

Department of Health

Queensland
Government

MEMORANDUM

To: Malcolm Stamp, CE Central Hub
Richard Ashby, CE Metro South HHS
Julia Squire, CE Townsville HHS
Julie Hartley, CE Cairns HHS

Copies to: Executive Directors Mental Health:

- Brett Emmerson
- David Crompton
- John Reilly
- Janet Bayley

Other HHSs with Acute Inpatient Units

- John O'Donnell, CEO Mater Children's Hospital
- Ron Calvert, CE Gold Coast HHS
- Peter Bristow, CE Darling Downs HHS

From: Peter Steer
Chief Executive, Children's Health
Queensland HHS

Contact No:

Fax No:

Lesley Dwyer
Chief Executive, West Moreton HHS

Subject: Clinical Representatives Sought for Statewide Adolescent Extended
Treatment and Rehabilitation Implementation Strategy Working Groups

File Ref: CHQ02264-2013

In December 2012, the West Moreton HHS initiated the Barrett Adolescent Strategy to identify a new range of contemporary service options for the delivery of statewide adolescent mental health extended treatment and rehabilitation services. An Expert Clinical Reference Group (ECRG) and an overarching Planning Group were established to ensure broad and extensive consultation in regard to service model elements. Their recommendations have been accepted and the initiative has now moved into the implementation phase.

The Children's Health Queensland (CHQ) HHS, in partnership with West Moreton HHS, has established a Steering Committee and appointed project management positions at both HHSs to assist in the development of new service options and the transition of this service to CHQ HHS.

Three working groups are also being established to deliver on aspects of this initiative as identified below:

- Working Group 1 – Service Options Implementation – to build on the ECRG recommendations and develop preferred service options for adolescent mental health extended treatment and rehabilitation services, together with an implementation plan.
- Working Group 2 – Barrett Adolescent Centre (BAC) Consumer Transition – oversee the discharge process for existing consumers and the waitlist group, including risk mitigation and communication planning in preparation for transfer to alternative services, where required.
- Working Group 3 – Financial and Workforce Planning – identify the funding and workforce for current services, prepare a workforce strategy for BAC staff, and define the funding and workforce requirements for the preferred service model.

As a key stakeholder to this initiative, we are now seeking your participation through the nomination of a Mental Health Cluster Clinical Representative for Working Group 1 and Working Group 2.

Given our commitment to finalise the implementation of the strategy in a timely manner, we are moving quickly to progress this initiative. As such, your nomination is being sought by **close of business Wednesday 18th September, 2013**. Please notify your nomination to Ingrid Adamson, Project Manager, at [REDACTED] Your prompt response is greatly appreciated.

Kind regards



Peter Steer
Chief Executive
Children's Health Queensland HHS
17/ 09 /2013



Lesley Dwyer
Chief Executive
West Moreton HHS
17/ 09 /2013

Ingrid Adamson - RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

From: Ingrid Adamson
To: Janet Bayley; MD05-MetroSouthHSD; MD16-MetroNorthHHS; MD20-Cairns&Hinterland-HSD; MD25-Townsville-HSD
Date: 17/09/2013 5:46 PM
Subject: RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
CC: Brett Emmerson; David Crompton; John Reilly; [REDACTED] MD06-GoldCoast-HSD; MD08-DarlingDowns-HSD

Hello Janet and thank you for your email.

We are seeking a Mental Health Representative from each of the North, South, and Central Clusters, and would welcome a nomination from both Townsville and Cairns if representatives from each are available. I'd also like to confirm that we are seeking a representative from each Cluster on both Working Groups.

As the development of service options underpins other aspects of this initiative, we considering a half day workshop for the Service Options Working Group to progress discussion and development quickly. As such, we are happy to fund the Cairns and Townsville representative to attend this workshop in person.

If you have any other questions, or require any other information, please let me know.

Warm regards,
Ingrid

Ingrid Adamson
Project Manager - SW AETRS
Office of Strategy Management

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

Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

>>> Janet Bayley [REDACTED] 17/09/2013 3:06 pm >>>

Dear Katarina and Ingrid

Thank you for your email requesting a Mental Health Clinical Cluster representative for the State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working group

May I please clarify how many Mental Health Cluster Representatives you are seeking for these working groups?

Are you seeking nominations from each of the Mental Health Clinical Clusters – North, South and Central? Or nominations on behalf of the North, South and Central MH Clinical Clusters as one group?

If you wish us to put forward nominations from each individual Cluster, I note you have asked for nominations from both Dr John Reilly, Clinical Director Townsville Mental Health Service and myself (Clinical Director Cairns and Hinterland Mental Health Services). Both Townsville and Cairns fall under the North

Queensland Mental Health Clinical Cluster (NQMHC). Would you like just one nomination from the NQMHC or a nomination each from both Townsville and Cairns?

The NQ MHCC would be keen to have as much NQ participation in these working groups as is possible and practical.

Kind regards

Janet

Dr Janet Bayley

MBBS FRANZCP
Clinical Director
Cairns and Hinterland Mental Health and ATOD Service

From: CHQ HHS [REDACTED]
Sent: Tuesday, 17 September 2013 10:36 AM
To: MD05-MetroSouthHSD; MD16-MetroNorthHHS; MD20-Cairns&Hinterland-HSD; MD25-Townsville-HSD
Cc: Janet Bayley; Brett Emmerson; David Crompton; John Reilly; MD06-GoldCoast-HSD; MD08-DarlingDowns-HSD; [REDACTED]
Subject: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
Importance: High

Good Morning

Please find attached Memorandum from Dr Peter Steer, Chief Executive Children's Health Queensland HHS and Lesley Dwyer Chief Executive West Moreton HHS information and necessary action.

Your nomination is being sought by **COD Wednesday 18th September 2013**. Please notify you nomination to Ingrid Adamson, Project Manager, at [REDACTED].

Thank you,

Katarina Tomic
Correspondence Officer

Children's Health Queensland
Hospital and Health Service

[REDACTED]
Level 1, North Tower, RCH
Herston Rd, Herston QLD 4029
www.health.qld.gov.au/childrenshealth

Ingrid Adamson - FW: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

From: Donna Goodman [REDACTED]
To: Ingrid Adamson [REDACTED]
Date: 18/09/2013 3:06 PM
Subject: FW: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
CC: MD20-Cairns&Hinterland-HSD <MD20-Cairns&Hinterland-HSD@health.qld.gov.au>, Jannine Giddin [REDACTED] Julie Hartley-Jones [REDACTED] Robin Moore [REDACTED]

Hi Ingrid,

Please accept Dr Naysun Saeedi as the Cairns and Hinterland HHS nominee on this Working Group.

Regards

Donna Goodman

Executive Director Allied Health

Cairns & Hinterland HHS

From: Naysun Saeedi
Sent: Wednesday, 18 September 2013 12:30 PM
To: Donna Goodman
Subject: RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

Hi Donna

Yes, I'd be happy to be representative of the chhhs for the working group.

I'll await hearing what's involved and when etc.

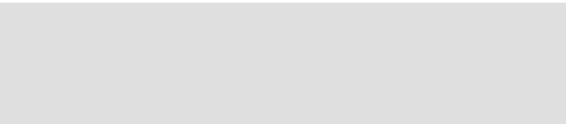
Thank you

naysun

Dr Naysun Saeedi

Consultant Child & Adolescent Psychiatrist
Clinical Director - Child & Youth

Cairns & Hinterland Integrated Mental Health & ATOD Service



Location: 130 McLeod St, Cairns

Post:

PO Box 268 N

North Cairns QLD 4870

Australia

From: Donna Goodman
Sent: Wednesday, 18 September 2013 11:20 AM
To: Naysun Saeedi
Subject: Fwd: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

Hi Naysun,

Please see email below requesting we nominate a representative for CHHHS to be on the State Adolescent Extended Treatment and Rehab Implementation Strategy Working Group. This was discussed at the Executive Team Brief this morning, and it was agreed you would be an ideal person to represent CHHHS interests.

Can you let me know ASAP if you are agreeable to doing this, as we need to provide a name to Corporate Office by this afternoon.

Thanks

Donna

Begin forwarded message:

From: MD20-Cairns&Hinterland-HSD 
Date: 17 September 2013 11:57:32 AM AEST

To: Brad McCulloch [REDACTED] Caroline Wagner
[REDACTED], Donna Goodman
[REDACTED], Jocelyn Rogers
[REDACTED] John Slaven [REDACTED]

Julie Hartley-Jones [REDACTED] Neil Beaton
[REDACTED] Robin Moore [REDACTED]

Subject: FW: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

Response due tomorrow. Please discuss at ETB.

Regards

Jannine

From: CHQ HHS [REDACTED]
Sent: Tuesday, 17 September 2013 10:36 AM
To: MD20-Cairns&Hinterland-HSD; MD05-MetroSouthHSD; MD16-MetroNorthHHS; MD25-Townsville-HSD
Cc: Brett Emmerson; David Crompton; Janet Bayley; John Reilly; MD06-GoldCoast-HSD; MD08-DarlingDowns-HSD [REDACTED]
Subject: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
Importance: High

Good Morning

Please find attached Memorandum from Dr Peter Steer, Chief Executive Children's Health Queensland HHS and Lesley Dwyer Chief Executive West Moreton HHS information and necessary action.

Your nomination is being sought by **COD Wednesday 18th September 2013**. Please notify you nomination to Ingrid Adamson, Project Manager, at [REDACTED].

Thank you,

Katarina Tomic
Correspondence Officer

Children's Health Queensland
Hospital and Health Service

[REDACTED]
Level 1, North Tower, RCH
Herston Rd, Herston QLD 4029
www.health.qld.gov.au/childrenshealth

Ingrid Adamson - Fwd: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

From: Katarina Tomic
To: Ingrid Adamson
Date: 19/09/2013 9:29 AM
Subject: Fwd: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

>>> Brett Emmerson <brett_emmerson@health.qld.gov.au> 19/09/2013 9:18 am >>>
Hi here are the nominees from the central mental health clinical cluster. Ian Williams for group 1 and Nathan Mueller for group 2 KR Brett Emmerson

Begin forwarded message:

From: "Ian Williams" [REDACTED]
Date: 18 September 2013 4:36:11 PM AEST
To: "Brett Emmerson" [REDACTED]
Subject: Re: Fwd: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

Hi Brett

Sorry only just saw this Brett.

I am happy participate in group 1, Nathan Mueller is OK to be involved with group 2, perhaps Robin can be our proxy if not available??

KR Ian

Dr Ian Williams
MB:BS FRANZCP
Advanced Certificates. Child & Adolescent Psychiatry; Consultation Liaison Psychiatry
Director of Adolescent Psychiatry
Royal Brisbane & Womens' Hospital.

ECYMHS
Children's Health Services
Herston. Brisbane. QLD 4029. Australia.

