Christina Gobb (CG), Team Leader, Wide Bay CYMHS	Robin Counsel (RC), NUM RBHW Adolescent Inpatient Unit, Metro North HHS			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.1	<p>EIS/ETS Statewide update with Carmody Inquiry Recommendations Guest: Warren Bergh</p> <p><u>Background:</u></p> <ul style="list-style-type: none"> Within the last two weeks Child Safety (Corporate office) has communicated to ETS that 3 key pieces of work are required to be completed by end of February, 2015, and include: <ol style="list-style-type: none"> 1) A performance review of the ETS program – ETS not EIS. This is to be led by Health 2) The development of specification for an early intervention program as outlined in the Carmody report (recommendation 7.8). This is to be led by Child Safety with Health mapping existing services delivered in each region across the state. 3) Literature review pertaining to early intervention models. This is to be led by Child Safety with Health providing a brief interstate comparison and review of existing health models and research of therapeutic early intervention These documents are to be provided to the D-G of Health and D-G of the Department of Communities, Child Safety by the end of March 2015. In order to progress these tasks, QHealth and Child Safety have been asked to identify key contacts. Janet Martin (A/Director, Clinical Governance, Office of the Chief Psychiatrist, MHAODB) is the key contact in relation to Department of Health. Warren Bergh (Evolve Therapeutic Services State-wide Program Manager) is the key contact representing Hospital and Health Services. Child Safety has identified a number of senior staff. A reference group has been pulled together which will meet weekly. <p><u>ETS Performance Review</u></p> <ul style="list-style-type: none"> The report will: <ul style="list-style-type: none"> Provide a summary of the 2012 and 2013 ETS annual outcome report. Outline rough statewide and team unit costs – budgeted and actual and cost per consumer. Summary training data Summary data from the current 2014 ETS Survey (which recently closed). 	To provide further updates as needed at later meetings	WB	

Children's Health Queensland Hospital and Health Service





Item No	Topic	Action	Committee member	Due date
	<p>In particular feedback from stakeholder and carers regarding what they like most about the service and what changes would improve the service.</p> <ul style="list-style-type: none"> An identified Child Safety regional representative is conducting an Appreciative Enquiry across all 7 child safety regions. This information will also form part of this review document. <p><u>Early Intervention Program</u></p> <ul style="list-style-type: none"> One of the recommendations (7.8) from the Queensland Child Protection Commission of Inquiry (COI) outlines that Child Safety are to negotiate with QHealth the possibility of developing an early intervention program. Child Safety and the COI definition of early intervention differ to that used within Health. There are 3 target groups that the COI report referred to as early intervention: <ol style="list-style-type: none"> Earlier in age (infants). These could be infants already in care or under an IPA etc; Earlier in stage of statutory process – 0-18 age range. The COI report refers more to Intervention with Parental Agreement (IPA) situations rather than before any departmental intervention at all Earlier stage of behaviours before being escalated to complex/extreme. Age range 0-18 and they could be in care or under IPA etc. Thus targeting those determined to have moderate behaviours, as outlined by Child Safety, with a high predictor of escalating to complex/extreme. Child Safety are in the process drafting a detailed program logic. QHealth will be providing a level of support to Child Safety in conducting a literature review that will inform the development of this program. Without additional funds/budget allocation, to fund the development / implementation / role out of this model, Child Safety will need to explore one of three options: <ol style="list-style-type: none"> Hold off implementing the program Explore alternative funding arrangements within the allocated department budget. This could mean: <ol style="list-style-type: none"> Reallocation of current ETS budget Reallocation of other services budget. At this point it is unclear what direction will be taken. <p><u>Implications for ETS Service Agreements:</u></p> <ul style="list-style-type: none"> These documents will have a significant role to play in terms of the upcoming 			

Children's Health Queensland Hospital and Health Service



Item No	Topic	Action	Committee member	Due date
	<p>ETS Service Agreement negotiations. The current agreement within all HHS's expire COB on the 30th of June this year.</p> <ul style="list-style-type: none"> The Director of , Child and Family Program Design, Child and Family Services, (DCCSDS) has submitted a briefing note for consideration to be given to extending the current service agreement for 12 months until the outcome of the review / program development is known. 			
1.2	<p>KPI Data – Logan Adolescent Unit Presenter: Christie Burke</p> <p>CB presented latest KPI data for Logan Adolescent Inpatient Unit for general discussion which included:</p> <ul style="list-style-type: none"> Noticing that 25% of occupied bed days seemed to relate to inpatients with eating disorder diagnoses The unit seemed to have an average of 80% in reaching discharge paperwork goals with some issues when registrar changes occurred and challenges with having registrars working across inpatient and community which meant timeframes could be too long. Low readmission rates assisted by having new outreach and youth models in place Outcome measure data also going well with weekly alerts – however still wondering how to get better inter-rater reliability despite some pair ratings and case studies. Might look to see which individual items were less reliable with different raters. No seclusion data available at this time 	For Noting		
1.3	<p>CHQ HHS CYMHS Current KPIs Presenter: Judi Krause Guests: Ossi Beck & Tania Lee</p> <ul style="list-style-type: none"> Looked at what is a valid assessment package and how this looks in specialist teams in CHQ HHS CYMHS and where teams work as OSP, trying to understand and use the data. Looked at Treatment package and components required Clinician's handbook is on QHEPS – see right column at http://qheps.health.qld.gov.au/mentalhealth/clinsysinfo/outcomes/outcomes.htm 	Invite Ossi and Tania to return with some examples of the types of reports that may be useful for review and benchmarking CYMHS statewide	TS & OB	April meeting

