

Children's Health Queensland Hospital and Health Service

Health has advised that there will be no new funding for 2014/15. Additional services are now dependent upon alternative funding sources which are currently being explored.

Risk Analysis

Identified Risk	Impact of Risk – description – category - level	Risk Likelihood	Rating	Strategy to Manage Risk
Critical incident with an adolescent prior to availability of new or enhanced service options	Includes negative impact on consumer wellbeing or life; poor clinical outcomes; negative media Category = Safe Services (Clinical) Level = Extreme	Possible	High	Current • Appropriate Consumer Clinical Care Plans Planned • Clear communication strategies with service providers regarding the development and rollout of service options • Develop an escalation process for referral of consumers whose needs fall outside of existing service options
Reputational and political implications from any adverse incidents or media	Impact includes negative media; low staff morale; and loss of confidence in Minister, Qld Health and/or CHQ HHS Category = Reputation Level = Major	Possible	High	Current and Planned • Clear communication strategies regarding impact of change and benefits • Proactive workforce and community engagement • Regular communication to Premier, Minister for Health, Mental Health Commissioner and Chief Executives regarding initiative, to keep fully informed of progress and issues • Activities undertaken as per CHQ Communications Plan
Availability of skilled resources to provide future services	Impact includes an inability to deliver quality services; gaps in service provision; negative impact on consumer wellbeing or life; and poor clinical outcomes Category = Health Service Delivery Level = Moderate	Likely	High	Current • Develop a recruitment strategy appropriate for the sector
Absence of capital and growth funding to support services	Impact includes inability to deliver quality services; gaps in service provision; negative impact on consumer wellbeing or life; and poor clinical outcomes Category = Financial Level = Major	Almost Certain	Very High	Current • Utilise existing operational funds Planned • Explore operational expenditure options versus capital intensive options • Advocate for additional operational funding to support service options • Advocate for new capital funding to implement service options

*Corporate Governance and Compliance***STRICTLY CONFIDENTIAL**

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Children's Health Queensland Hospital and Health Service

The Project Manager will continue to report on milestone achievement and project expenditure for the initiative at fortnightly Steering Committee meetings and monthly Chief Executive and Department of Health Oversight Committee meetings. The endorsed governance framework for the initiative continues to be effective and ensures timely identification and resolution of issues as they arise. The CHQ HHS Board will be kept informed of the progress and outcomes of the initiative.

Management Responsibility

The Executive Director for this initiative is Deborah Miller, A/Executive Director, Office of Strategy Management. Day to day operational management is provided by Judi Krause, Divisional Director, Child and Youth Mental Health Service (CYMHS).

Signing of Board Paper



 Health Service Chief Executive

J. Krause

 Date

The following people have been involved in the preparation of this Board paper:

Name:	Ingrid Adamson
Position:	Project Manager, AMHETI
Name:	Stephen Stathis
Position:	Medical Director, CYMHS
Name:	Judi Krause
Position:	Divisional Director, CYMHS

Attachment 5.3.1: Case Scenarios

Attachment 5.3.2: AMHETI Service Mapping

Attachment 5.3.3: Barrett Centre closure and transfer of services: Parliamentary Members Fact Sheet (In Resource Folder)

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AMHETI Case Scenarios

In the research and exploration phase of the Adolescent Mental Health Extended Treatment Initiative, representatives from across the State and Hospital and Health Service Districts were invited to a forum to explore current service options available and opportunities for service improvement. Representatives included mental health clinicians across nursing, allied health and medical professions, a carer representative, and a non-government organisation representative.

Following the forum, participants were provided with the following case scenarios to explore how they would treat these cases given their current available services and resources. They were then asked how they would treat these cases with new and/or enhanced services and resources in their local districts. Their responses were used to inform the proposed model of care for adolescent mental health extended treatment and rehabilitation services.

These scenarios are representative of the type of severe and complex mental health problems that are commonly treated by Child and Youth Mental Health Services (CYMHS), both here and across other hospital and health services.

These cases are far more complex than the range of mental health problems treated by non-government organisations and other targeted adolescent mental health service providers, such as *headspace*, who generally focus on prevention, early intervention, or the assessment and treatment of primary mental health problems.