>>> Brett Emmerson [REDACTED] 9/18/2013 10:32 am >>>
Hi I would like to nominate one of you from the central cluster , and I need to know ASAP ie today KR Brett

Begin forwarded message:

From: "CHQ HHS" [REDACTED]
Date: 17 September 2013 10:35:45 AM AEST

[REDACTED]

**Subject: CHQ02264_ Memorandum - Clinical Representative Sought for
State Adolescent Extended Treatment and Rehabilitation
Implementation Strategy Working Group**

Good Morning

Please find attached Memorandum from Dr Peter Steer, Chief
Executive Children's Health Queensland HHS and Lesley Dwyer Chief Executive
West Moreton HHS information and necessary action.

Your nomination is being sought by **COD Wednesday 18th September 2013**.
Please notify you nomination to Ingrid Adamson, Project Manager, at

.

Thank you,

Katarina Tomic
Correspondence Officer

Children's Health Queensland
Hospital and Health Service

Level 1, North Tower, RCH
Herston Rd, Herston QLD 4029
www.health.qld.gov.au/childrenshealth

Ingrid Adamson - Re: Fwd: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

From: Sq_mhcn
To: Ingrid Adamson
Date: 18/09/2013 3:02 PM
Subject: Re: Fwd: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
CC: Ed_mhsmetrosouth

Dear Ingrid,

The South Queensland Mental Health Clinical cluster would like to nominate the following individuals to be part of the 3 proposed working group.

Metro South

1. **Sean Hatherill- Child Psychiatrist**
2. **Raymond Ho- Psychologist (team leader)**
3. **Janelle Bowra- Nursing unit manager**

Gold Coast

1. **Michelle Fryer- Child Psychiatrist**

Toowoomba

1. **Kimberly Curr- tentative- need to confirm- manager**
2. **Shannon March tentative- need to confirm- Child Psychiatrist**

As indicated above I am awaiting confirmation from Shirley Wigan as to her nominees. I will email you as soon as I have confirmation.

Thank you
Michelle Kohlei

Michelle Kohleis: Cluster Coordinator
South QLD Mental Health Clinical Cluster
Upper Mt Gravatt



S

>>> On 9/17/2013 at 3:43 pm, [REDACTED] wrote:

Hi Michelle

Can I please nominate Michelle Fryer from our HHS.

Please also note that we are moving to Gold Coast University Hospital tomorrow in preparations for the patient moves at the end of next week. Therefore my availability will be limited during this period (but you can contact Jo Hull or ring me on the mobile if you need to make urgent contact).

Kind regards, Karlyn

Karlyn Chettleburgh
Executive Director Mental Health & ATODS
Gold Coast Hospital and Health Service
Ph: 0755198913

>>> Sq_mhcn 9/17/2013 3:13 pm >>>
Dear Karlyn and Shirley,

Please see the attached memo, can you please indicate to me asap if you would like a representative from your HHS to be part of 3 proposed working groups.

Thank you
Michelle Kohleis

Michelle Kohleis: Cluster Coordinator
South QLD Mental Health Clinical Cluster
Upper Mt Gravatt

>>> On 17/09/2013 at 10:35 am, [REDACTED] wrote:
Good Morning

Please find attached Memorandum from Dr Peter Steer, Chief Executive Children's Health Queensland HHS and Lesley Dwyer Chief Executive West Moreton HHS information and necessary action.

Your nomination is being sought by **COD Wednesday 18th September 2013**. Please notify you nomination to Ingrid Adamson, Project Manager, at [REDACTED].

Thank you,

Katarina Tomic
Correspondence Officer

Children's Health Queensland
Hospital and Health Service

[REDACTED]
Level 1, North Tower, RCH
Herston Rd, Herston QLD 4029
www.health.qld.gov.au/childrenshealth

Ingrid Adamson - RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

From: Michael Catt [REDACTED]
To: MD25-Townsville-HSD [REDACTED] John Reilly
Date: 18/09/2013 4:50 PM
Subject: RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
CC: [REDACTED]

Hi Ingrid,

We would like to nominate Emma Hart as the representative for Townsville. Kind regards

Michael

Michael Catt

MBA Grad Dip MH Nursing B Nursing RN CMHN

Service Group Director

Mental Health Service Group

Townsville Hospital and Health Service

Queensland Health

The Townsville Hospital
100 Angus Smith Drive
Douglas Qld 4814
IMB 49

www.health.qld.gov.au

[face book.com/qldhealth](https://www.facebook.com/qldhealth) | twitter.com/qldhealthnews

From: MD25-Townsville-HSD
Sent: Wednesday, 18 September 2013 9:10 AM
To: Michael Catt; John Reilly
Subject: FW: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
Importance: High

Hi John/Michael,

As per attached email can you advise who will be the THHS nominated representative.

Regards,
Narelle.

From: CHQ HHS [REDACTED]
Sent: Tuesday, 17 September 2013 10:36 AM
To: MD25-Townsville-HSD; MD05-MetroSouthHSD; MD16-MetroNorthHHS; MD20-Cairns&Hinterland-HSD
Cc: Brett Emmerson; David Crompton; Janet Bayley; John Reilly; MD06-GoldCoast-HSD; MD08-DarlingDowns-HSD; [REDACTED]
Subject: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
Importance: High

Good Morning

Please find attached Memorandum from Dr Peter Steer, Chief Executive Children's Health Queensland HHS and Lesley Dwyer Chief Executive West Moreton HHS information and necessary action.

Your nomination is being sought by **COD Wednesday 18th September 2013**. Please notify you nomination to Ingrid Adamson, Project Manager, at [REDACTED].

Thank you,

Katarina Tomic
Correspondence Officer

Children's Health Queensland
Hospital and Health Service

[REDACTED]
Level 1, North Tower, RCH
Herston Rd, Herston QLD 4029
www.health.qld.gov.au/childrenshealth

Ingrid Adamson - RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

From: Ingrid Adamson
To: Janet Bayley
Date: 19/09/2013 10:54 AM
Subject: RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

Thanks Janet - I have made a note of this.

Warm regards
Ingrid

>>> Janet Bayley [REDACTED] 19/09/2013 10:38 am >>>

Thanks Ingrid

Dr Saeedi would prefer to be on WorkingGroup 1

Thanks

Regards

Dr Janet Bayley

MBBS FRANZCP
Clinical Director
Cairns and Hinterland Mental Health and ATOD Service
[REDACTED]

From: Ingrid Adamson [REDACTED]
Sent: Thursday, 19 September 2013 10:20 AM
To: Janet Bayley
Subject: RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

Hi Janet and thank you for your email.

I just wanted to let you know that I have now received nominations from:

- Donna Goodman advising **Dr Naysun Saeedi** will be the Cairns and Hinterland HHS representative
- Michael Catt advising **Emma Hart** will be the Townsville HHS representative

Warm regards,
Ingrid

Ingrid Adamson
Project Manager - SW AETRS
Office of Strategy Management

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

Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

>>> Janet Bayley <Janet.Bayley@health.qld.gov.au> 18/09/2013 10:25 am >>>

Thanks Ingrid

I am awaiting advice from the NQ Mental Health Clinical Cluster as to who shall be our nominations for representatives on this working group(s). I will let you know our thoughts as soon as I can.

Kind regards

Janet

Dr Janet Bayley

**MBBS FRANZCP
Clinical Director**

Cairns & Hinterland Mental Health & ATOD Service

Level 2, 85 Spence Street Cairns QLD 4870

PO BOX 6515 Cairns QLD 4870

From: Ingrid Adamson

Sent: Tuesday, 17 September 2013 5:46 PM

To: Janet Bayley; MD05-MetroSouthHSD; MD16-MetroNorthHHS; MD20-Cairns&Hinterland-HSD; MD25-Townsville-HSD

Cc: Brett Emmerson; David Crompton; John Reilly; MD06-GoldCoast-HSD; MD08-DarlingDowns-HSD;

Subject: RE: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

Hello Janet and thank you for your email.

We are seeking a Mental Health Representative from each of the North, South, and Central Clusters, and would welcome a nomination from both Townsville and Cairns if representatives from each are available. I'd also like to confirm that we are seeking a representative from each Cluster on both Working Groups.

As the development of service options underpins other aspects of this initiative, we considering a half day workshop for the Service Options Working Group to progress discussion and development quickly. As such, we are happy to fund the Cairns and Townsville representative to attend this workshop in person.

If you have any other questions, or require any other information, please let me know.

Warm regards,

Ingrid

Ingrid Adamson

Project Manager - SW AETRS
Office of Strategy Management

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

Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

>>> Janet Bayley [REDACTED] 17/09/2013 3:06 pm >>>

Dear Katarina and Ingrid

Thank you for your email requesting a Mental Health Clinical Cluster representative for the State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working group

May I please clarify how many Mental Health Cluster Representatives you are seeking for these working groups?

Are you seeking nominations from each of the Mental Health Clinical Clusters – North, South and Central? Or nominations on behalf of the North, South and Central MH Clinical Clusters as one group?

If you wish us to put forward nominations from each individual Cluster, I note you have asked for nominations from both Dr John Reilly, Clinical Director Townsville Mental Health Service and myself (Clinical Director Cairns and Hinterland Mental Health Services). Both Townsville and Cairns fall under the North Queensland Mental Health Clinical Cluster (NQMHCC). Would you like just one nomination from the NQMHCC or a nomination each from both Townsville and Cairns?

The NQ MHCC would be keen to have as much NQ participation in these working groups as is possible and practical.

Kind regards

Janet

Dr Janet Bayley

MBBS FRANZCP
Clinical Director
Cairns and Hinterland Mental Health and ATOD Service
[REDACTED]

From: CHQ HHS [REDACTED]
Sent: Tuesday, 17 September 2013 10:36 AM
To: MD05-MetroSouthHSD; MD16-MetroNorthHHS; MD20-Cairns&Hinterland-HSD; MD25-Townsville-HSD
Cc: Janet Bayley; Brett Emmerson; David Crompton; John Reilly; MD06-GoldCoast-HSD; MD08-DarlingDowns-HSD; [REDACTED]
Subject: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
Importance: High

Good Morning

Please find attached Memorandum from Dr Peter Steer, Chief Executive Children's Health Queensland HHS and Lesley Dwyer Chief Executive West Moreton HHS information and necessary action.

Your nomination is being sought by **COD Wednesday 18th September 2013**. Please notify you nomination to Ingrid Adamson, Project Manager, at [REDACTED]

.

