

**Statewide Adolescent Extended Treatment and Rehabilitation  
Implementation Strategy**

<b>Owner:</b>	Children's Health Queensland
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<b>Division/Unit:</b>	XXXX
<b>Document Status:</b>	Draft v3

**Revision History**

<b>Revision Date</b>	<b>Version No.</b>	<b>Author</b>	<b>Description of Change/Revision</b>
30/07/13	v1	A/Director of Strategy, MH&SS, WM HHS	Initial draft for consideration with key stakeholders.
01/08/13	v2	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Sharon Kelly, Stephen Stathis and Judi Krause 01/08/13.
16/08/13	v3	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Stephen Stathis and Judi Krause on 15/08/13 and based on CE teleconference 16/08/13.

## Project Statement:

Queensland's public mental health system has undergone significant reform over the past ten years. The reform agenda includes a shift from institution-based service models, including extended treatment and rehabilitation, to more contemporary models of care that align with state and national policy. The impact of these important reforms has seen the care of consumers moved primarily into community-based settings that support the consumer to engage in their own local neighbourhoods and facilities. This has been particularly vital for consumers requiring medium to longer-term care.

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

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

A new statewide service model for the delivery of adolescent mental health extended treatment and rehabilitation is required. The foundations of this initiative have been completed, including broad consultation and planning processes. WM HHS commenced the Barrett Adolescent Strategy in December 2012, forming an Expert Clinical Reference Group (ECRG) that fed into an overarching Planning Group. Seven recommendations were submitted by the ECRG to the Planning Group, and were considered by the WM Hospital and Health Board in May 2013. Further consultation and communication processes were then initiated with key stakeholders, including the Minister for Health, the Queensland Mental Health Commissioner, Children's Health Queensland HHS, the Department of Health, and the Department of Education, Training and Employment.

The initiative has now moved into the implementation phase, of which this Project Plan forms the basis.

**Work Unit:** Queensland Health - Mental Health, Child and Youth.

**Work Site:** Multi-site Project conducted via a partnership between West Moreton HHS, Children's Health Queensland HHS, and Department of Health. Other HHSs will be engaged dependent on the service options implemented.

## Project Scope & Business Case

### Project Scope

<p><b>Objectives</b></p>	<ol style="list-style-type: none"> <li>1. Finalise the development of (and then implement) service options within a statewide model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline.</li> <li>2. Ensure continuity of care for adolescents currently admitted to BAC, and support their transition to the most appropriate care option/s that suit their individual needs and are located in (or as near to) their local community.</li> <li>3. Within the context of a changing service model early 2014, review the admission criteria to BAC for all new consumers post 5 August 2013.</li> <li>4. Oversee the redistribution of BAC operational funds and other identified funding to adolescent mental health service models that support the identified target group.</li> <li>5. Develop a consistent and transparent communication plan regarding the implementation of the new service options.</li> <li>6. Consider in all decision-making the key principles and recommendations as defined through the ECRG and Planning Group of the Barrett Adolescent Strategy (attached).</li> </ol>
	<p>Performance indicators of these objectives will be:</p> <ol style="list-style-type: none"> <li>1. Endorsed statewide model of service for adolescent mental health extended treatment and rehabilitation. This statewide model will give consideration to a range of service options including community, day program and bed-based care, and to a range of service providers.</li> <li>2. Commencement of service provision through alternative service option/s that meet the needs of the adolescent target group starting early 2014, and support transition of services from BAC accordingly.  NOTE: While not all alternative service options will necessarily be available early 2014, there will be no gap to service delivery for the target group.</li> <li>3. Successful discharge or onward referral of all current BAC consumers, which is evidenced by their individual needs being met.</li> <li>4. Ongoing communication with key stakeholders and a reduction in negative media and correspondence.</li> <li>5. Broad stakeholder engagement.</li> </ol>