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> Discussion regarding team presentations/team benchmarking possibilities. Reviewed data presented at Central Cluster to look at types of data that can be reviewed and discussed – ie outcomes data and weekly alerts, change data, inter-rater reliability Some strategies for improving data quality and reporting – such as case studies, checking individual items, comparison on monthly reporting between adolescent units rather than comparisons with adult units Ossi and Tania discussed the possibility of generating routine reports from other adolescent units to do some benchmark – ways to compare across the state. 			
2.	Meeting opening			
2.1	Welcome and apologies	For Noting	Chair	
2.2	Statement of Conflict/Interest Nil			
2.3	Confirmation of October 2014 Minutes – confirmed by EH, JB	For Noting		
2.4	Statement of Achievements	NA		
	Business			
3.	Business Arising from Previous Meetings			
3.1	CIMHA Business Processes for CYMHS Speciality Areas (e.g Day Program) (Item 1.2, 21/10/14) Group has met to review MOSD for Day Programs across the State, including looking at level of consistency with POS data. Looking to pull together information and group to meet regularly.	Add MOSD to standard agenda items	JP	April Meeting
3.2	Invite Warren Bergh to a 2015 meeting to provide further update on EIS/ETS, new legislation, Carmody Inquiry Recommendations etc (Item 3.2, 21/10/14). See Presentation 1.1	Provide further updates as required	WB/JP	Next Meeting
3.3	Further KPI presentations to be scheduled for Townsville, Toowoomba, and RBH AIU in 2015 with consideration of shadow purchasing model (Item 3.3, 21/10/14) See Presentation 1.2 & 1.3	Further presentations as per standard agenda items		
3.4	Elisabeth Hoehn to provide an update on PIMH as a presentation to a 2015 meeting (Item 6.4, 21/10/14) Hold over to next meeting	For 21 April 2015 meeting	EH	Next Meeting

Item No	Topic	Action	Committee member	Due date
3.5	Work Plan Development in 2015 (Item 6.5, 21/10/14) Hold over to next meeting	Next Meeting	JK	Next Meeting
4.	Matters for Decision			
4.1	Nil			
5.	Matters for Discussion			
5.1	CYMHS Statewide Disaster Response Framework    McDermott et al_2014_Stepped-carDisaster Recovery Plkthat outlines the cym Qld MH Natural section of report <ul style="list-style-type: none"> Discussed review of what had existed at Mater CYMHS when there was statewide disaster team based there before it was wound down Wondering about how services are placed across the state to provide support if there is a disaster CHQ HHS has a statewide capacity – wondering if workforce resources or assistance would be useful to others. Discussion of capacity around the State – ie. Rockhampton lucky to have people who were trained and have been through disasters elsewhere to know how to put resources into action EH discussing there are resources in the infant area on their website – see http://www.health.qld.gov.au/qcpimh/resources/mhapp-resources.asp Discussed doing a stocktake of existing staff who have been trained to establish workforce capability – survey  After a Disaster - capacity survey.doc	Survey to establish CYMHS workforce capacity after a disaster to be sent statewide for completion and return by all	All	April meeting
6.	Standard Agenda Items			
6.1	Service Update – identifying key issues, updates, points for discussion as relevant <ul style="list-style-type: none"> CHQ HHS CYMHS Service update – including new organisational structure 	For Noting Send out CHQ HHS CYMHS new organisation structure	JK	By April H

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	 <p>CYMHS CHQ Org Chart 19.2.15.jpg</p> <ul style="list-style-type: none"> Logan – 14-25 year youth outreach team commencing; AMYOS didn't appoint from first recruitment Cairns – AMYOS advertising soon; residential rehabilitation service finalising referral pathways; healing strategy following Xmas incident in Cairns Rockhampton – community elders also assisting with family related to Cairns family; dealing post-cyclone; would like some AMYOS Sunshine Coast – CL A/Clin Director for MHS for 6 months, 2 locum psychiatrists in place; working on development of Adolescent Unit in SC Uni Hospital Toowoomba – Shannon back next week; developing a service to Cherbourg Townsville – AMYOS recruited 			
6.2	Workforce Development Nil			
6.3	Branch Update See attached Cluster Report  <p>MHAODB_ClinicalCluster_January_2015_M</p>	For Noting		
6.4	Peri-natal and Infant Mental Health (PIMH) Update for next meeting	EHo to further update via presentation at April meeting	EHo	April Meeting
6.5	Work Plan To be developed in 2015 with clear direction, outcomes and deliverables probably with a focus on updating and completing MOSDs	Development of Work Plan held over	JK	2015
6.6	KPIs Benchmarking and Reports – statewide for CYMHS See item 3.3	See Item 3.3		
6.7	Adolescent Mental Health Extended Treatment Initiative (AMHETI) SS provide an update at next meeting	Update at April meeting	SS	April Meeting

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
7.	Matters for Noting			
	Nil			
8.	For Information			
	Nil			
Next meeting: Tuesday 21st April 2015, 10:00 to 12:00, Venue: Level 10, 199 Grey Street South Brisbane				
Videoconferencing available. Notify secretariat via [REDACTED] if intending to join via videoconference or require telephone port.				

ENDORSED BY:

Signature:

Date:



Name: Judi Krause

Position: Divisional Director, CYMHS CHQ



Minutes

State wide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group


Date:	21/04/2015	Time:	10:00am - 1.00pm	Venue:	CYMHS Room 2, Level 10, 199 Grey Street, South Brisbane			
Chair:	Judi Krause (JK) Divisional Director, CYMHS, Children's Health Queensland (CHQ)		Secretariat:	Judith Piccone (JP) Program Manager Specialist Teams, CYMHS CHQ				
Attendees:	Graham Stark (GS), Manager CYMHS, Darling Downs (VC)	Stephen Stathis (SS), Clinical Director, CYMHS CHQ	Janelle Bowra (JBo), Nursing Director CYMHS, CHQ HHS CYMHS	Shannon March (SM), Director, Darling Downs CYMHS (VC)				
	Tim Davidson (TD), Operational Manager, Mater Community CYMHS	Bernie Weckman (BW), Manager Child & Youth Services, Central Queensland (VC) from midday	Christie Burke (CB), NUM Logan Adolescent Unit, Metro South	Elisabeth Hoehn (EHo), Program Director, CHQ HHS CYMHS (TC)				
	Sean Hatherill (SH), Clinical Director, CYAU, Metro South	Shane Regbetz (SR), (proxy for Hazel Goodenough), Redcliffe Caboolture CYMHS (VC)	Emma Hart (EHa), Team Leader, CYMHS Inpatient Unit, Townsville CYMHS (VC)	Paul Clare – A/Director AH & MH Community, West Moreton				
	Josie Sorban (JSO), Director of Psychology, CYMHS CHQ	Jackie Bartlett (JBa), Principal Project Officer, MHAOD Branch	Raymond Ho (RH), Clinical Services Program Manager, Child and Youth Academic Unit (CYAU), Metro South	Ruth Maltby – Proxy for Michelle Giles				
	TC = Via Telephone		VC – Via Videoconference					
Observers/ Guests:	Tania Lee, Clinical Improvement Coordinator, Central Cluster, Mental Health Improvement Team							
	Ossi Beck, Clinical Improvement Coordinator, Central Cluster, Mental Health Improvement Team							
	Warren Bergh, P Evolve Therapeutic Services State-wide Program Manager							
Presentations:	KPI Date in CYMHS – Ossi Beck & Tania Lee							
	Perinatal Infant Mental Health Update – Elisabeth Hoehn							
	Adolescent Mental Health Extended Treatment Initiative – Stephen Stathis							
	Warren Bergh – EIS/ETS Statewide update to ETS Statewide Steering Committee – 12.00-1.00pm							
Apologies:	Hazel Goodenough (HG), Team Leader, Redcliffe-Caboolture CYMHS, Metro North	Karyn Weller (KW), Operations Manager, CYMHS, Cairns	Michelle Giles (MG), Director of Allied Health & MH Community Programs, West Moreton	Joelene Dwyer (JD), A/Team Leader, Wide Bay-North CYMHS				
	Cara McCormack (CM), Program Manager, Townsville	Judy Skalicky (JSk), Team Leader, Rural and Remote CYMHS, Cairns	Sonali Goonetilleke (SG), Psychiatrist, Wide Bay	Chris Lilley (CL), Clinical Lead, Sunshine Coast CYMHS				