Thank you,

Katarina Tomic
Correspondence Officer

Children's Health Queensland
Hospital and Health Service

[REDACTED]
Level 1, North Tower, RCH
Herston Rd, Herston QLD 4029
www.health.qld.gov.au/childrenshealth

Ingrid Adamson - Fwd: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group

From: MD08-DarlingDowns-HSD
To: Ingrid Adamson
Date: 20/09/2013 12:37 PM
Subject: Fwd: CHQ02264_ Memorandum - Clinical Representative Sought for State Adolescent Extended Treatment and Rehabilitation Implementation Strategy Working Group
CC: Kimberly Curr; Shannon March; Shirley Wigan
Attachments: CHQ02264.pdf

Good Morning Ingrid

Please be advised of the following nominations from Shirley Wigan, Executive Director, Mental Health Services, Darling Downs Hospital and Health Services:

Shannon March
Consultant, CYMS
Email: [REDACTED]

Kimberly Curr
A/Manager CYMS
[REDACTED]

Thanks
Dianne

Dianne Rogan
Executive Support Officer
Chief Executive
Jofre House, Level 2
Baillie Henderson Hospital
Darling Downs Hospital and Health Service

[REDACTED]

>>> CHQ HHS 17/09/2013 10:35 am >>>
Good Morning

Please find attached Memorandum from Dr Peter Steer, Chief Executive Children's Health Queensland HHS and Lesley Dwyer Chief Executive West Moreton HHS information and necessary action.

Your nomination is being sought by **COD Wednesday 18th September 2013**. Please notify you nomination to Ingrid Adamson, Project Manager, at [REDACTED].

Thank you,

Katarina Tomic
Correspondence Officer

Children's Health Queensland
Hospital and Health Service

Level 1, North Tower, RCH
Herston Rd, Herston QLD 4029
www.health.qld.gov.au/childrenshealth

Ingrid Adamson - Statewide Adolescent Extended Treatment and Rehabilitation Implementation - Service Options Working Group

From: Ingrid Adamson
To: SW AETR Working Group 1 Service Options
Date: 25/09/2013 2:27 PM
Subject: Statewide Adolescent Extended Treatment and Rehabilitation Implementation - Service Options Working Group
CC: Deborah Miller
Attachments: SW AETR Working Group_Service Options_TOR FINAL.doc

Good Afternoon,

I am writing with regard to the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy, which is to identify a new range of contemporary service options for the delivery of statewide adolescent mental health services. Three Working Groups have also been established to deliver on various aspects of this initiative, and you have been nominated as your Mental Health Cluster Representative for Working Group 1 - Service Options Implementation. This Working Group has been chartered to develop preferred service options for adolescent mental health extended treatment and rehabilitation services, together with an implementation plan.

Given our commitment to finalise the implementation strategy in a timely manner, we are moving quickly to progress this initiative. As such, we would like to convene a half day Workshop with all nominated representatives next **Tuesday 1st October 2013 from 10.30am until 3pm**. We have scheduled a 10.30am start to allow representatives from outside of Brisbane to make the workshop, and we will be arranging car parking for those driving in. Due to the importance of this work, the Children's Health Queensland HHS will also meet the costs of flying representatives from the North Qld Clusters down to Brisbane, so that they can attend this workshop in person.

It would be greatly appreciated if you could **please advise of your availability for this workshop at your earliest convenience** and if you will require a car park or flight arrangements.

In the meantime, the Project Team is finalising the agenda for this workshop, which we hope to have to you by the end of this week. The workshop will be held at Herston, Brisbane and the venue details will be included with the agenda. I have also attached a copy of the Terms of Reference for the Working Group, for your information.

Should you have any questions or would like any other information, please feel free to contact me.

Warm regards,
Ingrid

Ingrid Adamson
Project Manager - SW AETRS
Office of Strategy Management

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

Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

Ingrid Adamson - Statewide Adolescent Extended Treatment and Rehabilitation Service Options Implementation Working Group Forum

From: Ingrid Adamson
To: SW AETR Working Group 1 Service Options
Date: 30/09/2013 3:39 PM
Subject: Statewide Adolescent Extended Treatment and Rehabilitation Service Options Implementation Working Group Forum
CC: Bill Kingswell; Lesley Dwyer; Peter Steer; Sharon Kelly
Attachments: 20131001 Workshop Agenda.doc; Attach 1_Expert Clinical Reference Group Recommendations July 2013.pdf; Attach 2_WMHHS-CHQ BAC Media Statement 130805.pdf; Attach 3_FAQ BAC.pdf; SW AETR Working Group_Service Options_TOR FINAL.doc

Good afternoon and thank you for your patience as we finalised the agenda for tomorrow's forum (attached).

We currently have 16 attendees (and 7 apologies) and I'd like to thank each of you for your participation at such short notice. For those of you who are unable to attend tomorrow, we will circulate the notes taken from the forum to you for review and further comment.

I have also attached the recommendations from the Expert Clinical Reference Group (ECRG). This ECRG was established to ensure broad and extensive consultation in regard to service model elements. Their recommendations have been accepted and are attached (Attachment 1) for your review prior to the forum.

I have also attached a Media Statement (Attachment 2) and a Frequently Asked Questions sheet (Attachment 3) for further background information. You will also find a copy of the Working Group's Terms of Reference for those of you who may have not seen these as yet.

For those of you who have requested car parking, Bernice Holland will be in touch with regard to the parking bay number allocated to you.

In the meantime, if you have any questions, please feel free to contact me on [REDACTED]

I look forward to meeting those of you who will be attending tomorrow.

Warm regards,
Ingrid

Ingrid Adamson
Project Manager - SW AETR
Office of Strategy Management

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

Level 1, North Tower
Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

Meeting Agenda

Statewide Adolescent Extended Treatment and Rehabilitation Service Options Implementation Working Group Forum

| | |
|---------------|---|
| Date: | Tuesday 1 st October |
| Time: | 10.30am to 3.00pm |
| Venue: | Training Room 1, Ground Floor, 15 Butterfield Street, Herston |

| | | |
|---------------------|--|---|
| Chair: | Leanne Geppert | Director Strategy, Mental Health and Specialised Services, West Moreton, HHS |
| Secretariat: | Ingrid Adamson | Project Manager SW AETRS, Office of Strategy Management, CHQ HHS |
| Attendees: | Amelia Callaghan | State Manager, Headspace |
| | Bernice Holland | Administration Officer, MHSS WM HHS |
| | Deb Miller | A/Executive Director, Office of Strategy Management, CHQ HHS |
| | Emma Hart | Team Leader, Adolescent Inpatient Unit And Day Service, Townsville HHS |
| | Erica Lee | CYMHS, Service Manager, Mater Hospital |
| | Gerry Howe | Team Leader, CYMHS, Fraser Coast Integrated Mental Health, Wide Bay HHS |
| | Ian Williams | Director of Adolescent Psychiatry, Adolescent Psychiatry Mental Health, RB&WH |
| | Jackie Bartlett (proxy for Janet Martin) | Principal Project Officer, Clinical Governance, Office of the Chief Psychiatrist, MHOADB |
| | Janelle Bowra | Nursing Unit Manager, Metro South HHS |
| | | Consumer Carer Representative |
| | Laura Johnson | SW AETRS Project Officer, MHSS West Moreton HHS |
| | Alison Jansen | Member and Community Relationships and Training Coordinator, Mental Illness Fellowship Queensland |
| | Michelle Fryer | A/Director, CYMHS, Gold Coast HHS |
| | Naysun Saeedi | Clinical Director CYMHS, Cairns HHS |
| | Raymond Ho | Clinical Services Program Manager, Metro South Addiction and Mental Health Service, Metro South HHS |
| | Vanessa Clayworth | A/Nurse Unit Manager, Barrett Adolescent Centre |
| Apologies: | Janet Martin | Manager, Clinical Governance Office of the Chief Psychiatrist, MHAODB |
| | Kimberly Curr | A/Manager, CYMHS Toowoomba HHA |
| | | Consumer Representative |
| | Sean Hatherill | Child Psychiatrist, CYMHS Metro South HHS |
| | Shannon March | Consultant, CYMHS Toowoomba HHS |
| | Stephen Stathis | Clinical Director, CYMHS CHQ HHS |

Children's Health Queensland Hospital and Health Service

The purpose of this Workshop is to explore the current and future service options for adolescent mental health extended treatment and rehabilitation in Queensland.

The aim of this platform of services is to provide medium term, recovery-oriented treatment and rehabilitation for young people aged 13 – 17 years with severe and persistent mental health problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development

The target group:

- 13 - 17 years, with flexibility in upper age limit depending on presenting issue and developmental (as opposed to chronological) age.
- Severe and persistent mental health problems that significantly interfere with social, emotional, behavioural and psychological functioning and development.
- Treatment refractory/non responsive to treatment - have not been able to remediate with multidisciplinary community, day program or acute inpatient treatment.
- Mental illness is persistent and the consumer is a risk to themselves and/or others.
- Medium to high level of acuity requiring extended treatment and rehabilitation.

| Workshop Agenda | | |
|-----------------|---|----------------|
| Time | Item | Action Officer |
| 10.30am | Morning Tea and Welcome | LG |
| 10.45am | Introductions and Apologies Statement of Conflict/Interest | LG |
| 10.55am | Session 1 – Current Service Options, including: <ul style="list-style-type: none"> • Geography • Exclusion criteria • Referral Source • Pathways in and out • Length of Stay • Treatment Modalities • Skills required • Environment of delivery Exploring the current strengths and weaknesses of the service options, and any gaps in the referral interface between service options. | LG IA LJ |
| 12:15pm | Lunch | All |
| 12:45pm | Session 2 – Future Service Options, including: <ul style="list-style-type: none"> • What could be included to provide a more comprehensive model of service to adolescents? • What evidence-based, best practices should we consider or research? • What are our counterparts in other states and countries doing? • What are appropriate service standards and benchmarks? | LG IA LJ |

Children's Health Queensland Hospital and Health Service

| Workshop Agenda | | |
|-----------------|--|-----------------|
| Time | Item | Action Officer |
| 2:15pm | Afternoon Tea, where we will be joined by: <ul style="list-style-type: none"> • Dr Peter Steer, Health Service Chief Executive, CHQ HHS • Lesley Dwyer, Health Service Chief Executive, West Moreton HHS • Sharon Kelly, Executive Director, Mental Health and Specialised Services, West Moreton HHS • Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch | All |
| 2:30pm | Workshop Debrief <ul style="list-style-type: none"> • Review of service options – current and future • Where to from here? • Next meeting | All IA IA |
| 3.00pm | Workshop Conclusion | |

Forum Evaluation

SW AETR Service Options Implementation Working Group

Forum: Tuesday 1st October 2013

Number of respondents to each question indicated below:

| | Strongly disagree | Somewhat disagree | Neither agree or disagree | Somewhat agree | Strongly agree |
|---|-------------------|-------------------|---------------------------|----------------|----------------|
| I found the Service Options Forum valuable | | | | 1 | 2 |
| I will leave the Forum with new ideas and knowledge | | | | 1 | 2 |
| The forum provided opportunity to share ideas and learn from other coordinators | | | | | 3 |
| The Forum was well organised | | | | | 3 |
| My contributions to the Forum were valued | | | | | 3 |
| The Forum sessions were relevant and useful | | | | 1 | 2 |

Please provide a response to the following questions:

What was the most valuable part of the Forum?