## EXHIBIT 702

<b>Purpose</b>	<p>As a result of this project, we expect to see:</p> <ul style="list-style-type: none"> <li>• High quality, effective extended treatment and rehabilitation mental health care options available to consumers that are based on contemporary models of care and take into account the wide geographical spread of Queensland.</li> <li>• Improved, strengthened intersectoral partnerships in delivering adolescent mental health care.</li> <li>• Value for money in the delivery of care for adolescents requiring extended treatment and rehabilitation mental health care.</li> <li>• Finalisation of The Park campus as an adult facility, and progress the planning towards The Park being a forensic and secure mental health service facility.</li> </ul>
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<b>Benefits</b>	<p>Achievement of the project purpose will create a range of benefits for consumers and improved service efficiencies including:</p> <ul style="list-style-type: none"> <li>• increased access for adolescent consumers to their families, community and social networks by having greater access to more local mental health services.</li> <li>• improved service options for adolescent consumers through more contemporary models of care.</li> <li>• improved working partnerships with the NGO sector.</li> <li>• realisation of the deinstitutionalisation plan for The Park as identified in the QPMH.</li> <li>• The Park will become an exclusively secure and forensic mental health facility for adults.</li> <li>• a supported process to transition current adolescent consumers to alternative care that best meets their needs.</li> <li>• potential for a more cost effective service delivery model that better meets the rehabilitation needs of the consumer.</li> </ul>
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## Rationale & Background

<b>Rationale/ Background</b>	<p>This proposal aligns with the following strategic and planning directions:</p> <ol style="list-style-type: none"> <li>1. <i>The Blueprint for better healthcare in Queensland (2013)</i> <ol style="list-style-type: none"> <li>a. Health services focused on patients and people;</li> <li>b. Providing Queenslanders with value in health services;</li> <li>c. Investing, innovating and planning for the future.</li> </ol> </li> <li>2. <i>Queensland Plan for Mental Health (2007-17) (QPMH)</i> <ol style="list-style-type: none"> <li>a. Integrating and improving the care system;</li> <li>b. Participating in the community;</li> </ol> </li> </ol>
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c. Coordinating care.

*3. National Mental Health Service Planning Framework (under draft)*

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Through Stage 1 of the QPMH, an adolescent extended treatment unit was funded to replace the existing 15-bed BAC that provides statewide inpatient care (located on The Park campus). The replacement service was to be located at Redlands within Metro South HHS, and had an indicative commissioning date of November, 2013. Upon operation of the replacement 15-bed unit, the existing BAC was to be decommissioned due to the building not meeting accreditation standards and due to The Park becoming an adult-only forensic and secure mental health facility in 2014.

The Redlands adolescent extended treatment capital program encountered multiple delays and a significant budget over-run. There were unresolvable environmental barriers associated with the site, and the Department of Health ceased the capital program and redirected the capital funds towards other high priority health initiatives. Operational funding that equates to approximately \$2M in 2013/14 was retained and has been approved by the Department of Health to fund new adolescent mental health extended treatment and rehabilitation service options.

In December 2012, WM HHS initiated the Barrett Adolescent Strategy to identify new service options for adolescents requiring mental health extended treatment and rehabilitation in Queensland. An Expert Clinical Reference Group (ECRG) was convened, consisting of a consumer representative, a carer representative, an interstate Child and Youth Psychiatrist, multi disciplinary Child and Youth clinician representation (including north Queensland), a representative of BAC, a representative of the BAC School, and an NGO representative. The ECRG was chaired by the Director of Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch. The ECRG reported up to the WM HHS via a Planning Group, which was chaired by the Executive Director of Mental Health & Specialised Services, WM HHS.

A preamble and seven recommendations were submitted by the ECRG and considered by the WM HHS Board in May 2013 (Attachment 1). This was followed by comprehensive consultation with the Minister for Health, the Queensland Mental Health Commissioner, CHQ HHS, Department of Education Training and Employment, and the Department of Health.

The seven recommendations were accepted by the WM HHS Board. Minister for Health, the Honourable Lawrence Springborg MP made an announcement on 6 August 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014 (related documents at Attachments 2 and 3). Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

This project plan forms part of the next phase of the Strategy.