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.1	<p>KPI Data in CYMHS Guests: Ossi Beck & Tania Lee</p> <p> KPI Data in CYMHS.pdf</p> <p>See presentation which reviewed for financial year to date across the State for CYMHS:</p> <ul style="list-style-type: none"> • Variances in valid assessment and treatment packages • Proportion of treatment packages with case review POS, diagnosis, outcomes, collection, consumer/carers participated POS • Outcomes participation – completed SDQs, change in clinical outcomes • Proportion of referrals ended within 14 days, closed service episodes lost to follow up • Discussion occurred around reasons for variances • OB & TL discussed the drill down reports that can be used to explore data further as well as their assistance with further presentations. • JK suggested Redcliffe-Caboolture CYMHS for presentation at next meeting due to high percentages in meeting shadow purchasing model indicators to allow discussion around processes that assist meeting targets. 	JK to contact HG to present at next meeting with assistance from OB & TL as needed	JK & HG	June Meeting
1.2	<p>Perinatal Infant Mental Health Update Presenter: Elisabeth Hoehn</p> <p> PIMH Update 21042015.pdf</p> <p>See presentation above as presented by EH via teleconference.</p>	For Noting		


Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
1.3	Adolescent Mental Health Extended Treatment Initiative Presenter: Stephen Stathis  AHMETI Update April 2015.pdf Update provided by SS (as above).	For Noting		
1.4	12.00-1.00pm – Statewide ETS Steering Committee Meeting – Update (separate Minutes) Presenter: Warren Bergh The meeting was extended to allow members who are part of the Statewide ETS Steering Committee members to meet.	For Noting		
2.	Meeting opening			
2.1	Welcome and apologies	For Noting	Chair	
2.2	Statement of Conflict/Interest Nil			
2.3	Confirmation of 24 February 2015 Minutes – confirmed by JBa, JSo Some people unable to open CHQ HHS CYMHS organisational chart in previous minutes so is reattached here:  CHQHHS CYMHS Org Structure.pdf	For Noting		
2.4	Statement of Achievements	NA		

Children's Health Queensland Hospital and Health Service

Business				
3.	Business Arising from Previous Meetings			
3.1	Models of Service Delivery and CIMHA Business Processes	See Item 6.5		
3.2	Any further updates on EIS/ETS, new legislation, Carmody Inquiry Recommendations etc See Presentation 1.4	Provide further updates as required	WB/JP	Next Meeting
3.3	Further KPI presentations See Presentation 1.1 & Item 6.6	Further presentations as per standard agenda items		
3.4	Elisabeth Hoehn to provide an update on PIMH as a presentation to a 2015 meeting See Presentation 1.2	Noted		
3.5	Work Plan Development in 2015	See Item 6.5		
3.6	CYMHS Statewide Disaster Response Survey Re-send survey as not everyone has yet sent a reply  After a Disaster - capacity survey.pdf	Please complete and return	All	ASAP
4.	Matters for Decision			
4.1	Nil			
5.	Matters for Discussion			
5.1	Nil			
6.	Standard Agenda Items			
6.1	Service Updates – identifying key issues, updates, points for discussion as relevant <ul style="list-style-type: none"> Metro South – 14-25 outreach model almost fully recruited – have 18 months funding. Looking to increase outcomes participation as well – have employed project officer for this. West Moreton – Locum psychiatrists to date (including Brett McDermott to end of May and then overseas consultant coming). Lack of after-hours cover. NO access to AMYOS – would like this service component. 	For Noting To present on 14-25 Outreach Model	SH	June Meeting

Children's Health Queensland Hospital and Health Service

	<ul style="list-style-type: none"> • Darling Downs – procedures being written to consider how to manage possible adolescent admissions to medium secure/high secure facilities – not planning to admit adolescents but was recommended as part of a range of items in an independent investigation regarding an incident in Bailey Henderson 12 months ago. JBo wondered if this could be similar to the guidelines around admission of adolescents to adult units. Also raised issues of having previously used Mater CYMHS child psychiatrist on call for assistance with psychiatric registrars managing out of hours child/adolescent issues. SS stated that CHQ HHS CYMHS could provide assistance/advice across the State with consultants on call by contact via LCCH switch and with a preference for this being a consultant to consultant call. Attached information sent our post meeting. • CHQ – AHMETI work occurring as per update. Inpatient focus post amalgamation to iron out processes. Acute Response Team flow issues being sorted to ensure other hospitals aren't bypassed for LCCH. Renovations in Grey Street, will have training rooms on Level 8. Key Skills Training re-commencing and some places available for statewide CYMHS (Fiona Cameron & Kim Woolcock – CYMHS educators). CAPA model being rolled out in community CYMHS teams. 	 Statewide cover.pdf		
6.2	Workforce Development Nil			
6.3	Branch Update Hasn't been a Cluster Meeting since last report <ul style="list-style-type: none"> • John Riley A/Chief Psychiatrist to 7 July; John Allan A/Exec Director; Bill Kingswell A/DDG • Working group being re-established to review Admission Guidelines – taking into account agreement on principles, logical flows, pathways given service agreement funding • Restrictive Practices roundtable • National Seclusion and Restraint Forum – co-ordinated by Branch • Departmental re-alignment to occur by 30 June • Report on Transition of Care for Barrett Adolescent Centre patients 	For Noting		
6.4	Peri-natal and Infant Mental Health (PIMH) See Presentation 1.2	For Noting		