1. Having participants from a variety of background both from within health and outside, and including carer representation, was very valuable and from a variety of
2. Getting together to share our unique skill sets and knowledge as a state wide group.
3. The group work discussion with the poster notes.

What was the least valuable part of the Forum?

1. The tier model, as put up at the meeting, did not reflect the 'real life' situation and experience – some input into this by CYMHS, before the meeting, so that a more accurate model was in place would have been helpful and allowed the discussion to be more targeted to the actual agenda issues.
2. Nil
3. Nothing comes to mind

Other comments:

1. Thank you for the timing and lunch etc. which facilitated easier attendance for those travelling.
2. I was interested in the answer from Bill regarding the political agenda and it sounded like a residential aspect to the models was a given politically. It may have been helpful from the outset to have had this in our discussions, or confirmation that this is a given?
3. Some whole group discussion can be beneficial .Brainstorming as a whole group may save time. Chair did a great job.

THANK YOU!

20131001 Working Group Forum Notes

Conflict of interest – only one was Michelle

Operational funding at about \$2m

Beds are an important part of the continuum

Tier structure is not useful as it infers linear progression
Acute stands out from this.

Target group – only states mental health – doesn't specifically state alcohol and other drugs – needs to be included in definition

Barrett doesn't focus on dual diagnosis

Working collaboratively has its issues.

Needs to be working toward an inclusive society – involvement of families also; develop their strengths and empower them.

Gaps

Awareness of each others functions: CYMHS to Primary care and NGOs

Insufficient school resources for target group

AOD service provision in MH

Family / carer services to occur in parallel to adolescent

Intensive outreach (mobile)

Day programs

Step down service for inpatient units

Respite and accommodation options for families and adolescents

Referral services: disengage from medium to long term services

Accessibility across the state

Does a bed service cater for statewide needs?

Have we considered our partners (outside QH) and their contributions?

Interagency oversight of complex needs – statewide across service continuum? Respond to gaps at a local level

Complex needs panel?

Do the deficits in primary care create the need for escalated service tiers? Need to exhaust Tier 1, 2 and 4 before children go into Tier 3 – look at intensive outreach

Eating disorder model from the Gold Coast avoids hospital stays

Treatment model from Townsville avoids hospital stays

Look at evidence base to see the type of people that are put into institutional care – once introduced to the environment of Tier 3, they develop attachments

Gaps in Mater model of ADAWS to Tier 3 – day program that works but are occasions where they need a step higher

Cairns – no day program and limited services; if regions had day programs then the need for Barrett would be reduced

Considerable unmet need – need to define the numbers

If it is being done differently in other regions, what are the long term outcomes?

Townsville commented that there are better outcomes since they established the Day Program

How many do we need at each tier? How much can we not afford to establish?

If there is no tier 3 or reduced version – have an oversight committee to assess people

Would you ever consider institutionalising an adolescent today (if Barrett didn't exist)?

Two types of cohorts:

1. No family to return to (argument is the adolescent is 'not ours' – set up a community model looking at NGOs, foster model, etc.)
2. Pro-dromal (before syndrome starts) (Early-onset of severe mental illness) – need specialised mental health care (could it be an extension of acute services???)

Raymond: categorising the services creates disjointed services – rather create a coordinated assessment on a case by case

Split CYMHS out of Tier 1 and move into Tier 2

Partnership with other departments – develop a joint venture?

Barrett is different to Evolve (which is in partnership with child safety) – admission criteria is quite different


Need to look at inclusion versus exclusion criteria

Naysun: If we did look at a residential option then they need to be highly specialised, include medication, etc.

Next Steps

- Written submissions from current BAC parents/carers
- Have also approached BAC clinicians about whether to seek adolescent/consumer input
- Research existing models and disseminate
- Collate all information and distribute for review
- Forum 2 – review a consolidated plan to be implemented
- Other working groups are looking at costing and staffing profiles (skills, expertise, and contestability) for current and future service models
- Define implementation schedule – what and when

Sharon: proposed to send a letter to consumers/parents on the waiting list – highlight where things started to go wrong/disengaged, what needs were not being met when they first went to seek help?



Statewide Adolescent Extended Treatment and Rehabilitation Service Options Implementation Working Group Forum

Ingrid Adamson and Deb Miller **Children's Health Queensland**

Laura Johnson, Berni Holland and Leanne Geppert **West Moreton HHS**

Outline

1. Getting to this point – the history
2. ECRG recommendations
3. Our tasks for today
4. Guiding principles for today

Getting to this point...

Queensland Plan for Mental Health 2007-17

- Whole-of-Government document to guide reform and development of mental health services in Queensland:
 - Defines the number and type of mental health staff to be ‘grown’;
 - Identifies priority areas e.g., perinatal mental health;
 - Identifies where new service models and facilities should be provided in Qld;
 - Associated with a 2-stage funding process through Queensland Government. **Only Stage 1 funded to-date.**
 - Likely to be revised in association with QMHC.
- http://www.health.qld.gov.au/mentalhealth/abt_us/qpfmh/08132_qpfmh07.pdf

Barrett Adolescent Centre

- Stage 1 of QPMH: replace BAC
 - BAC building at The Park, WM HHS not meeting building standards and to be decommissioned
 - The Park to become an adult only, secure and forensic mental health facility by 2014
 - Plan to develop contemporary service model for adolescent extended treatment and rehabilitation
- QPMH funding to build new adolescent service at Redlands
- Capital works at Redlands ceased 2012
 - Unresolvable environmental and building issues associated with the site at Redlands
 - Capital funding provided through Stage 1 of QPMH was redirected
 - Operational funding retained

Barrett Adolescent Strategy

- WM HHS commenced statewide Barrett Adolescent Strategy
 - Planning Group & Expert Clinical Reference Group December 2012
 - Comprehensive communication strategy
 - 7 Recommendations submitted May 2013
 - Ongoing consultation with Minister for Health, DoH, QMHC, DETE, CHQ
 - 7 Recommendations accepted
 - Announcement 6 August 2013
<http://www.health.qld.gov.au/westmoreton/html/bac/>
 - CHQ to assume governance of new service options and statewide project
 - Today's Forum is part of the statewide project

From the ECRG...

The target group:

Young people aged 13 – 17 years with severe and persistent mental health problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development.

- Treatment refractory/non responsive to community and/or acute inpatient treatment
- Mental illness is persistent and consumer is a risk to themselves and/or others
- Medium to high level of acuity requiring extended treatment and rehabilitation

From the ECRG cont'd...

Four tiers of service options:

- 1 Community Child & Youth Mental Health Services (existing)
- 2a Adolescent Day Programs (existing and new)
- 2b Adolescent Community Residential Rehabilitation (new)
- 3 Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new)
- 4 Acute adolescent inpatient units (existing)

From the ECRG cont'd...

- 7 Recommendations
 - emailed with agenda

Tasks for Today

- Session 1 (before lunch)
 - In groups, we will use our knowledge and experience to detail the current service options available in Qld for the target group
- Session 2 (after lunch)
 - In the same groups, we will identify the gaps in current service options, and define opportunities for new/future service options for the target group
- Debrief (following afternoon tea)
 - Peter, Lesley, Sharon and Bill will join us
 - Feedback ideas to the larger group

Guiding Principles for today

1. Remember the target group
2. Remember our service partners – QH should not be the only part of the puzzle
3. Confidentiality and privacy of today's documentation, participants and content of discussion
4. Think more broadly than your own service and your own geographical area – you are representing a wide range of service types and areas today
5. We are not starting from scratch – build on the ECRG information
6. This is not an invention test – draw on the work of other jurisdictions and your experience / knowledge of other health models

Guiding Principles for today cont'd...

7. Think across the service continuum – this is not just about beds
8. Rely on our core principles and goals of least restrictive care, the Recovery Framework, integrated care, consumer and family-centred service models, more local and accessible services, etc
9. There is currently no identified source of capital \$ to build an inpatient unit
10. Today is not about defining budgets or staffing profiles, but feasibility around both cost and staffing is important
11. Education will develop a model/s that will support our model/s
12. Park any unresolvable issues/barriers that arise today

The task explained...

- As 4 groups, we will rotate through each 'station' and use post-it-notes to provide content against the 4 tiers of service delivery
 - Session 1 : describe **current service options**
 - Session 2 : suggest **new or expanded service options**
- Each group has their own colour of post-it-notes to leave on the walls (WHITE is for Session 2 only)
- Ingrid, Laura, Deb and I will work with a group each, and Berni will time keep
- Each 'station' has a parking lot for problems/barriers

Let's start...

1. Find your group – 2 or 3 others with the same colour sticker on their name tag
2. Identify a 'team leader' who will feedback key issues at the final part of the day
3. Move to one of the stations on the wall as a group
4. Berni will let us know when to move to the next station
5. QUESTIONS?

Ingrid Adamson - Service Options Working Group - Statewide Adolescent Extended Treatment and Rehabilitation (AETR) Strategy

From: Ingrid Adamson
To: SW AETR Working Group 1 Service Options
Date: 16/10/2013 5:30 PM
Subject: Service Options Working Group - Statewide Adolescent Extended Treatment and Rehabilitation (AETR) Strategy
CC: Stephen Stathis
Attachments: AETR Service Options Data_Final.doc

Good Afternoon,

Thank you once again for your time at the Service Options Forum on the 1st October. We have now consolidated all of your 'post it note' contributions into the attached document and again would like to thank you for your energy and participation in that exercise.

We have subsequently distilled your contributions into the following key dot points, which we believe will greatly assist us in shaping the future AETR service options:

- More efficient utilisation of existing mental health (MH) services and resources
- Greater education and awareness regarding the MH services available, especially for primary care providers, carer representatives, and families
- Greater family support and involvement in MH care plans and interventions
- Inclusion of dual-diagnosis services for co-morbid alcohol and other drug problems
- Stronger linkages to adult MH services in so far as to ensure smooth transition from adolescent MH services
- Redirection of current resources (e.g. BAC operational funding) into future service enhancements
- More assertive outreach and mobile service options over extended hours
- Need for a multi-disciplinary clinical care review team to assess consumer needs and refer to the most appropriate service options to meet those needs

One issue identified during the forum was the need for services for 18 to 25 year olds with mental health problems not deemed appropriate for adult MH services, however, this is unfortunately out of scope of this initiative.

Now that we have this information, we would like to test this against four scenarios to better understand how these would be managed currently within your HHS. We are also interested in hearing about the strategies you would implement to provide improved clinical care for these scenarios into the future. This could include better use of current resources or the use of additional resources you believe could be supported within your local area. These scenarios will be sent to you in a separate email.

In the meantime, if you have any questions or further feedback, please feel free to contact me.