**Assumptions**

- Key stakeholders will work in partnership to implement this phase of the initiative. The lead governing body for the project will be CHQ HHS, in partnership with WM HHS and Department of Health.
- Identified funding sources will remain available to the identified adolescent target group and their mental health service needs. The identified funding sources include:
  - a) BAC operational funding (amount to be defined);
  - b) \$2M operational funding from the ceased Redlands Adolescent Extended Treatment and Rehabilitation Unit;
  - c) \$1M operational funding for NGO delivered services (e.g., Residential Rehabilitation); and
  - d) Other potential DoH funding as defined by Mental Health Alcohol and Other Drugs Branch. This will include temporary 'bridging' funds to support the transition process from the current service model to the newly defined service options.
- Workforce management strategies will be developed to support BAC staff.
- Timely approval will be received from the project stakeholders to enable major stages of the project to be implemented as planned.
- The Steering Committee and Working Groups will commit to actioning tasks both in and out of session to meet defined timelines, and thus support the timely completion of this project and the achievement of outcomes for the consumer group.
- The transfer of consumers to alternative care options will be underpinned by individual consumer choice and health care needs, and will be supported by the relevant 'home' HHSs.
- The stakeholders of this project will contribute resources (including staff time and content expertise) for the duration of the project.
- The Mental Health Alcohol and Other Drugs Branch will provide temporary funding of \$300,000 to support the temporary appointment of 2 project officers to CHQ and 1 project officer to WM HHS.
- Timeframes associated with this project can and will align with the timeframes around the procurement processes for engaging NGO services.
- The governance of the new service options will be held by CHQ HHS and a model will be defined as a priority.
- The site/s for delivery of any potential bed-based service option (e.g., Youth Prevention and Recovery Care [Y-PARC] service) will be identified and negotiations regarding governance will be held as a priority.
- Admissions to BAC post 5 August 2013 will require urgent attention and consideration.
- Service options considered by the Steering Committee will not be limited to a Y-PARC model. Consideration will be given to all recommendations for service needs that were defined by the ECRG.

	<p>This will include consideration of community-based options such as Intensive Mobile Youth Outreach Services, Day Programs, residential rehabilitation services, and bed-based services.</p> <ul style="list-style-type: none"> <li>• The service options identified will be modified (as required) to suit the needs of the target group within a Queensland setting, and will take into account the wide geographical spread of Queensland.</li> <li>• Service options will broadly align with the draft National Mental Health Service Planning Framework.</li> <li>• Not all service options within the statewide model that will be proposed will be necessarily available early 2014. However, there is a commitment to ensuring there is no gap to service delivery for the adolescent target group.</li> </ul>
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<p><b>Constraints</b></p>	<ol style="list-style-type: none"> <li>1. There is no capital funding currently identified to build new infrastructure.</li> <li>2. Transfer processes and time frames of operational funding to new service providers and HHSs need to be defined and negotiated.</li> <li>3. Timeframes and imperatives associated with the procurement processes of NGO contracting are tight and may be restrictive to timely progress.</li> <li>4. Queensland has early / developing experience in the delivery of some models being proposed (e.g., the Y-PARC model, Intensive Mobile Youth Outreach Service, residential rehabilitation for adolescent mental health consumers, and other partnership models between the public and non government sectors).</li> <li>5. A governance model for the statewide service delivery of adolescent mental health extended treatment and rehabilitation care is yet to be clearly defined and endorsed in Queensland.</li> <li>6. Alternative service options for BAC consumers must be available by early 2014, when The Park transitions to an adult forensic and secure mental health facility.</li> </ol>
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## EXHIBIT 702

Internal Partners/Clients/ Stakeholders	Nature of Involvement
Consumers, carers and significant others	<ul style="list-style-type: none"> <li>Membership of the Steering Committee (and Working Group/s as identified by Steering Committee)</li> </ul>
West Moreton Hospital and Health Service	<ul style="list-style-type: none"> <li>Project partner</li> <li>Responsibility for transition of consumer care and BAC operational funding</li> <li>Responsibility for support of and information provision to BAC staff</li> <li>Joint responsibility for communications / media with CHQ</li> <li>Support timely achievement of Strategy objectives</li> <li>Support CHQ in project planning and implementation</li> </ul>
Children's Health Queensland	<ul style="list-style-type: none"> <li>Lead project partner – governance for project including secretariat and chairing responsibilities of steering committee, and project planning and implementation</li> <li>Drive timely achievement of Strategy objectives</li> <li>Governance over new statewide service model – governance model to be defined</li> <li>Lead negotiations with other HHS regarding new service options and support service implementation</li> <li>Joint responsibility for communications / media with WM HHS</li> </ul>
DoH - MHAOD Branch	<ul style="list-style-type: none"> <li>Project partner</li> <li>Provide funding and / or identify funding sources (as agreed / negotiated) between key stakeholders) for both the Project and defined service options</li> <li>Provide advice, information and data on national and state direction regarding policy and service planning as relevant to the Project</li> <li>Participate in statewide negotiations and decision-making processes</li> </ul>
Metro South HHS	<ul style="list-style-type: none"> <li>Participate in discussions and negotiations relevant to the delivery of service options that are being considered for delivery within MS HHS</li> </ul>
Other Queensland HHSs	<ul style="list-style-type: none"> <li>Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee)</li> <li>Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need</li> </ul>