Children's Health Queensland Hospital and Health Service

6.	Standard Agenda Items			
6.5	Work Plan To be developed in 2015 with clear direction, outcomes and deliverables probably with a focus on updating and completing MOSDs	Development of Work Plan held over	JK	2015
6.6	KPIs Benchmarking and Reports – statewide for CYMHS See Presentation 1.1	Further presentations to be scheduled.		
6.7	Adolescent Mental Health Extended Treatment Initiative (AMHETI) See Presentation 1.3	For Noting		
7.	Matters for Noting			
	Nil			
8.	For Information			
	Nil			
Next meeting: Tuesday 16th June 2015, 10:00am to 12:00pm, Venue: Level 10, Meeting Room 2, 199 Grey Street South Brisbane				
Videoconferencing available. Notify secretariat via [REDACTED] if intending to join via videoconference or require telephone port.				

ENDORSED BY:

Signature:

Date:

Name: Judi Krause

Position: Divisional Director, CYMHS CHQ

Minutes

State wide Child and Youth Mental Health, Alcohol and Other Drugs (MHAOD) Clinical Group

Date:	25/08/2015	Time:	10:00am - 12.00pm	Venue:	CYMHS Room 2, Level 10, 199 Grey Street, South Brisbane
Chair:	Judi Krause (JK) Divisional Director, CYMHS, Children's Health Queensland (CHQ)	Secretariat:	Madonna Gassman (MGa) A/ Program Manager Specialist Teams, CYMHS CHQ		
Attendees:	Graham Stark (GS), Manager CYMHS, Darling Downs (VC)	Hazel Goodenough (HG), Team Leader, Redcliffe-Caboolture CYMHS, Metro North	Janelle Bowra (JBo), Nursing Director CYMHS, CHQ HHS CYMHS (VC)	Shannon March (SM), Director, Darling Downs CYMHS (VC)	
	Tim Davidson (TD), Operational Manager, Mater Community CYMHS	Stephen Stathis (SS), Clinical Director, CYMHS CHQ (until 10.30am)	Christina Gobbo (CG), Team Leader CYMHS, Wide Bay (VC)	Elisabeth Hoehn (EH), Director QCPIMH	
	Joelene Dwyer (JD), A/Team Leader, Wide Bay-North CYMHS	Vaoita Turituri (VT), Senior Project Officer, MHAOD Branch (TL)	Emma Hart (EHa), A/Program Manager Townsville MH Service Group (VC)	Michelle Giles (MG), Director of Allied Health & MH Community Programs, West Moreton	
	Amritash Rai (AR), Staff Specialist Maryborough (VC)		Bernadette Klopp (BK), A/ Manager Clinical Governance (VC)	Ruth Maltby (RM) T/L CYMHS West Moreton	
		Jackie Bartlett (JBa), Principal Project Officer, MHAOD Branch (VC)		Jennifer Sands (JS), Service Director, Gold Coast (TC)	
	Valda Dorries (VD) Statewide Professional Leader for Allied Health (CYMHS)	Sonali Goonetilleke (SG), CYMHS Psychiatrist,Wide Bay (VC)			
	TC = Via Telephone	VC = Via Videoconference			
Observers/ Guests:	Ossi Beck, Clinical Improvement Coordinator, Central Cluster, Mental Health Improvement Team (VC) Catherine Vellacott, Natalie Rhodes, EDOS Karen Rockett Principal Policy Officaer (TC)				
Presentations:	EDOS – Catherine Vallecott, Natalie Rhodes				

Children's Health Queensland Hospital and Health Service

Apologies:

Stephen Stathis (SS), Clinical Director,
CYMHS CHQ

Sean Hatherill (SH), Clinical Director,
CYAU, Metro South

Josie Sorban (JSo), Director of
Psychology, CYMHS CHQ

Raymond Ho (RH), Clinical Services
Program Manager, Child and Youth
Academic Unit (CYAU), Metro South

Bernie Weckman (BW), Manager Child
& Youth Services, Central Queensland

(VC)


Karyn Weller (KW), Operations
Manager, CYMHS, Cairns **(VC)**

Cara McCormack (CM), Program
Manager, Townsville





Government



Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
1.2	EDOS 16+ Day Program Consultation <ul style="list-style-type: none"> Presenter: Catherine Vellacott  <p>Statewide CYMHAOD group.pptx</p> <ul style="list-style-type: none"> EDOS inclusive of Day program to be located at Finney Rd Indooroopilly from Windsor. Day program will provide service to consumers >16yrs Funded for 10 FTE and refurbishment Discussion regarding implication for both EDOS DP and Child and Youth MH e.g DPN, services with lowering age criteria to 16yrs. Different types of interventions and challenges. Some challenges for accessing service discussed- transport needs to be self funded, transport issues. Makes program more South East QLD centric JK highlighted the potential value in EDOS and CYMHS working more collaboratively to advocate for more funding for the inclusion of families. One of the identified areas of the Mental Health Plan is Eating Disorders. CV advised that often funding happens which then directs service provision e.g no funding for transport. EH spoke about cohort of young mothers with ED requiring management through pregnancy and post delivery. This maybe a more appropriate cohort for inclusion. Agreement that prioritising will need to occur. Discussion of different MOS (Maudsley, Mantra, CBT, DBT, Wise Choices). MOS will draw on many models Presently no vocational or education components are being offered in the program. 	<p>For Noting</p> <p>For noting</p> <p>CV will keep group members informed of development of MOS and the interface between CYMHS. CV will form a subgroup EDOS will disseminate MOS for out of session feedback and bring back to this group next meeting.</p> <p>CV to consider areas where there is interface and complementary services being offered.</p>		


Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> JBo asked if any funding could be made available to CYMHS rather than/through EDOS for CYMHS to continue their continuum of care CHQ will expand ED services –Will be applying for extra funding. Will explore the development of a ED Day program. Needs dedicated stat wide funding EDOS has capacity to use Video conferencing /telehealth to access state-wide services. VD suggested using the CPS to provide supervision and co-ordinator linkages to rural and remote services. Not to provide supervision but to co-ordinate looking at clinical guidelines, clinical management in communities, creative strategies, challenges with complex cases. EDOS to attend future meeting when MOS is available. If consultation with CYMHS is required a working group of key people may be developed AR queried rural access to EDOS dietician JK acknowledged value of this discussion and wished the EDOS team success in setting up this new program 	<p>Acknowledged that some services are shared</p> <p>NR to progress developing MOS and request feedback NR to collate question and JK can disseminate CV noted no resources available at present however will explore further</p>		
1.3	KPI data Townsville	Hold over to next meeting		October Meeting
	<p>Update- JK</p> <ul style="list-style-type: none"> Possibility of new funding for 3 new AMYOS teams Commission of Inquiry into closure of BAC. TOR quite. Six month inquiry – Jan 2016. In a parallel process a working group –JK will be a member of this group, will examine the needs for intensive mental health services as part of delivering on pre-election promises. This will include sub-acute beds. AMHETI website is up to date. 2x rehabilitation residentials established in Cairns and Townsville. Cairns 	<p>TOR to be distributed</p> <p> Scope.pdf  TOR.pdf</p>	MGa	October Meeting

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	is also funded for Step –up , Step-down service. CHQ working with Cairns to establish MOS. This has been the first investment into C&Y for some time.			
2.	Meeting opening			
2.1	Welcome and apologies Some updates to Membership List  Membership List August 2015.doc	For Noting	Chair	
2.2	Statement of Conflict/Interest Nil			
2.3	Confirmation of June 2015– then confirmed by JBa & SM			
2.4	Statement of Achievements Nil			
3.	Business			
3.	Business Arising from Previous Meetings			
3.1	SH an apology to today's meeting- circulate 14-25 Model of care (16/06/15 Item 1.2	Hold Over	SH	20/10/15
3.2	SH an apology to today's meeting-Update Logan Youth and Wellbeing program (Item1.2 16/06/15)	Hold over	SH	20/10/15
3.5	CYMHS Statewide Disaster Response Survey  After a Disaster - capacity survey.pdf Survey to be resent with return by 15 th September. CHQ will be responding regardless of number of responses received. <ul style="list-style-type: none"> Three responses received (Darling Downs, Central Queensland, and Wide Bay-South) – please send any surveys asap CHQ HHS CYMHS to review responses and develop a plan for going forward. 	Complete Survey Resend survey	All MGa	Next Meeting Responses by 15/9/15
3.6	Draft C&Y MH admission guidelines. JB provided information regarding the	Completed		



Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	forensic components of admission. <ul style="list-style-type: none"> Guidelines to be sent next week for consultation to HHS's CE and cc'd to members of this group- 2 week consultation Guidelines will then return to this group and then progress to Clinical Network for endorsement. 	JBo to sent to JB MH branch to collate and make changes incorporating section on detention	JBo JB	15/9/15
3.7	Hold Over: Provide information on C&YMH IPU beds	Ossi to present Oct meeting		20/10/15
3.9	Remove from agenda- Restraint and Seclusion	JB will advise when done and send out forum summary	JB	
3.10	PIMH MOS send out for out of session endorsement  MOSDforPIMHlatest version17 8 2015.pdf		EH	
3.11	Hold Over – Work Plan (16/615 item 6.5)	JK to develop matrix rather than work plan	JK	
3.13	Hold over Townsville to present KPI data			
4.	Matters for Decision			
4.1	YES- possible additional of C&Y questions. JK suggested tabling at consumer and carers meetings within HHS to identify questions	All questions to be forwarded for by 11/9/15 and collation on 18/9/15	All	11/9/15
5.	Matters for Discussion			
5.1				
6.	Standard Agenda Items			
6.1	Service Update – identifying key issues, updates, points for discussion as relevant ETS- Recent meetings held for discussion of risk with having 12 month contract-verbal response to extend to three year contracts Gold Coast- Early Psychosis Program- Inaugural meeting held. Funded for 30 FTE. Program operating since Sept/Oct 2015 and are receiving internal referrals	For Noting Consideration of three year contract when recruiting	All	