Warm regards,
Ingrid

Ingrid Adamson
Project Manager - SW AETR
Office of Strategy Management

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

Level 1, North Tower
Royal Children's Hospital
HERSTON QLD 4029
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West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy July 2013

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

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

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

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

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

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

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

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

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 "<i>Band 7</i>" 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 |
|--|---|
| <p>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> | <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 |
|--|--|
| <p>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> | <p>Accept with the following consideration.</p> <p>Note that this service could be provider agnostic.</p> |
| <p>b) Governance should remain with the local CYMHS or treating mental health team.</p> | <p>Accept.</p> |
| <p>c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.</p> | <p>Accept.</p> |

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 [REDACTED] 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 [REDACTED] are opened and available to consumers and their families/carers. | Accept. |

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West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health Service



Media Statement

6 August 2013

Statewide focus on adolescent mental health

Statewide governance around mental health extended treatment and rehabilitation for adolescents will be moving to Children's Health Queensland.

West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive Dr Peter Steer today said adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

Ms Dwyer said the young people who were receiving care from Barrett Adolescent Centre at that time, would be supported to transition to other contemporary care options that best meet their individual needs.

She said West Moreton Hospital and Health Service had heard the voices of staff, consumers and their families, and engaged an expert clinical reference group over the past eight months.

"After taking into consideration the recommendations of the expert clinical reference group and a range of other key issues in national and state mental health service delivery, the West Moreton Hospital and Health Board determined that the Barrett Adolescent Centre is no longer an appropriate model of care for these young people," Ms Dwyer said.

"The board also determined that a number of alternative models will be explored over the coming months under the leadership of Children's Health Queensland.

"It is important to put the safety and individual mental health needs of these adolescents first by providing the most contemporary care options available to us in the most suitable environment.

"It is time for a new statewide model of care. We are also striving to provide services closer to home for these young people, so they can be nearer to their families and social networks," Ms Dwyer said.

Dr Steer said as part of its statewide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care.

“This means that we will work closely with West Moreton HHS as well as other hospital and health services and non-government agencies to ensure there are new service options in place by early 2014,” Dr Steer said.

“This model of care may include both inpatient and community care components.

“Understanding what options are needed has already begun with the work of the expert clinical reference group, and now we can progress this further and implement the best options for these young people,” he said.

“This is a positive step forward for adolescent mental health care in this state,” Dr Steer said.

To view the expert clinical reference group recommendations visit
<http://www.health.qld.gov.au/westmoreton/html/bac/>

ENDS

Media contact:

West Moreton Hospital and Health Service [REDACTED]
Children’s Health Queensland - [REDACTED]

West Moreton Hospital and Health Service
Children's Health Queensland Hospital and Health
Service



**Queensland
Government**

What is the Barrett Adolescent Centre (BAC)?

Barrett Adolescent Centre is a 15-bed inpatient service for adolescents requiring longer term mental health treatment. It is currently located within The Park – Centre for Mental Health campus. The Park will be a secure forensic adult mental health facility that provides acute and rehabilitation services by December 2013.

This ongoing redevelopment at The Park means this is no longer a suitable place for adolescents with complex mental health needs.

What is happening to BAC?

Barrett Adolescent Centre will continue to provide care to young people until suitable service options have been determined. We anticipate adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

An expert clinical reference group has determined that adolescents require specialised and appropriate care options where they can be as close as possible to their community, families and support systems. West Moreton Hospital and Health Service will work closely with hospital and health services across the state, as well as other mental health care providers to ensure appropriate care plans are in place for all adolescents who require care.

We will also work together with the community and mental health consumers to ensure their needs are met.

Who was in the expert clinical reference group?

Members of the expert clinical reference group comprised adolescent mental health experts from Queensland and interstate, a former BAC consumer and the parent of a current BAC consumer.

What will happen to the consumers currently being treated at BAC?

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require. The goal is to ensure our youth are cared for in an environment that is best suited for them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

Care coordinators and clinicians will work closely with the consumers, families and services to ensure that the appropriate care and support is provided for them.

What happens if there are not enough spaces for young people in other services?

The implementation group will consider all the available services and any extra services that might be required to support this particular group of adolescents.

What will happen to the young people currently waiting for a place in BAC?

Each individual adolescent that has been referred to the BAC and is currently on the waiting list for care will be considered on an individual basis. Clinicians will work with local and statewide services to determine how their needs can be best met in a timely manner.

How can the Queensland Government know this is the best option for the young people of the state?

This decision has been carefully considered and the recommendations made by an expert clinical reference group. The expert clinical reference group considered a range of options and recommended a number of strategies to better support the adolescent needs. These strategies will include both inpatient and community based services.

What is the process, and how long will it take, to transfer the existing consumers to other services or facilities?

The governance of the adolescent mental health service has been handed to the Children's Health Queensland Hospital and Health Service and an implementation group will progress the next step. This group will use the expert clinical reference group recommendations, and broader consultation, to identify and develop the service options.

We anticipate that some of those options will be available by early 2014.

Is this a cost cutting exercise?

No, this is about the safety and wellbeing of young Queenslanders in need of mental health support services and treatment. The Queensland Government has committed a further \$2 million dollars to support the new models of care and services.

What happens to the funding previously allocated to BAC?

Funding that would have been allocated to BAC will be dispersed appropriately to the organisations providing the new services or treatment as part of the implementation group decision making.

Will jobs be lost?

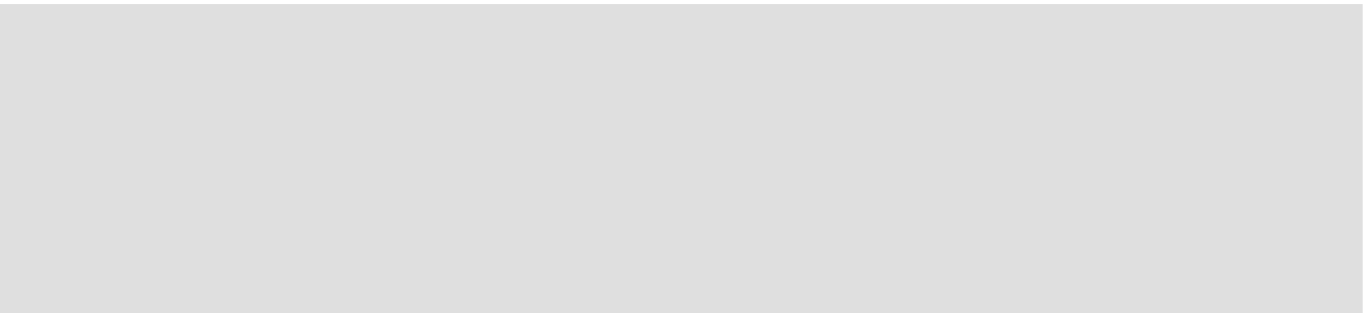
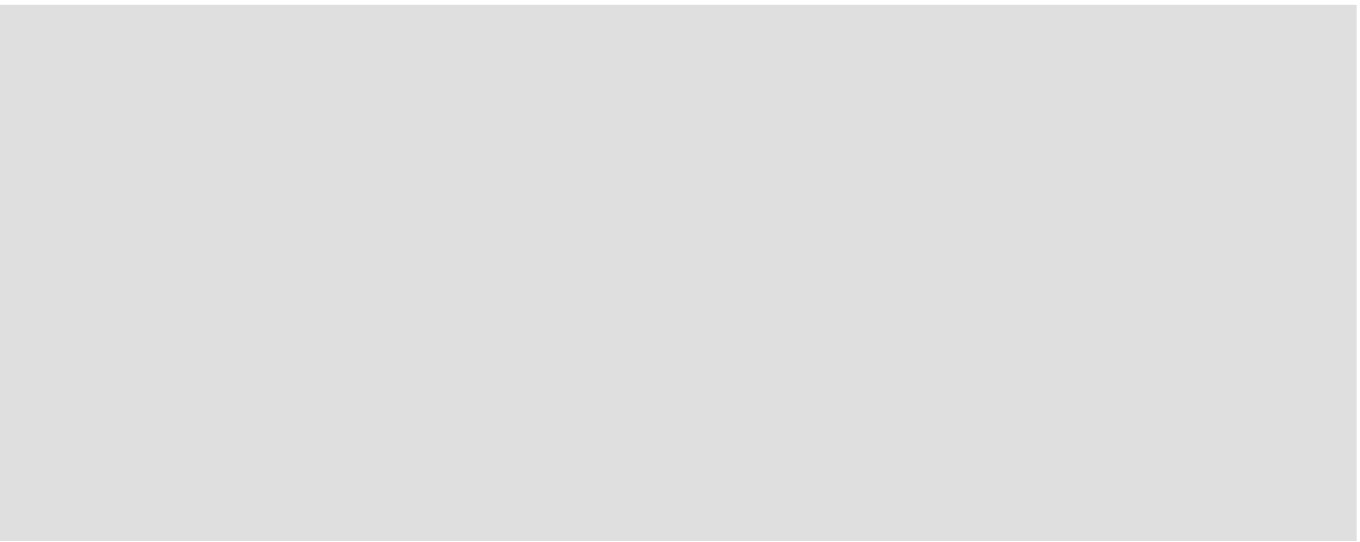
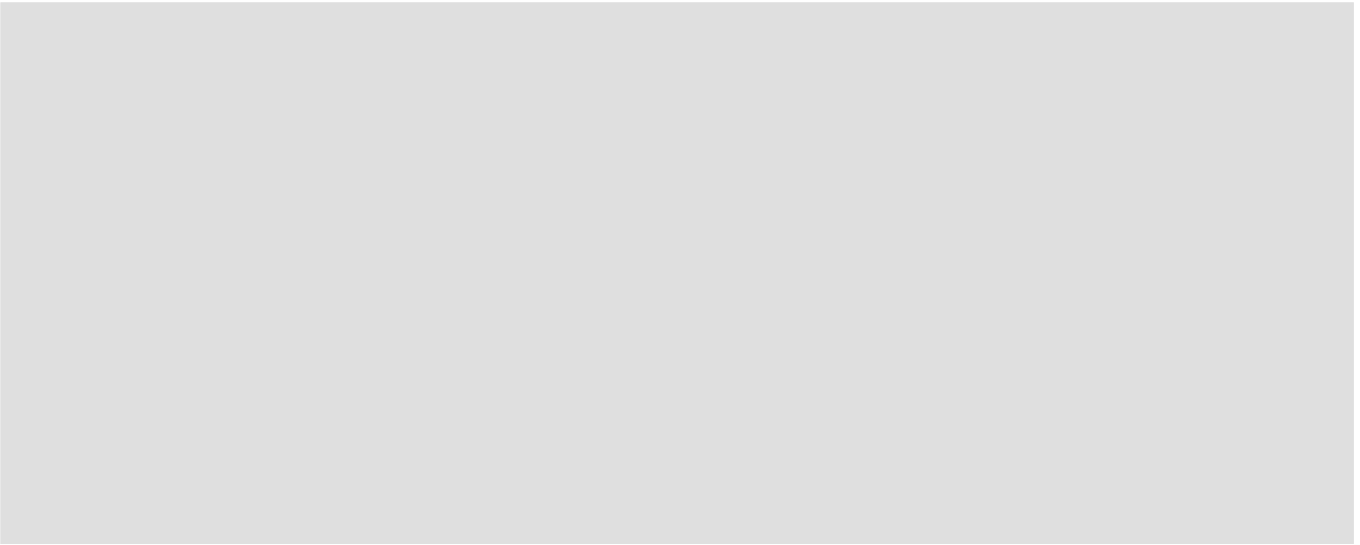
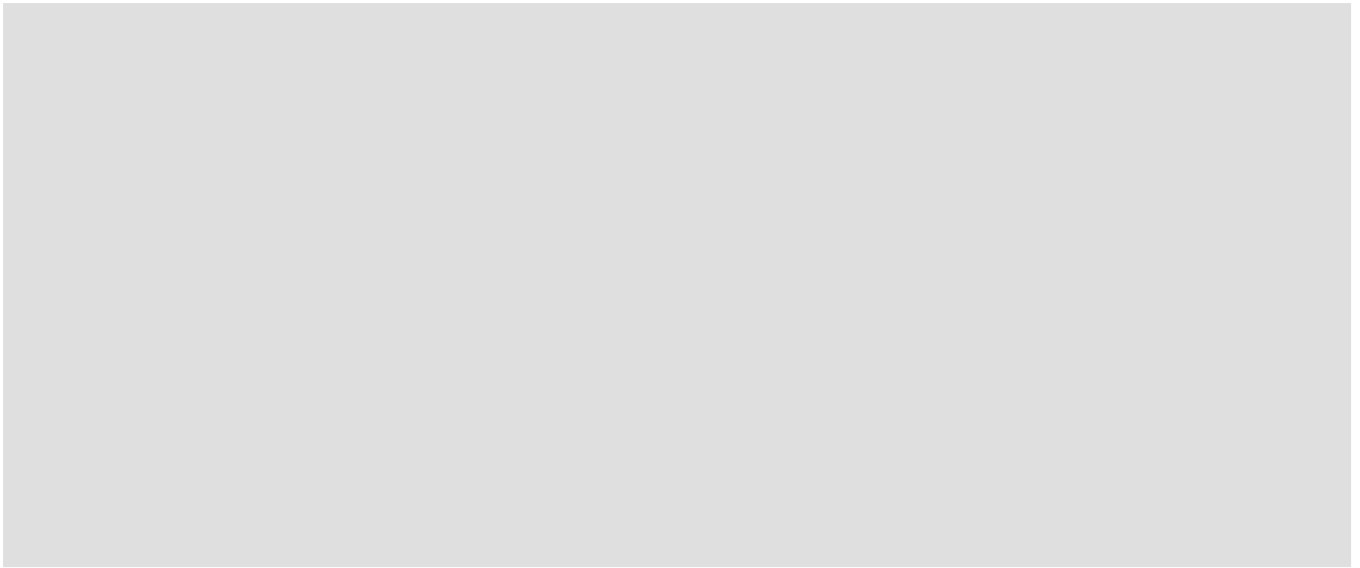
West Moreton Hospital and Health Service will work closely with each individual staff member who is affected to identify options available to them. The hospital and health service is committed to following appropriate human resource processes.