Case Scenario 1 - Ritchie

- Male aged 17years 1month
- Living in rental home with single mother and sister (10 years old)
- Presenting problem: self harm, moderate to severe depression, severe generalised anxiety, limited social system, daily marijuana use, no school attendance for the last 2 years
- Significant life events: long term parental domestic violence, father left family 3 years ago and has limited ongoing contact with children
- Two brief acute adolescent inpatient admissions over last 4 years – partial but short-term symptom resolution post discharge; difficulty reintegrating to home following acute admissions
- Sporadic Child and Youth Mental Health community outpatient treatment episodes of care – now refusing to attend

Case Scenario 2 - Lucy

- Female aged 15years 6months
- Living in family home with older parents from a high socioeconomic background. Older sister (19 years old) and brother (22 years old) left home
- Presenting problem: repeated suicidal attempts and ongoing self harm, depression and anxiety, eating disorder not otherwise specified (of anorexia/restrictive type), very poor social system, being home schooled but Lucy is not engaging
- Significant life events: sexual abuse by extended family member from age of 7y to 10y, expelled from 3 schools
- Limited response to several inpatient admissions following suicide attempts
- Reasonable attendance at CYMHS outpatient, but limited improvement in presenting problems
- Some history of attendance at *headspace*
- Currently on an anti-depressant and compliance is good

Case Scenario 3 - Paul

- Male aged 14 years 6 months
- Living with father, no siblings
- Presenting problem: aggression towards others, self harm, moderate depression, history of severe bullying at school, sporadic attendance at school in last 2 years, request by both Paul and father to help find 'alternative accommodation' as they cannot live together any longer
- Significant life events: mother died of cancer 5 years ago, father mostly absent due to work commitments, close relationship with grandmother who died 3 years ago
- No inpatient admissions
- Poor engagement in outpatient CYMHS – trouble with transport and parental support to attend
- Has recently begun experimenting with alcohol and marijuana
- Has been charged with shoplifting and two other minor offences over the last 6 months

Case Scenario 4 - Mary

- Female aged 16 years 7 months
- Living with parents and 3 siblings (one older and two younger), low average socioeconomic background
- Presenting problem: aggression towards parents and others, self harm, severe depression, reasonable social system, some psychotic symptoms evident, sporadic attendance at school in last 2 years
- History of poly-substance misuse (marijuana, alcohol, and speed); pre-contemplative about changing
- Significant life events: moved house frequently as a child, history of physical and emotional abuse within family towards all children, father lost job and unemployed since last year
- 1 recent admission to an adult acute inpatient unit for 2 days observation
- Poor engagement in outpatient CYMHS
- Trials of anti-depressants and anti-psychotics have failed mainly due to poor compliance
- Parents are reluctant to have her continue to live at home, and are especially worried about her violent outbursts

Adolescent Population*	CYMHS	Day Program	Acute Inpatient Unit	Non-Qld Health Services**	Dedicated alcohol & other drug services	(From 2014)					(201		
						AMYOS	Day Program	Resi Rehab	Step Up/ Step Down	Sub-acute Beds***	Headspace (non-Qld Health)	AMYOS	Day Progr
	Yes	1 unit	12 beds		ADAWS								
81,309	Yes		10 beds	Headspace Woolloongabba and Inala Headspace School Support Eagleby		1 team					Logan	1 team	1 uni
42,809	Yes		8 beds	Headspace Southport		1 team						1 team	1 uni
26,067	Yes	1 unit	8 beds	Headspace Warwick QPASST Toowoomba		1 team					Toowoomba		
14,056	Yes			Headspace Ipswich								1 team	
1,779	Yes											0.5 team	
43,958	Yes		CFTU	Brisbane MIND (suicide prevention) Headspace Nundah	Hot House	1 team	1 unit	1 Resi		1 unit		2 teams	
	Yes		12 beds			1 team					Indooroopilly		
23,095	Yes			Headspace Redcliffe		1 team							
27,842	Yes			Headspace Maroochydore								1 team	
18,657	Yes			Headspace Rockhampton								1 team	
16,199	Yes			Headspace Hervey Bay								1 team	
796	Yes											0.5 team	
19,745	Yes			Headspace Cairns								1 team	
18,501	Yes	1 unit	8 beds	Headspace Townsville Headspace School Support		1 team							
13,776	Yes			Headspace Mackay								1 team	
1,358	Yes											0.5 team	
495	Yes			Headspace Mt Isa								0.5 team	
CES	e-CYMHS			Kids Helpline Medicare Local ATAPS Living is for Everyone QPASTT									
						\$2,809,342	\$1,423,272	\$1,476,844	\$0	\$153,626		\$4,133,100	\$2,988,