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p>from headspace. The program has had 180 referrals in 9 months(Hub and spoke model). Has had minimal effect on CG CYMHS GC CYMHS does have their own referral pathways and criteria. CYMHS works collaboratively with Headspace but do not have specific Headspace referral processes. Program is for 15-25 yrs</p> <p>Darling Downs- Include Child Psychiatrist in Paediatric Intake meetings which has enhanced appropriate referrals to CYMHS. Toowoomba headspace opens in 22nd October 2015</p> <p>Wide Bay-Some difficulties experienced in accessing acute IPU beds. Presently there is no difficulties.</p> <p>Bundaberg-Described the renaming of regions within the HHS Wide bay North-Bundaberg and Wide Bay South is Fraser Coast and Mackay. They also include psychiatrist in Paed meetings.</p> <p>West Moreton- Mentioned the Commission of Inquiry into the closure of BAC High service demand ETS contract extension</p>			
6.2	<p>Workforce Development VD presented outline of Allied Health Paediatric Outpatient and Inpatient Liaison Service operating in Redcliffe/ Caboolture. The service is designed to enhance management of children on the paediatric waiting list to access mental health services. Dona Ward Director Allied Health Caboolture has compiled a toolkit and it was agreed that there would be value in inviting Donna to present at next forum.</p> <p>CYMHS focus to explore what orientation is provided statewide and how to use statewide training most effectively e.g online versus and face to face Key Skills training options.</p> <p>Discuss what training is needed to provide safe practice Presently QCMHL not providing age appropriate training</p>	<p>MGa to invite Donna Ward to next forum</p> <p>VD will contact one person per region to collect and collate information identifying gaps and strategies to address gaps and bring back to next meeting</p>	<p>MGa</p> <p>VD</p>	<p>20/10/15</p> <p>20/10 15</p>
6.3	<p>Branch Update – Jackie Bartlett (JBa) See attached Cluster Report below</p>	For Noting		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	 <p>MHAODB_ClinicalCluster_JULY FINAL (3).p</p> <p>Ossi Beck- reported</p> <ul style="list-style-type: none"> The proposed target for Care Packages is 75% The proposed target for Seclusion events per 1000 patient days is 15. 			
6.4	<p>Peri-natal and Infant Mental Health (PIMH)</p>  <p>MOSDforPIMHlatest version17 8 2015.pdf</p> <ul style="list-style-type: none"> NPDI finding will cease- final report is with MHB Project positions being recruited: Day Program, Rural and Remote Strategy, Communication and Learning, Disaster Resource Project, Multicultural Travel is funded hence the development leads will be able to travel around HHS in consultation with the branch and referring back to statewide cross sectoral (RFDS, CWA, Health centres)brief for access for Rural and Remote families. Business rules for Assessment on CIMHA have been endorsed and will be disseminated- this will assist with PIMH data reporting 	<p>For Noting</p> <p>PIMH MOS for circulation for endorsement</p>	EH	
6.5	<p>Work Plan</p> <p>Still in development – Matrix to replace plan</p> <p>MOSDs</p> <ul style="list-style-type: none"> Community CYMHS MOS for review shortly Day Program MOS for finalisation by August meeting Inpatient MOS – unsure of status ETS MOS – on hold given current changes occurring with Evolve Model e-CYMHS MOS – was never finalised 	<p>Development of Matrix held over</p> <p>For out of session endorsement.</p>	<p>JK</p> <p>JK</p>	<p>2015</p> <p>October Meeting</p>
6.6	KPIs Benchmarking and Reports – Statewide for CYMHS	Michelle Giles		

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	Ipswich West Moreton to present			
6.7				
7.	Matters for Noting			
	Nil			
8.	For Information			
	Nil			
Next meeting: Tuesday 20th October 2015, 10:00am to 12:00pm, Venue: Level 8, 199 Grey Street South Brisbane				
Videoconferencing available. Notify secretariat via [REDACTED] if intending to join via videoconference or require telephone port.				

ENDORSED BY:

Signature:

Name: Judi Krause

Position: Divisional Director, CYMHS CHQ

Date:

EXHIBIT 72
West Moreton Hospital and Health Service
Barrett Adolescent Centre Clinical Oversight Meeting

JKR.900.001.0341

File / Meeting Note

Date/Location:	4pm, 12 December 2013. Meeting with teleconference option.
Attendees:	<p>CHQ*: Assoc Prof Stephen Stathis (Clinical Director), Judi Krause (Executive Director, CYMHS), Dr Elisabeth Hoehn (Clinical Director)</p> <p>West Moreton: Sharon Kelly (ED, MHSS), Dr Anne Brennan (A/Clinical Director BAC), Dr Terry Stedman (Clinical Director, MHSS), Michelle Giles (Director Community MH and Allied Health), Dr Leanne Geppert (A/Director of Strategy)</p> <p>MHAODB: Dr Bill Kingswell (ED MHAODB)</p> <p>* Dr Peter Steer (CE, CHQ) joined first 15 mins of meeting</p>

Discussion:	<ol style="list-style-type: none"> Clinical staff in this meeting identified increasing clinical risk and acuity for [REDACTED] and [REDACTED]. Joint clinical decision to pursue [REDACTED] Ongoing progression with [REDACTED] transition to [REDACTED] Dependent on timing of [REDACTED] accommodation option being secured for [REDACTED] clinical staff in meeting agreed [REDACTED] will need to be transitioned to alternative [REDACTED] Clinical decision that [REDACTED] anticipated to need more [REDACTED] as relevant. BAC operational funding to transfer to CHQ upon closure of BAC. All decisions re use of BAC operational funding will be jointly considered from this point forward between WM and CHQ. Identification of potential risk to providing ongoing safe care by familiar staff at BAC over next 6 weeks: <ol style="list-style-type: none"> Investigation completed and next HR steps commenced, resulting in increased staff stress and likely increase in leave/resignations Some staff indicating alternative job offers and indicating resignations. BAC school finished today.
Action Taken / Decisions:	<ol style="list-style-type: none"> Clinical decision made to transfer [REDACTED] and [REDACTED] to [REDACTED] support and to progress their transition plans. Agreement that receiving HHSs of [REDACTED] will receive (as relevant and if required) \$ to enable the provision of NGO intensive care and support during residential accommodation option (post acute care/admission). SLA will support the transfer and utilisation of [REDACTED]

West Moreton Hospital and Health Service Barrett Adolescent Centre Clinical Oversight Meeting

	<p>these funds. Funding source = unspent \$ from \$2M transferred by MHAODB to Funding & Contract Management Unit.</p> <p>10. BAC Holiday Program to continue, even if no inpatients able to attend.</p> <p>11. BAC remains open until 26/1/13. If all inpatients are discharged from BAC in alignment with their individual transition plans before 26/1/13, the Centre will continue to function as a day centre to support the delivery of the Holiday Program until the closure date.</p>
Outcome:	<p>Anne Brennan</p> <p>12. Prepare and send details of [REDACTED] and [REDACTED] to Terry Stedman and Bill Kingswell to support acute unit admissions early next week.</p> <p>Leanne Geppert</p> <p>13. File note of this meeting.</p> <p>14. Draft joint WM and CHQ brief to respective CE's for approval to transfer \$ to respective HHSs to provide NGO care for [REDACTED] [REDACTED] and [REDACTED] Copy to MHAODB.</p> <p>15. Draft DG to DG brief re [REDACTED] accommodation dependent on outcome of meeting with [REDACTED]</p>

EXHIBIT 72

Pages 343 through 450 redacted for the following reasons:



Minutes of Meeting

Project	Redland – New 15 Bed Adolescent ETU, Day Centre & School	Project(s) No	51426
Meeting	Facility Project Team Meeting (FPTM)	Meeting No	6
Held at	Conference Rooms 1 & 2, Redland Hospital	Date	4 February 2010
Author	Kerry Ward	Time	3.00pm to 4.00pm