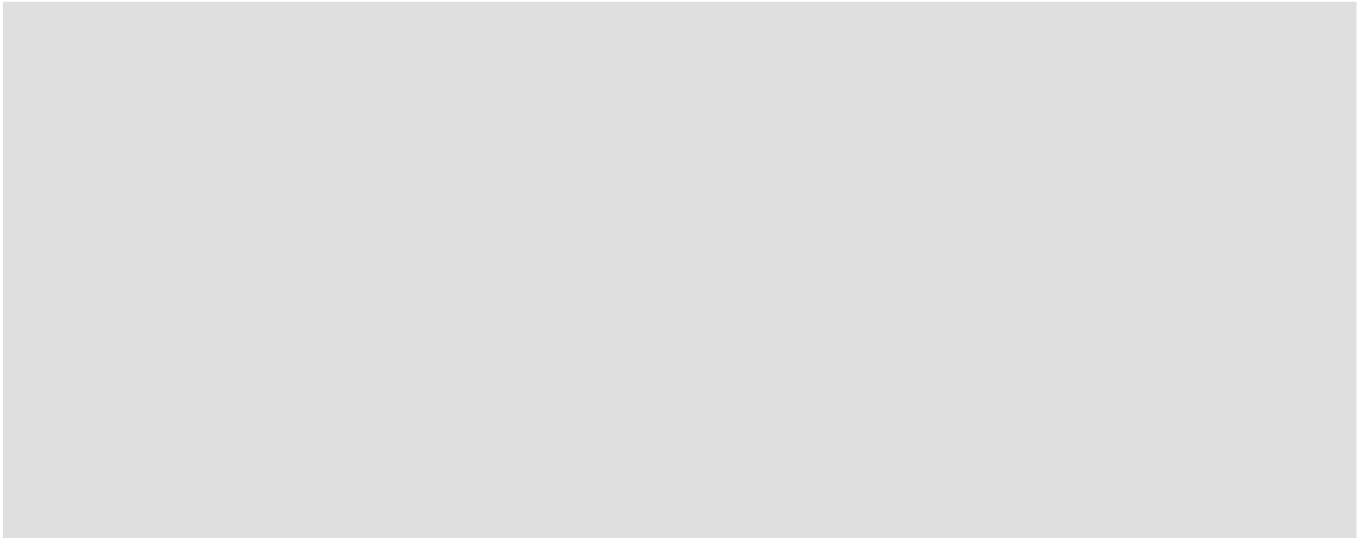
What about the education services?

The Department of Education, Training and Employment is committed to continuing education plans for all BAC consumers.

How can I contribute to the implementation process?

The implementation group will include on their membership a range of stakeholders inclusive of families, carers and consumers. As the strategies are developed ongoing consultation will occur to ensure the best possible care for our adolescents in the most appropriate setting.





Action Items from Meeting

Set up the next Steering Committee Meeting at the MHAODB and at 9am to 10.30am for the next one – Laura to arrange room; Ingrid to adjust agenda

Leanne to finalise minutes from last meeting

Ingrid to contact Paul re meeting with [REDACTED] before next meetings

Berni to construct calendar of meetings:

- Steering Committee is fortnightly
- CHQ board last Thursday of the month (26th)
- WM HHS board is last Friday of the month (27th)
- Mental Health Cluster ED forum ?

Working Group 3

Ingrid to send email to Leanne outlining who from CHQ will be on WG, including titles – to encourage them to push up the level of representation.

Leanne then to speak to Sharon re Chair and Membership

Berni to organise a meeting with Leanne, Sharon, Alan, Di Woolley, Ingrid and Laura (at Wacol, preferably 9am or 9.30am)

Laura to follow up MHAODB reps – from Marie Kelly and Kristin Breed

Then start data collation process

- Deb has received email from Bill Kingswell – will circulate
- Leanne to progress financial data collection with WM HSS

Working Group 2

Determined that this panel will base decision making on a case by case basis based on clinical need

Leanne to contact Nadia regarding panel and removal from Working Group

Leanne to follow up current BAC data from Sharon

Laura to draft a reporting format for the Steering Committee; Oversight Committee; and potentially the boards; to include:

- Overview of current consumers and wait list, including by age, where they are going to, discharge plan in time
- Status on communication activities
- Risks
- Any perceive pressure points to other services,

Working Group 1

Ingrid to:

- FUP Toowoomba ladies and Ian Williams
- Invite Jacki Bartlett, MHAODB – to represent while Janet is away
- Invite [REDACTED] (let her know we have a consumer as well)
- Invite Amelia, Headspace
- FUP Amanda, Mater Hosp – re representative from Day Unit Program
- FUP [REDACTED] – speak to Paul

Leanne to invite Emma from MHAODB

Project team to review current service model information in preparation for workshop

Ingrid to provide Deb with a copy of these

Further Research

Following the workshop, conduct further research into adolescent service models in:

- New Zealand
- Canada
- UK

Problem Definition:

Socio-economic – education, income, opportunities, access

Community capacity – population, community support

Health behaviours – beliefs, knowledge

Look at:

Continuum of care

Legislative requirements

Inter-relationships – government and non-government

Utilisation rates

Episode by End Status

Change of service type

Referred to other provider

Transferred

No referral required

Declined service – no referral

Declined service – referred on

Lost

Providers

CYMHS

CFTU Consultation Liaison

MHU

CCT

Future Families

Koping

Yeronga

Access Team

Eating Disorders

Recovery and Resilience

Evolve

C&Y Forensic Outreach Service

Prison MH Service

Department of Communities, Child Safety, Disabilities, Housing, Education, Justice

SERVICE OPTIONS WORKING GROUP

WORKSHOP – 1ST OCTOBER

Agenda

10.15am coffee and welcome
10.45am Session 1 – current state
12.15pm lunch (30mins)
12.45pm Session 2 – future service options
2.15pm Afternoon tea
2.30pm debrief with Peter Steer and Lesley Dwyer
3pm Conclude

Send to participants:

- Background information about the project
- Definition of the target group from ERCG group (Leanne to provide)
- Purpose of the workshop: understanding the elements existing service options for Adolescent Extended Treatment and rehabilitation identify new service options where there are gaps
- Do we also want to send participants a list of the tiers of service and focus areas so they can start thinking about this before the workshop, in terms of current vs. future state?

Ground Rules

- Scope is defined target group
- The exercise is provider agnostic – focus is on service options, not who provides them, now or in the future
- Park issues and barriers as they arise and keep moving
- Explain why finance and HR are being kept separate from today's discussion – no identified source of capital funding; not saying that there will never will be (could look at other options, e.g. NGOs or lease, etc.).
- Berni will be time keeper to keep things moving

Facilitation

Break the room up into 4 groups: Leanne, Laura, Deb and Ingrid assigned to a group each

- Group 1 – Community and NGOs (primary carers and outpatients)
- Group 2 – Day programs and residential
- Group 3 – inpatient extended treatment and rehab
- Group 4 – Acute services

CURRENT STATE

Focus Areas for service options

- Geography
- Exclusion criteria
- Referral Source
- Pathways in and out
- Length of Stay
- Treatment Modalities
- Skills required
- Environment of delivery

Additional information:

- Where/what are the strengths?
- What are the weaknesses?

- What are the problems/issues with current state?
- What consumer needs are not currently being met? (aside from volume)
- What are the gaps in the interface between service options?

FUTURE STATE

What would you include to make services more comprehensive for adolescents?

What are others (overseas, interstate, etc.) doing that you have seen/liked?

Is there any evidence-based, best practice you know of that we should refer to?

What are appropriate service standards/benchmarks?