3 Data

Queensland Health Services has shown that the sector is very fragmented and information about services is difficult to find. There are very few adolescent-specific mental health services and that the list of targeted service providers, listed above, treat and manage mild to moderate mental health problems; however, will refer severe and complex cases to the Mater Hospital until November 2014

- Cent Drug and Alcohol Withdrawal Service
- Family Allied Psychological Services
- Family Youth Mental Health Service
- Program Assistance for Survivors of Torture and Trauma (for refugees and asylum seekers only)

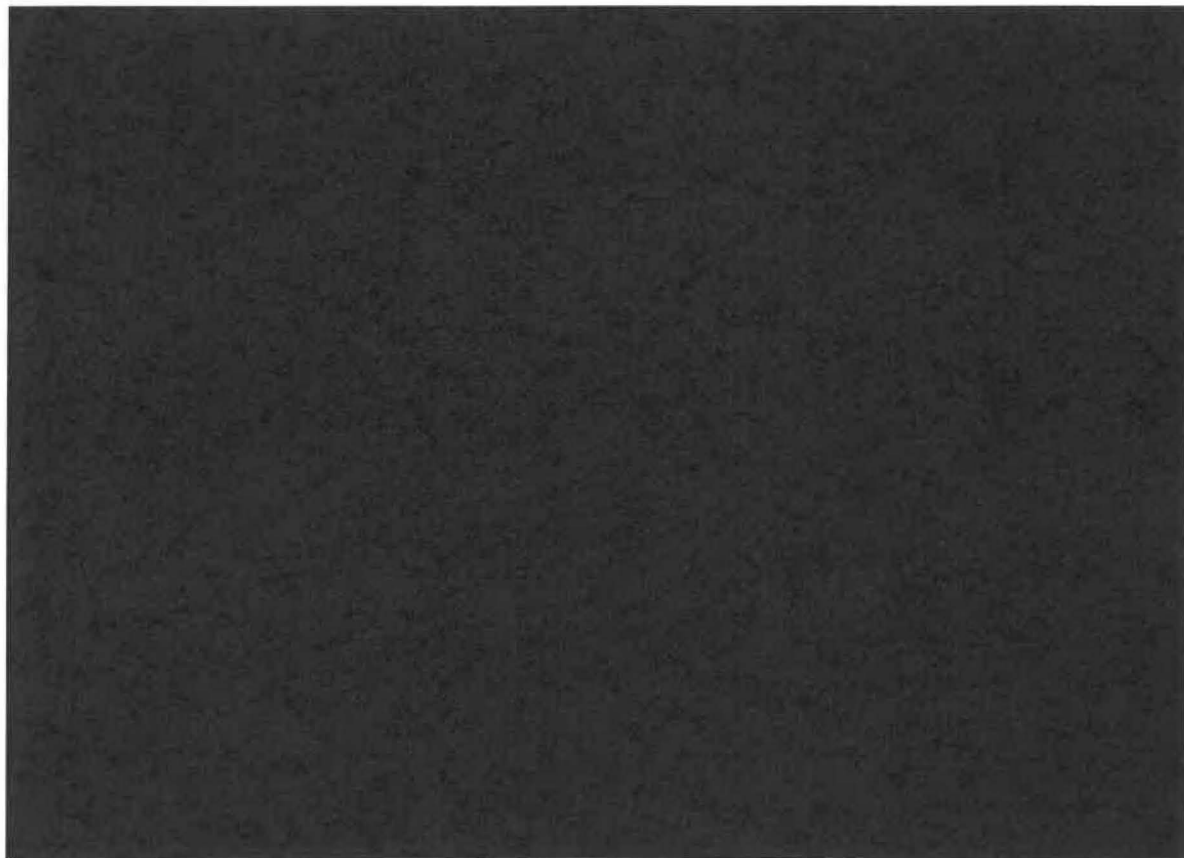
Hospital and Health Services by Queensland Health Facilities



Prepared by: Statistical Output, Health Statistics Centre, 28 June 2012
Hospital and Health Services by Facilities as at 1 July 2012