Present Name	Role	Company	Telephone/Mobile	Email
Katie Eckersley (KE)	Manager	Bayside Mental Health		
John Quinn (JQ)	Manager	Mental Health Branch		
Assoc. Prof David Crompton (DC)	Executive Director	Division of Mental Health, Metro South		
Brett Bricknell (BB)	Executive Director	Redland and Wynnum Hospitals		
Sue Leggate (SL)	Director	Corporate Services Redland & Wynnum Hospitals		
Di Sammon (DS)	A/Director of Nursing	Bayside Mental Health		
Shirley Wigan (SW)	Executive Director Mental Health	Darling Downs – West Moreton Health Service District		
Michael Daubney (MD) via video-conference	Psychiatrist	Logan Child & Youth Mental Health		
Janelle Bowra (JB) via video-conference	Nurse Unit Manager	Logan Mental Health		
Judi Krause (JK)	A/Executive Director	Royal Children's Hospital CYMHS		
Terry Carter (TC)	MHCWP Project Manager/ Procurement Manager	Project Services		
Dean Luton (DL)	Senior Architect	Project Services		
Francis Maher (FM)	Project Manager	Pre Commissioning Project		
Ian Janke (IJ)	Change Manager HR/IR	Pre Commissioning Project		
Dr Sean Hatherill (SHa)	Psychiatrist	Bayside Child & Youth Mental Health		
Stephen Henley (SH)	A/Team Leader	Bayside Child & Youth Mental Health		

Apologies Name	Role	Company	Telephone/Mobile	Email
Trevor Sadler (TS)	Psychiatrist	The Park Centre for Mental Health		
Vedran Vladusich (VV)	A/Team Leader	Bayside Child & Youth Mental Health		
Sanjib Baruah (SB)	A/Clinical Director	Bayside Mental Health		
Leianne McArthur (LMc)	A/Director of Nursing	Logan-Beautesert Mental Health Service		
Assoc. Prof Brett McDermott (BMcD)	Executive Director	Mater Child & Youth Mental Health Service		
Andy Monk (AM)	Representative	Education Dept		
Vaoita Turituri (VT)	Team Leader	South Qld MH Clinical Network		
Tamara Madsen (TM)	Carer Liaison Representative	Logan-Beautesert Mental Health Service		

Item	Topic EXHIBIT 72	PN 51426 New 15 Bed Adolescent ETU, Day Centre & School	Action By JKR.900.001.0452
------	---------------------	--	-------------------------------

Agenda & Meeting Topics

Generic topics included, add others as required, indicate where not applicable (N/A).

Previous Minutes to be used as Agenda. Items with new items/topics to be raised under 14.0 New Business.

Minutes of Previous Meeting

The minutes from the previous meeting dated 10 December 2009 were accepted.

Outstanding Business from Previous Meeting

Nil

1.0	<u>Procedural Issues</u> 1. Welcome	1. All members welcomed by KE Noted Michelle Smith and Jo Lockheed no longer involved with this meeting. MS replaced by Darren Williams and JL replaced by Michelle Walter.	
2.0	<u>Land & Legals</u> 1. Site Acquisition & Property Issues 2. Adjoining Owners & Existing Tenants	Not discussed at this time (2.1 and 2.2)	
3.0	<u>Authorities</u> 1. Site Designation (required) 2. Building Application 3. Statutory Authorities 4. Native Title 5. Mater 6. Koala/DERM	Not discussed at this time (3.1 to 3.5) 6. Darren Williams (HPID) progressing to DERM. Lengthy discussions, approx. 6 months process.	
4.0	<u>Master Programme</u> 1. Progress Report	1. KE sent memo to DC re MOS and Education Dept funding. Discussion ensued re Education Dept funding; indicated that there is no possibility of the ETU school's completion within the desired timeframe. MOS Update – DC reported meeting took place at Aaron Groves' request. Clear recognition of importance of seamless transition of consumers' care and treatment during the move from Barrett to Bayside. Decision made for CYMHS representatives to meet, discuss and provide MOS recommendations back to DC. JK will determine who will be involved; to include MD. Adolescent UGMs, 18 February and 4 March, to be cancelled until MOS determined.	MOS decision due back to DC by 4 March DL will advise cancellation of meetings

Item	Topic	PN 51426 New 15 Bed Adolescent ETU, Day Centre & School	Action By JKR.900.001.0453
------	-------	--	-------------------------------

	2. Upcoming Milestones 3. Delivery Methodology	Not discussed at this time (4.2 and 4.3)	
5.0	<u>PDP/Design</u> 1. Site Planning Issues 2. Progress Report 3. TCP/ID	Not discussed at this time (5.1 and 5.3) 2. Complete PDP & schematic design due by end of March.	
6.0	<u>Financial</u> 1. Budget/Cost Report 2. Expenditure 3. Variations 4. Art-Built In Budget/Cost 5. FF&E & IT Budget/Cost	1. TC has reassessed Project budget: \$16.7 million, incl \$2 million for land. Yet to work through PDP; will have clearer idea of final figure after this. Noted that original area was 2,000m ² but draft schedule currently says 3,373m ² . TC commented that kitchen/food costs were not included in the original costings. Discussion ensued re kitchen facilities/food preparation logistics. Not discussed at this time (6.2 to 6.5).	SL to seek clarification re hospital kitchen capacity to provide ETU meals. Resolution of this issue needs to be included in PDP
7.0	<u>Decanting</u> 1. Decanting Strategy	Requires follow up with Education Department representative, Andy Monk.	
8.0	<u>Construction</u> 1. Progress Report 2. General 3. Industrial Relations & Safety 4. Contractual 5. Quality 6. Forecast Practical Completion	Not discussed at this time (8.1 to 8.6).	
9.0	<u>Risk Analysis & Value Management</u> 1. Peer Review 2. Project Services	1. Pending completion of MOS review. Not discussed at this time (9.2).	DC to initiate Peer Review once MOS review completed.
10.0	<u>FF&E</u> 1. Progress Report 2. Budget 3. Expenditure	Not discussed at this time (10.1 to 10.3).	