Propose case studies to workshop future state...four case examples (**Leanne to construct**)

- 2 x Males / 2 x Females
- Ages: 14, 15, 16, and 17
- Location: Gold Coast, Mareeba, Roma, Gladstone
- Diagnosis: School refusal/anxiety; trauma history; substance abuse history;
- Mix between low socio-economic and wealthy
- Other?

Once we have a list, can we prioritise/evaluate the “new/enhanced” options?

If we have time, consider the Threats, Weaknesses and Opportunities of the solutions proposed:

- Engagement of stakeholders
- Development of staff / organisational design
- Management of consumer information
- IT systems needed to support services
- Assets/facilities needed to support services
- Governance (accountability) – financial, legal, controls, security, privacy, audit
- Are there any legislative restrictions to change services

FACILITATOR CHEAT SHEET

Current State

- Pathway in and out include stepping up and down from another service option; as well as stepping in or out based on age (from paed to adult services)
- Environment of delivery = should the service be co-located with other service types, e.g. hospital, outpatient, headspace, etc.
- Prompt for non-clinician involvement – could this be done by someone else other than clinicians
- Re day program + residential – be conscious we might have to separate out the two and work on residential in future state
- Rotate groups and facilitators – facilitators go one way and groups go the other
- Keep an open mind but within the realms of what could be reasonably be funded

RESOURCES

Blue tack

5 colours of post it notes – future state in white (one coloured and one white book per participant)

Focus areas printed up on A4 paper

Pens

| Tier | Element | Grp | Ideas | State |
|--------|----------------|-----|---|---------|
| All | All | B | Transition Unit - step up, step down | Future |
| All | All | G | AOD and dual diagnosis services for adolescents with capacity for family as well as individual intervention across all tiers/need levels | Future |
| All | All | G | Family support and intervention including but not limited to family therapy across all levels | Future |
| All | All | G | Capacity to assist in education / upselling others in the life of a young person, e.g. parents, carers, teachers, school nurse, youth justice, child safety | Future |
| All | All | G | CYMHS intake specialist assessment and collaborative determination (with family) for best service options along the continuum to meet needs | Future |
| All | All | y | Need service for 17 - 25 year olds | Future |
| All | All | Y | Need service for 18 - 25 year olds with borderline personality and other disorders not deemed serious enough for Adult Services | Future |
| Model | All | G | Primary carers manage mild to moderate and CYMHS/Evolve for increased severity or complexity | Future |
| Model | All | B | Reflect MH continuum - Mild/moderate to Moderate/Severe | Gap |
| Model | All | GY | AOD missing from service options | Gap |
| Model | All | P | Tier 3 comes after Tier 4 | Gap |
| Tier 1 | All | | COPMI | Gap |
| Tier 1 | Environment | B | Youth Hub | Current |
| Tier 1 | Environment | B | Colocation of services | Current |
| Tier 1 | Environment | B | Private Practices | Current |
| Tier 1 | Environment | B | Community health services | Current |
| Tier 1 | Environment | B | Mobile (few) | Current |
| Tier 1 | Environment | B | Some youth friendly housing, instep | Current |
| Tier 1 | Environment | G | Future proofing has resulted in MG being delivered in medical settings | Current |
| Tier 1 | Environment | Y | Mind Matters School | Current |
| Tier 1 | Environment | Y | Church Groups | Current |
| Tier 1 | Environment | Y | School | Current |
| Tier 1 | Environment | B | CNAP - complex needs assessment panel (multi-sector involvement) | Future |
| Tier 1 | Environment | B | Integrated with adults? | Future |
| Tier 1 | Environment | B | Youth Acute Care Teams | Future |
| Tier 1 | Environment | B | Sth Melbourne - enhanced CYMHS model (AOD, personality, d/o emerging) | Future |
| Tier 1 | Environment | B | Seamless service across AOD+MH, Adult to Child, primary care to tertiary care | Future |
| Tier 1 | Environment | B | GP access to C&Y psychiatrists to support management at a local level - outside of CYMHS | Future |
| Tier 1 | Environment | B | WA - 3 pilot Youth Reach sites | Future |
| Tier 1 | Environment | B | Youth Link - unable/unwilling to engage with MH service - caters for 13-24 yo with serious MH and/or complex social issues | Future |
| Tier 1 | Environment | BP | Mobile intensive out reach to community, homes, & EDs in and out of hours | Future |
| Tier 1 | Environment | G | Integrated care coordination with other tiers | Future |
| Tier 1 | Environment | P | Home based service delivery | Future |
| Tier 1 | Environment | P | Milwaukee Wrap Around partnerships | Future |
| Tier 1 | Environment | P | Single file for NGO/Govt | Future |
| Tier 1 | Environment | P | Frequent contact | Future |
| Tier 1 | Environment | PB | Extended hours | Future |
| Tier 1 | Environment | YP | More outreach services | Future |
| Tier 1 | Exclusion | B | Most Headspace won't accept court referrals (e.g. non-voluntary clients) | Current |
| Tier 1 | Exclusion | B | Mental Health Care Plan eligibility | Current |
| Tier 1 | Exclusion | B | ATAPS eligibility | Current |
| Tier 1 | Exclusion | B | Too acute / high risk / complexity | Current |
| Tier 1 | Exclusion | B | MHNI | Current |
| Tier 1 | Exclusion | G | Referred from 1 degree care to CYMHS | Current |
| Tier 1 | Exclusion | G | CNAP - complex needs assessment panel | Current |
| Tier 1 | Exclusion | Y | Relationship issues | Current |
| Tier 1 | Exclusion | B | MHNI - unfreeze the incentive | Future |
| Tier 1 | Exclusion | Y | Missed/cancelled appointments - review the process | Future |
| Tier 1 | Geography | B | Some not limited to catchments, e.g. headspace, GPs | Current |
| Tier 1 | Geography | B | Headspace - gold coast, warwick, cairns, townsville, nundah, Inala, Ipswich, Mackay, Maroochydoor | Current |
| Tier 1 | Geography | B | e-Headspace - Australia wide | Current |
| Tier 1 | Geography | B | Accessible in certain areas of Brisbane | Current |
| Tier 1 | Geography | B | MFQ - Phams, Youth Hub | Current |
| Tier 1 | Geography | Y | e-CYMHS rural & remote - provide GP liaison | Current |
| Tier 1 | Geography | Y | ATAPS | Current |
| Tier 1 | Geography | B | Headspace coming - Brisbane CBD, Mt Isa, Redcliffe, Rockhampton, Logan, Indooroopilly | Future |
| Tier 1 | Geography | B | Increase accessibility in remote areas | Future |
| Tier 1 | Geography | P | Amalgamate Evolve and CYMHS | Future |
| Tier 1 | Length of Stay | B | ATAPS - 6+6+6 | Current |
| Tier 1 | Length of Stay | B | NGOs vary with state funding | Current |
| Tier 1 | Length of Stay | B | GPs - ongoing (some items capped) | Current |
| Tier 1 | Length of Stay | B | MBS - 6+4 sessions | Current |
| Tier 1 | Length of Stay | B | Increase flexibility | Future |
| Tier 1 | Length of Stay | B | Base on clinical needs | Future |
| Tier 1 | Pathways | B | Severe and complex mental health issues | Current |
| Tier 1 | Pathways | B | Out: CYMHS, GPs, Paeds, Private psychs, OTs, physios, adult MH, MH nursing | Current |
| Tier 1 | Pathways | BY | In: self referral, carers, GPs, psychs, school, Paeds, CYMHS, EDIs, counsellors, etc | Current |
| Tier 1 | Pathways | G | ATAPS | Current |
| Tier 1 | Pathways | Y | YETI in Cairns | Current |
| Tier 1 | Pathways | Y | Centacare | Current |
| Tier 1 | Pathways | Y | Mission Australia | Current |
| Tier 1 | Pathways | G | Need disability service | Future |
| Tier 1 | Pathways | P | Management of eating disorders | Future |
| Tier 1 | Pathways | P | Effective inter-agency (Govt/NGO) collaboration | Future |
| Tier 1 | Pathways | P | Consistency across HHSs | Future |