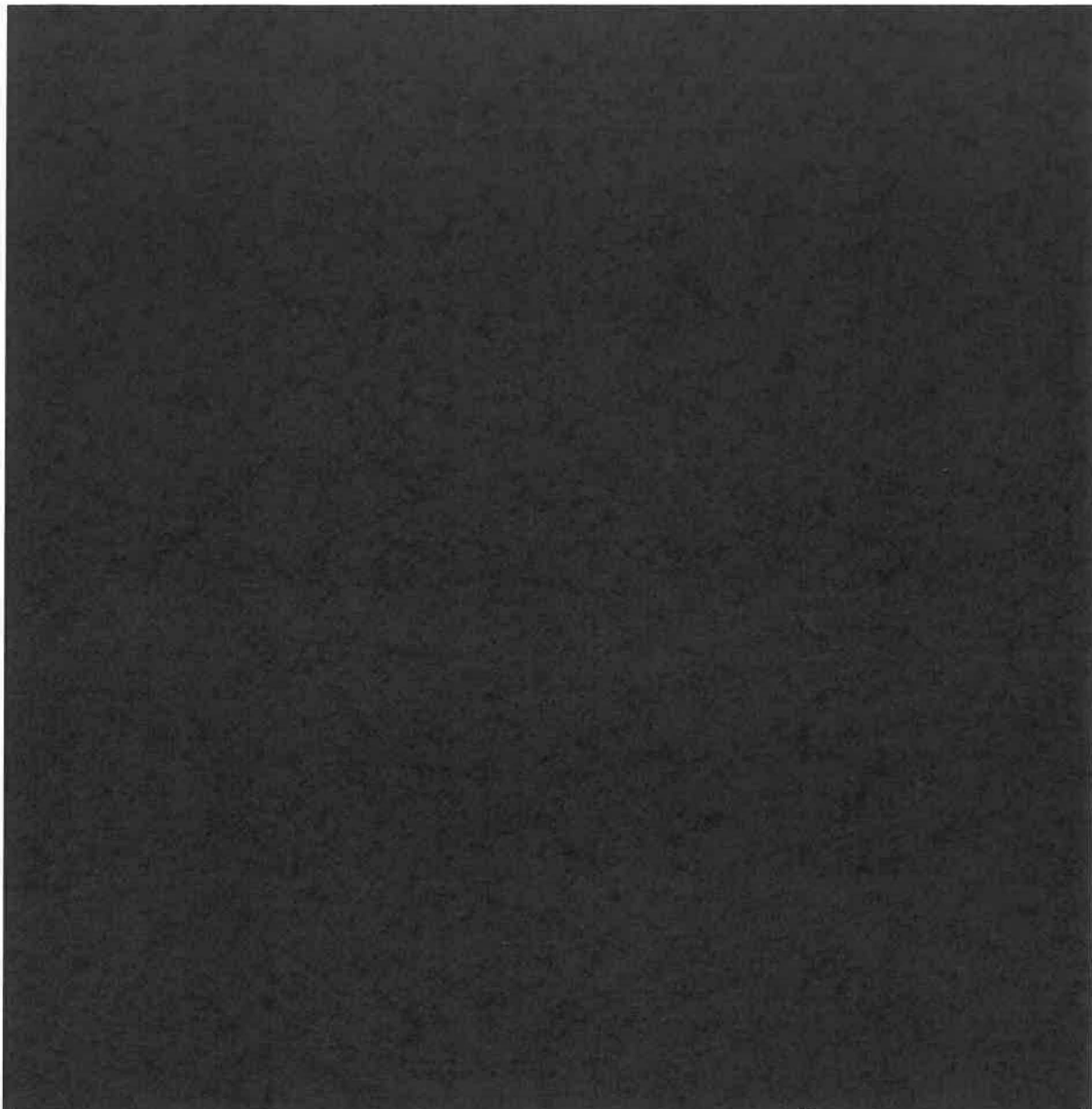
Minutes of the Children's Health Queensland Hospital and Health Board Meeting**Boardroom, Level 5 – Woolworths Building, Royal Children's Hospital****30 April 2014**