Item	Topic	PN 51426 New 15 Bed Adolescent ETU, Day Centre & School	Action By JKR.900.001.0454
	EXHIBIT 72		
11.0	<u>Operational /Commissioning</u> 1. Staffing 2. Commissioning	1. Cited that The Park needs to establish an HR plan for staff transferring to new facilities or dealing with newly appointed staff. The Pre-Commissioning Change Manager, Ian Janke, will be linking in with WM HR Manager when position filled (WM taking late applications). FM reported the Pre-Commissioning Project Team are having regular meetings with The Park Redevelopment Project Team and providing support. Not discussed at this time (11.2).	
12.0	<u>Communications (Media)</u> 1. Communication Plan 2. Consultation	1. FM reported Corporate level meeting has taken place. Susan Scott took lead role putting together Communication Plan. Allocation of responsibilities will be in consultation with Janet Johnson. Waiting for draft from Susan Scott. Will table report at this meeting. 2. DC reported documents are being forwarded to Dr Thiele making him aware of meetings with key stakeholders. Will duplicate this process with other projects.	
13.0	<u>Recurrent Costs</u> 1. Building Operation & Maintenance Costs 2. Staff/Other Recurrent Costs	Refer to 6.1 Not discussed at this time (13.2)	
14.0	<u>New Business</u> Nil		

Meeting Closed: 4.00pm

The next meeting is scheduled for Thursday, 4 March 2010 at 3pm, Conference Rooms 1 & 2, Redland Hospital.



*Meeting to Review Model of Service Delivery (MOSD)
for Adolescent Integrated Treatment and Rehabilitation
Centre (AITRC)*

(formerly known as Barrett Adolescent Centre (BAC))

MINUTES

Chair:	Judi Krause, A/Executive Director, RCH&HSD	Date:	10 February 2010
Secretariat:	Fiona Cameron, A/Statewide Principal Project Officer, CYMHS	Time:	10:00am – 11:00noon
Venue:	Seminar Room, Institute of Child and Youth Mental Health Services, Spring Hill		
Apologies:	Dr Trevor Sadler, Director, Barrett Adolescent Centre – West Moreton South Burnett District Dr Penny Brassey, Clinical Director, Child and Youth Mental Health, Townsville		
Present:	Fiona Cameron, Statewide Principal Project Officer CYMHS Judi Krause, A/Executive Director, RCH&HSD Erica Lee, Manager, CYMHS Mater, Mater Hospital & Health Service District Dr Brett McDermott, Director, CYMHS Mater, Mater Hospital & Health Service District Via Teleconference Link Dr James Scott, Child /Adolescent Psychiatrist E CYMHS & Evolve TS Brisbane North Dr Michael Daubney, Director, CYMHS, Metro South Health Service District		

Agenda Item	Action/Person
<p>Judi gave a brief overview of the task at hand (request by Metro South Management and Mental Health Directorate (Mental Health Plan Implementation Team) to review the MOSD from AITRC in respect to a range of previous reviews that had been undertaken). Judi began discussion by summarising the past reviews of Barrett Adolescent Centre and noting that a recent review (late 2009) had been conducted but the report and recommendations had not been released by the CEO of West Moreton-Darling Downs Health Service District. Discussion took place regarding previous recommendations, issues of concern and key themes of previous reviews:</p> <p>Summary of issues to consider when reviewing MOSD AITRC:</p> <ul style="list-style-type: none"> • Judi outlined some of the concerns highlighted in previous reviews and key themes from the most recent 2009 review (recommendations unreleased): <ul style="list-style-type: none"> ○ safety concerns for clients and staff, a no. of critical incidents and building safety concerns ○ change of client profile – more acute clients with increased complexity ○ less referral out options ○ average length of stay has increased from 4 mths (1994) to 10 mths (2006) ○ clinical governance structures unclear ○ lack of integration with local services and broader CYMHS services ○ concerns regarding the recording of clinical incidents ○ concerns that the clinical model lacks use of evidence based treatments 	

Agenda Item	Action/Person
<ul style="list-style-type: none"> ○ lack of staff training in therapies practiced ○ limited opportunities for staff development in child and adolescent specific education ○ model of care for nursing unclear – (task allocation or functional) not contemporary ○ long waiting times for admission ○ referral criteria / exclusion criteria unclear ○ the need for individualise behaviour management plans ○ treatment evaluation poor ○ staff not experienced in other models of care ○ vague reporting lines ○ inadequate clinical supervision ○ discharge planning challenges/ especially out of home placements for older adolescents ○ poor transition to adult mental health <ul style="list-style-type: none"> • Judi has spoken with Trevor Sadler in regards to the most recent review conducted in late 2009. Trevor felt that this review was not representative of the range of therapies used at AITRC and did not reflect the scope of the current program. Trevor will access his emails overseas and prepare some information to share with the group at the meeting planned for next week to more clearly articulate the current treatment model. • Model of AITRC 'Toward Recovery' has been presented by Trevor in the past as a framework for treatment and a way of identifying level of impairment. It was felt by the group that this problem solving matrix model (parenting tasks and developmental tasks of adolescence) whilst highly valued does not clearly articulate the AITRC treatment philosophy to those outside of CYMHS. This ambiguity is causing confusion with senior mental health colleagues which has contributed to the need for this further review of the MOSD. • Judi stated that Trevor is concerned that he will be overseas during the current review of the model and had requested this process be put on hold until he returns. This was unable to occur due to MHD/ Metro South determining that the MOSD was an urgent priority and further redevelopment of the Redlands site would not continue until this was addressed. • The task today is to review the key issues in the MOSD that Trevor has drafted to assist in clarifying the model. Themes will be what services are provided, referral pathways, admission inclusion and exclusion criteria, evidence based treatment modalities, staff skill mix and discharge planning frameworks etc. • The current MOSD document lists therapies but there is no particular sense of the continuum of care, the progression of therapies or the client's journey. It was felt this needed to be more clearly defined. • Clinical governance issues discussed. Erica Lee highlighted that AITRC currently is very isolated in clinical governance and reporting structures and that it needs to sit as part of a continuum of care within the broader CYMHS system. The group agreed with this. It was felt this link with a broader CYMHS structure would formalise governance structures establishing clear reporting relationships, enable staff of all disciplines to link into existing staff development, clinical education, clinical supervision and peer support structures. It was also discussed that AITRC should be integrated into the statewide CYMHS model of service. 	