| | | | | |
|--------|-----------|----|--|---------|
| Tier 1 | Pathways | Y | Identification of support services | Future |
| Tier 1 | Pathways | Y | Greater utilisation of private practitioners | Future |
| Tier 1 | Pathways | Y | Need to reach Centrelink, Social Workers, UTLAHA | Future |
| Tier 1 | Referral | B | Family members | Current |
| Tier 1 | Referral | B | Peers | Current |
| Tier 1 | Referral | B | MI Networks | Current |
| Tier 1 | Referral | B | MIFQ | Current |
| Tier 1 | Referral | G | Child Safety | Current |
| Tier 1 | Referral | G | HOF - Helping Out Families | Current |
| Tier 1 | Referral | G | Vocational Services - INSTEP | Current |
| Tier 1 | Referral | Y | Seasons for change | Current |
| Tier 1 | Referral | Y | Drug & Alcohol - ADOURES | Current |
| Tier 1 | Referral | Y | Hot House | Current |
| Tier 1 | Referral | Y | Consumer advocates | Current |
| Tier 1 | Referral | Y | GP | Current |
| Tier 1 | Referral | Y | Guidance Officers | Current |
| Tier 1 | Referral | Y | Schools - exclude troubled children | Current |
| Tier 1 | Referral | Y | School mental health nurses | Current |
| Tier 1 | Referral | Y | Ed links | Current |
| Tier 1 | Referral | Y | School Counsellors | Current |
| Tier 1 | Referral | Y | Emergency department | Current |
| Tier 1 | Referral | Y | Support agencies | Current |
| Tier 1 | Referral | Y | Dual diagnosis coordinators | Current |
| Tier 1 | Referral | Y | Headspace post ?? Suicide | Current |
| Tier 1 | Referral | B | Ability to self refer | Future |
| Tier 1 | Referral | P | Need increased interaction / shared communication between providers | Future |
| Tier 1 | Skills | B | Peer workers | Current |
| Tier 1 | Skills | B | Awareness of community services (training, financially sustainable, etc) | Current |
| Tier 1 | Skills | B | Ability to link primary care to CYMHS and NGOs | Current |
| Tier 1 | Skills | B | Family-inclusive practice | Current |
| Tier 1 | Skills | B | Risk assessment | Current |
| Tier 1 | Skills | B | MH Assessment | Current |
| Tier 1 | Skills | B | AOD Assessment | Current |
| Tier 1 | Skills | B | Assessing Gillick competency | Current |
| Tier 1 | Skills | B | Medication appropriateness | Current |
| Tier 1 | Skills | B | Self reflection | Current |
| Tier 1 | Skills | B | Evidence-based therapy | Current |
| Tier 1 | Skills | G | Private Practitioners | Current |
| Tier 1 | Skills | G | Inter-agency liaison | Current |
| Tier 1 | Skills | P | Technology - web-based information and interventions | Current |
| Tier 1 | Skills | Y | CYMHS core competency framework | Current |
| Tier 1 | Skills | B | More trained youth-specific peer workers | Future |
| Tier 1 | Skills | BY | Culturally sensitive (better access to translation services, etc.) | Future |
| Tier 1 | Skills | G | More school-based youth health nurses | Future |
| Tier 1 | Skills | P | Youth engagement skills | Future |
| Tier 1 | Skills | P | Medical based therapy (MBT) | Future |
| Tier 1 | Skills | P | Individual, Group and Family Therapy | Future |
| Tier 1 | Skills | P | Dual diagnosis | Future |
| Tier 1 | Skills | P | Substance abuse interventions | Future |
| Tier 1 | Skills | P | Single medical record for all organisations to access | Future |
| Tier 1 | Skills | Y | More school counsellors | Future |
| Tier 1 | Skills | Y | Increase knowledge of what is available in NGOs | Future |
| Tier 1 | Skills | Y | Increase knowledge of CYMHS | Future |
| Tier 1 | Treatment | B | Telehealth | Current |
| Tier 1 | Treatment | B | Brief intervention | Current |
| Tier 1 | Treatment | B | Specific youth transitional education programs (MIFQ) | Current |
| Tier 1 | Treatment | B | Shared decision making | Current |
| Tier 1 | Treatment | G | Family sensitive practice | Current |
| Tier 1 | Treatment | Y | Youth MHFA courses - need to be utilised | Current |
| Tier 1 | Treatment | Y | Statewide eating disorder CYMHS service | Current |
| Tier 1 | Treatment | Y | TOHI Loga | Current |
| Tier 1 | Treatment | Y | CYMHS - formal and informal | Current |
| Tier 1 | Treatment | Y | CYFOS | Current |
| Tier 1 | Treatment | Y | MHATODS | Current |
| Tier 1 | Treatment | Y | Service integration coordinators (only 16yrs above & severe mental illness) | Current |
| Tier 1 | Treatment | Y | Child development unit | Current |
| Tier 1 | Treatment | Y | community child health clinics | Current |
| Tier 1 | Treatment | Y | Consultation and delivery | Current |
| Tier 1 | Treatment | Y | Evolve Therapeutic Services | Current |
| Tier 1 | Treatment | Y | Wuchapperan Cains ATSI Mental Health | Current |
| Tier 1 | Treatment | Y | EPPIC | Current |
| Tier 1 | Treatment | B | Programs in partnership with Qhealth & NGO (e.g. DBT programs in Cairns) | Future |
| Tier 1 | Treatment | B | Timely access to specialised expertise | Future |
| Tier 1 | Treatment | B | Telemedicine | Future |
| Tier 1 | Treatment | B | Bridge gap between EI and some CYMHS thresholds | Future |
| Tier 1 | Treatment | B | Youth and family participation | Future |
| Tier 1 | Treatment | B | Accessibility - youth and carer friendly | Future |
| Tier 1 | Treatment | B | Wrap around service - collaboration and coordination to fit individuals and carers | Future |
| Tier 1 | Treatment | B | Stay near community | Future |
| Tier 1 | Treatment | B | Services for carers and families, e.g. accomodation, access to MH Services | Future |
| Tier 1 | Treatment | B | Least restrictive intensive model | Future |
| Tier 2 | Treatment | B | WA has NGO resi with State MH Day Program | Future |
| Tier 1 | Treatment | P | 15 MITT case managers travel to HHSs in consultation with eCYMHS | Future |

Terms of Reference

Statewide Adolescent Extended Treatment and Rehabilitation (SW AETR) Service Options Implementation Working Group

1. Purpose

The purpose of the SW AETR Service Options Implementation Working Group is to develop and implement contemporary service options, within a statewide model of service for adolescent mental health extended treatment and rehabilitation.

2. Guiding principles

- *The Health Services Act 1991*
- *Fourth National Mental Health Plan*
- *Queensland Plan for Mental Health 2007-2017*
- *Mental Health Act 2000*

3. Functions

The functions and objectives of the SW AETR Service Options Implementation Working Group include:

- Develop new and/or adapt service options across the continuum of care to meet the needs of adolescents requiring extended treatment and rehabilitation and produce a Service Options Paper.
- In liaison with the SW AETR Financial and Workforce Planning Working Group, identify financial and human resources for new service options.
- Develop a Statewide Model of Service for adolescent mental health extended treatment and rehabilitation.
- Develop an Options Paper for the Governance Model for SW AETR services under CHQ HHS.
- Develop an Implementation Plan for the statewide model of service, including staffing, contract management, where appropriate, and other resources.
- Facilitate expert discussion from clinician and consumer stakeholders around planning, developing, and implementing activities associated with SW AETR service options.
- Prepare and provide fortnightly Status Reports to the SW AETR Steering Committee, or as required.
- Manage risks associated with the development and implementation of SW AETR service options, and escalate where resolution is required to successfully implement SW AETR service options.
- Provide the Secretariat with information regarding risks, as they arise, for recording and management in the Project Risk Register.

4. Authority

Members are individually accountable for their delegated responsibility, and collectively responsible to contribute to recommendations to the SW AETR Steering Committee.

Decision making capability rests with the Chief Executive and Department of Health Oversight Committee.

5. Frequency of meetings

Meetings will be held on a fortnightly basis, or as required. The Chair may call additional meetings as necessary to address any matters referred to the Working Group, or in respect of matters the Working Group wishes to pursue within the Terms of Reference.

Attendance can be in-person or via teleconference mediums.

The Working Group is life-limited for the duration of development and implementation of SW AETR service options and their transition to CHQ HHS. The Chair will advise Working Group members approximately one month prior to the dissolution of the Working Group.

6. Membership

Manager, Clinical Governance Office of the Chief Psychiatrist MHAODB (Chair)
 Clinical Director, CYMHS CHQ HHS
 Director of Strategy, MHSS West Moreton HHS
 Project Manager, SW AETRS, Children's Health Qld HHS (as Secretariat)
 Project Officer, SW AETRS, West Moreton HHS
 HHS Northern Representative
 HHS Central Representative
 HHS Southern Representative
 Mater Hospital Representative
 NGO Representative
 Consumer Carer Representative

Chair:

The Working Group will be chaired by the Manager, Clinical Governance Office of the Chief Psychiatrist MHAODB, or their delegate. The delegate must be suitably briefed prior to the meeting and have the authority to make decisions on behalf of the Chair.

Secretariat:

Secretariat support will be provided by the Project Manager, SW AETRS CHQ HHS, or an alternate officer nominated by the Chair.

Proxies:

Proxies are not accepted for this Working Group, unless special circumstances apply and specific approval is given for each occasion by the Chair.

Other Participants:

The Chair may request external parties to attend a meeting of the Working Group. However, such persons do not assume membership or participate in any decision-making processes of the committee.

7. Quorum

As this is not a decision making group, a quorum is not applicable.

8. Performance and Reporting

The Secretariat is to circulate an Action Register to Working Group members within three business days of each Working Group meeting. Chair will determine the resolution of outstanding action items as they arise.

The Secretariat will coordinate the endorsement of fortnightly status reports, and other related advice to be provided as required, to the SW AETR Steering Committee.

Members are expected to respond to out of session invitations to comment on reports and other advice within the timeframes outlined by the Secretariat. If no comment is received from a member, it will be assumed that the member has no concerns with the report/advice and it will be taken as endorsed.

9. Confidentiality

Members must acknowledge and act accordingly in their responsibility to maintain confidentiality of all information that is not in the public domain.

10. Risk Management

A proactive approach to risk management will underpin the business of this Working Group. The Working Group will:

- Identify risks and mitigation strategies associated with the development and implementation of SW AETR service options; and
- Implement processes to enable the Working Group to identify, monitor, manage, and escalate critical risks as they relate to the functions of the Working Group.

Document history

| Version | Date | Author | Nature of amendment |
|---------|----------|----------------|--|
| 1.0 | 18/09/13 | Ingrid Adamson | First draft |
| 1.0 | 19/09/13 | Ingrid Adamson | Comments from Deb Miller, A/ED OSM |
| FINAL | 23/09/13 | Ingrid Adamson | Comments from SW AETR Steering Committee |

Previous versions should be recorded and available for audit.

Tier 1 – Community & NGO (Primary carers & Outpatients)

Primary Care

GPs

Medicare Locals (ATAPS)

headspace (federal)

Youth outreach centres

NGO services

Outpatient

CYMHS Teams

Evolve (in partnership with
Child Safety)

Tier 2 – Day Programs and Residential

Mater

Townsville

Toowoomba

Tier 3 – Inpatient Extended Treatment & Rehabilitation

Barrett Adolescent Centre
(Inpatient + day program) - Current

Tier 4 – Acute Services

CYMHS Acute Beds
Paediatric Beds
QCH

Working Group 1 - Workshop RSVPs

| 1st October 2013 | From | RSVP | Notes | Groups |
|--------------------|--------------|------|---|--------|
| Erica Lee | Mater | Yes | Needs car park - rego 631 RPO | A |
| Janelle Bowra | Metro South | Yes | Needs car park - rego 208-LCG | A |
| Naysun Saeedi | Cairns | Yes | Flight from Cairns | A |
| Amelia Callaghan | Headspace | Yes | Needs car park - rego 471SYN - Amelia is Vegetarian and Gluten Free | B |
| Gerry Howe | Maryborough | Yes | Flight from Maryborough | B |
| Ian Williams | RB&WH | Yes | Nil | B |
| Emma Hart | Townsville | Yes | Flight from Townsville | C |
| Michelle Fryer | Gold Coast | Yes | Needs car park | C |
| Raymond Ho | Metro South | Yes | Needs car park | C |
| Alison Jansen | MIFQ | Yes | Nil | D |
| Jackie Bartlett | MHAODB | Yes | Nil | D |
| Kerry Geraghty | Mater | Yes | Needs car park | D |
| Vanessa Clayworth | West Moreton | Yes | Needs car park | D |
| Bernice Holland | West Moreton | Yes | Needs car park | F |
| Deb Miller | CHQ | Yes | Nil | F |
| Ingrid Adamson | CHQ | Yes | Nil | F |
| Laura Johnson | West Moreton | Yes | Needs car park | F |
| Leanne Geppert | West Moreton | Yes | Needs car park | F |
| From 2.15pm | | | | |
| Peter Steer | CHQ | Yes | Nil | |
| Lesley Dwyer | West Moreton | Yes | Needs car park | |
| Sharon Kelly | West Moreton | Yes | Needs car park | |
| Bill Kingswell | MHAODB | Yes | Nil | |
| Unavailable | | | | |
| | | No | Unavailable | |
| Janet Martin | CYMHS | No | On leave until 8th October | |
| Kimberly Curr | Toowoomba | No | Hosting a community forum | |
| | | No | Unavailable | |
| Sean Hatherill | Metro South | No | Unavailable | |
| Shannon March | Toowoomba | No | Hosting a community forum | |
| Stephen Stathis | CYMHS | No | On leave until 8th October | |