- Meeting Open:** 9:30am
- Present:** Board Chair: Susan Johnston
- Board Members: Jane Yacopetti (Deputy Chair), Andrea O'Shea, David Gow, Dr David Wood, Dr Leanne Johnston, Eileen Jones, Georgie Somerset, Paul Cooper
- In Attendance:** Dr Peter Steer (Health Service, Chief Executive (HSCE)), Sue McKee (General Manager, Operations (GMO)), Loretta Seamer (Chief Finance Officer (CFO)), Deborah Miller (A/Board Secretary), Catherine Borich (Meeting Secretariat)
- Guests:** Agenda Items 4.3, 4.6 & 4.7: Dr John Wakefield (Executive Director, Medical Services (EDMS))
- Agenda Items 4.4: Stephen McIntyre (Executive Director, Healthcare – Medirest), Gary Dring (Mobilisation Manager – Medirest) & Eric Gadsden (Director of Operations – Medirest)



Matters for Noting		
<p>5.3 – Adolescent Mental Health Extended Treatment Initiative</p> <p>The Board noted this paper. The Executive advised that there may be a Ministerial announcement pending. However, given the ongoing delay, the Board indicated that a Board announcement should be made if clear advice of the Minister’s preferences has not been given by 9 May 2014.</p> <p>The Board noted that alternative accommodation options are being explored since avenues with the Salvation Army have been exhausted.</p>	<p>Action: A/D M&C to investigate possible announcement of the initiative by CHQ Board pending Ministerial Advice.</p>	





Meeting concluded at 4.00pm.	
Next Board Meeting Date The next Board meeting is scheduled for Thursday 29 May 2014.	
Signed by the Board Chair: _____ Dated: ____/____/____	



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Health Service Chief Executive Report Dr Peter Steer