## EXHIBIT 702

External Partners/Clients/ Stakeholders	Nature of Involvement
Non government service providers	<ul style="list-style-type: none"> <li>Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee)</li> <li>Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need</li> </ul>

### Project Key Dates & Milestones

Key Milestones during Implementation Phase	Milestone #	Milestone Description	Completion Date
	1	Establish detailed project plan and draft TOR for Steering Committee	9 August 2013
	2	Endorsement of project plan	9 August 2013
	3	Implementation - Inaugural Steering Committee meeting	26 August 2013
	4	Finalisation	February 2014

### Overall Project Budget & Cost Management

<u>Project Team</u>	Financial Year*	Non Labour Costs*	Temp FTE (\$)*	Total \$*
	2013/14 CHQ	15%	2 x Project Officers	\$200,000
	2013/14 WM HHS	15%	1 x Project Officer	\$100,000
	<b>Total*</b>			<b>\$300,000</b>

## EXHIBIT 702

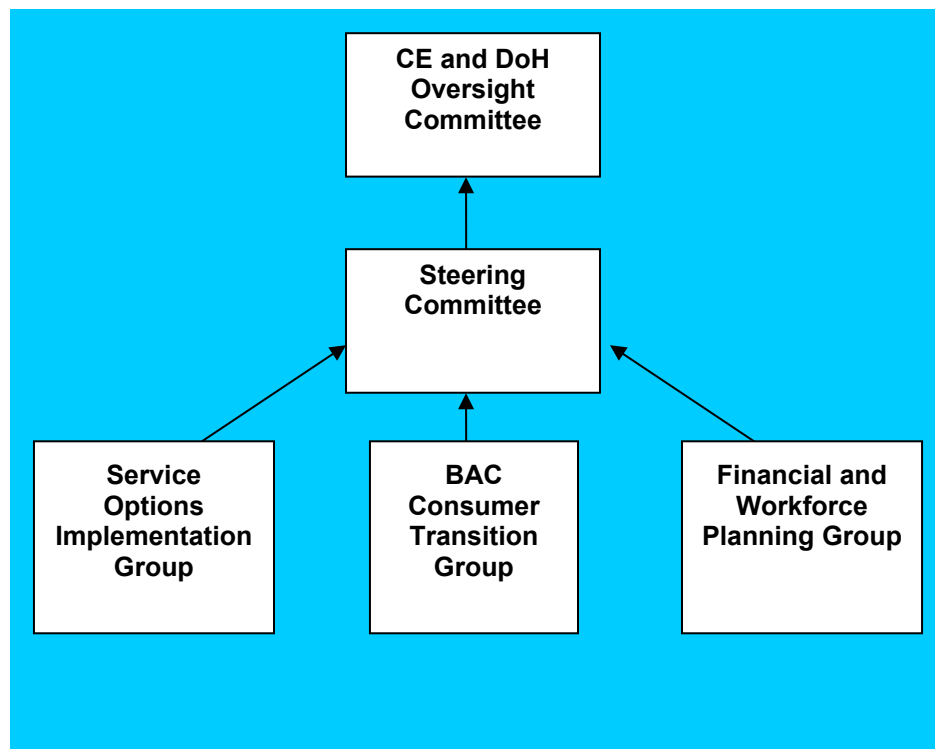
**Funding Source and Resource Contribution from Stakeholders**

- MHAODB has committed to providing temporary project funding to CHQ and WM HHS for 2013/2014.
- Secretariat and Chairing of Steering Committee is the responsibility of CHQ.
- WM HHS responsible for all matters related to the closure of BAC.

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**Project Governance**

**Structure**



**CE and DoH Oversight Committee**

- DDG, DoH (Chair)
- CE, CHQ
- CE, WM HHS
- CE, MS HHS
- Other CE membership as required

**Steering Committee**

- ED, CYMHS, CHQ (Co-Chair)
- Clinical Director, CYMHS, CHQ (Co-chair)
- Director of Strategy, MHSS, WM HHS
- Director, PPU, MHAODB
- Senior representative of Qld Alliance (as NGO peak body)
- Consumer representative
- Carer representative
- 3 senior representatives from HHSs with adolescent mental health services – multidisciplinary and representation of northern, central and southern clusters
- Clinical Director BAC
- Senior representative of Metro South HHS
- Senior representative of *headspace*

	<p><b>Working Group 1 – Service Options Implementation</b></p> <ul style="list-style-type: none"> <li>• <b>Chair to be determined</b></li> <li>• ED, CYMHS, CHQ</li> <li>• Director of Strategy, MHSS, WM HHS</li> <li>• Clinical Director, CYMHS, CHQ</li> <li>• MHAODB representative</li> <li>• 3 HHS representatives – northern, central and southern clusters</li> <li>• NGO representative</li> </ul> <p><b>Working Group 2 – BAC Consumer Transition</b></p> <ul style="list-style-type: none"> <li>• Clinical Director BAC (<b>Chair</b>)</li> <li>• 2 BAC clinical staff representatives</li> <li>• BAC school representative</li> <li>• 3 HHS representatives – northern, central and southern clusters</li> <li>• WM HHS Consumer Advocate</li> </ul> <p><b>Working Group 3 – Financial and Workforce Planning</b></p> <ul style="list-style-type: none"> <li>• Senior Social Worker WM HHS (<b>Chair</b>)</li> <li>• Business Manager WM HHS</li> <li>• HR Director WM HHS</li> <li>• MHAODB representative</li> <li>• CHQ representative</li> <li>• Operational Seniors of Allied Health and Nursing for BAC</li> </ul> <p><u>Monthly status reports provided to:</u></p> <ul style="list-style-type: none"> <li>• CE and DoH Oversight Committee</li> <li>• QMHC</li> <li>• DETE</li> <li>• Identified HHS Boards</li> </ul> <p>Administrative and operational support will be provided to the Steering Committee and Working Groups by the Project Team.</p> <p>Terms of Reference to be developed by Steering Committee. It is noted the Steering Committee and Working Groups will meet fortnightly utilising suitable mediums for communication.</p> <p>Working Group membership to be defined by Steering Committee.</p>
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Project Management Roles & Responsibilities	Role	Name(s)
	Project Lead	XXXX
	Project Manager	XXXX
	Project Sponsor	XXXX

## Recommendations & Decisions

### Recommendations (Project Manager)

<b>Next Step</b>	<input type="checkbox"/> <i>Progress to Implementation</i> <input type="checkbox"/> <i>Cease</i> Comments: { FORMTEXT }																	
	<i>Prepared By</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"><i>Name*:</i></td> <td style="padding: 5px;">Dr Leanne Geppert (A/Director of Strategy, WMHHS) in consultation with Dr Stephen Stathis (Clinica Director, CHQ) and Judi Krause (ED, CHQ)</td> </tr> <tr> <td style="padding: 5px;"><i>Date*:</i></td> <td style="padding: 5px;">16/0813</td> </tr> <tr> <td style="padding: 5px;"><i>Phone Number*:</i></td> <td style="padding: 5px;">[REDACTED]</td> </tr> <tr> <td style="padding: 5px;"><i>Email*:</i></td> <td style="padding: 5px;">[REDACTED]</td> </tr> </table>	<i>Name*:</i>	Dr Leanne Geppert (A/Director of Strategy, WMHHS) in consultation with Dr Stephen Stathis (Clinica Director, CHQ) and Judi Krause (ED, CHQ)	<i>Date*:</i>	16/0813	<i>Phone Number*:</i>	[REDACTED]	<i>Email*:</i>	[REDACTED]								
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**Approval/Decision (Higher Authority)**

<b>Next Step</b>	<input checked="" type="checkbox"/> Progress to implementation phase* <i>{ Recommendations &amp; Decisions / HA Decision}</i> <input type="checkbox"/> Revise project plan and resubmit <input type="checkbox"/> Cease <i>Comments: { FORMTEXT }</i>
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<b>Governance</b>	<b>Project Manager*</b>	
	<b>Project Sponsor*</b>	

<b>Resources</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> N/A		
	<b>Amount</b>	\$ { FORMTEXT }	
	<b>Parameters of Project Manager Authority</b>	<b>Time:</b>	<b>Parameters of Project Manager Authority</b>
		<b>Cost:</b>	{ FORMTEXT }
		<b>Quality:</b>	{ FORMTEXT }
		<b>Other:</b>	{ FORMTEXT }
	<b>Approved By</b>	<b>Name*:</b>	
		<b>Title*:</b>	
		<b>Work Unit / Site*:</b>	
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		<b>Signed:</b>	<i>{Higher Authority Decision}</i>
<b>Date*:</b>	{ FORMTEXT } <i>{Recommendations &amp; Decisions/HA Decision Date}</i>		