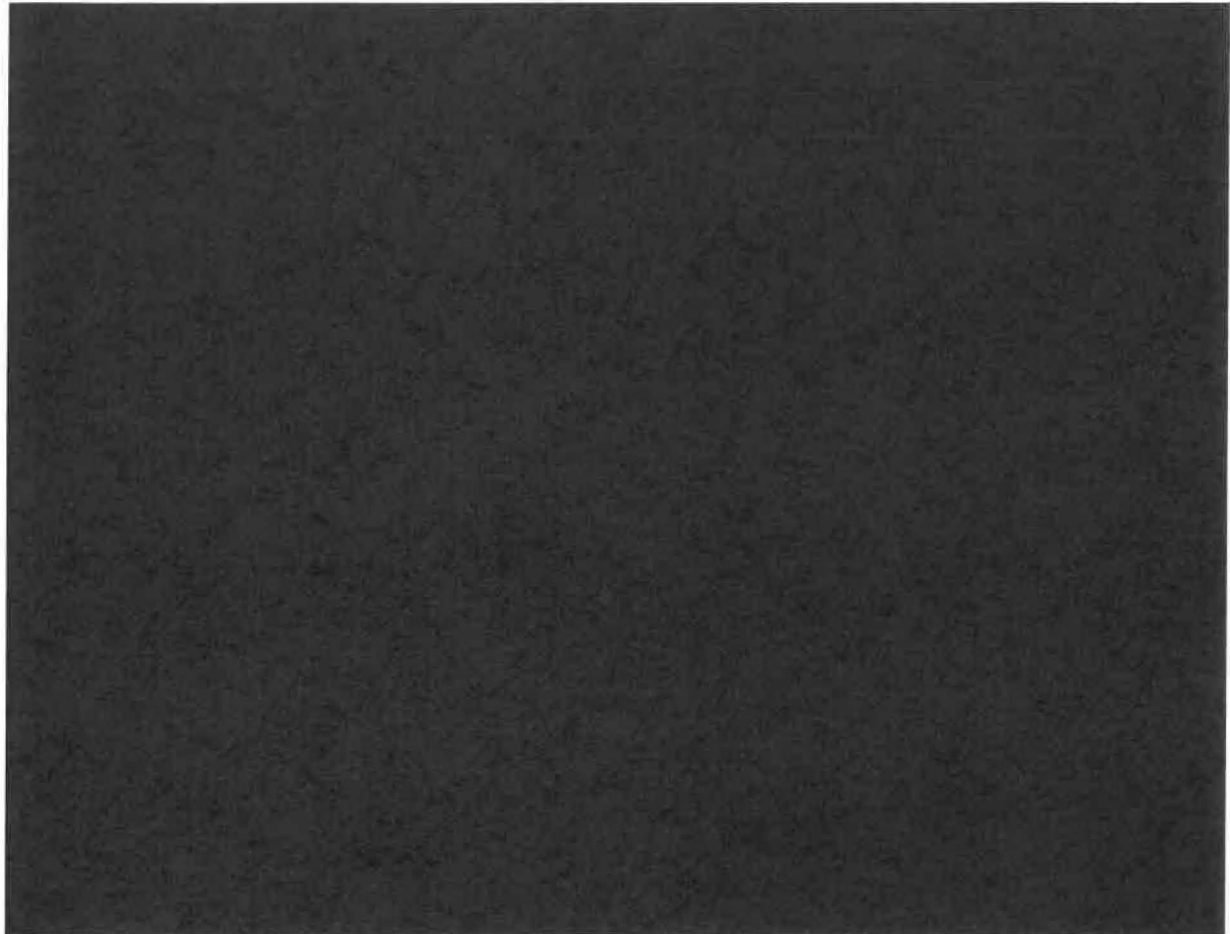
May 2014

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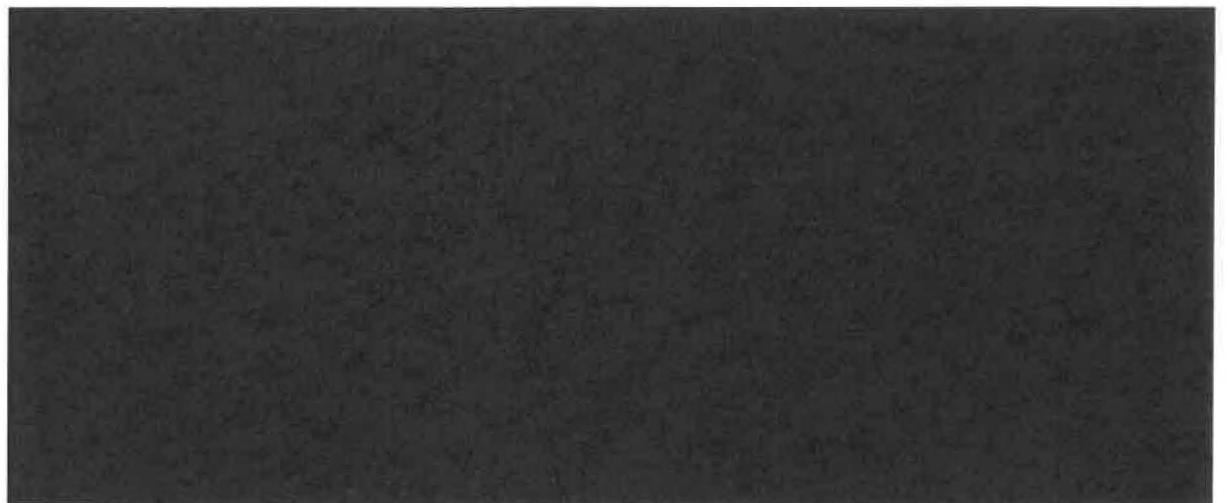
Adolescent Mental Health Extended Treatment Initiative5





Adolescent Mental Health Extended Treatment Initiative

Please refer to Agenda Item 6.3 – Adolescent Mental Health Extended Treatment Initiative, and accompanying Briefing Note.



BOARD PAPER**MAY 2014**

Agenda Item: 6.3
Agenda Title: Adolescent Mental Health Extended Treatment Initiative
Sponsor: Deborah Miller, A/Executive Director, Office of Strategy Management

Resolution: The Board to note progress of the adolescent mental health extended treatment initiative (AMHETI).

Executive Summary:

This paper provides an update on the implementation of an enhanced model of care for statewide adolescent mental health extended treatment.

Background:

This paper refers to previous information provided to the Board from August 2013 to April 2014.

In February 2014, a Ministerial Brief, developed in partnership with West Moreton Hospital and Health Service (HHS) advising of the closure of the Barrett Adolescent Centre and the proposed services in the future model of care, was submitted to the Minister for Health. The Minister was invited to participate in a media announcement with the Board Chair, Children's Health Queensland (CHQ) HHS.

The Minister for Health has now indicated that the earliest that a Launch of AMHETI could be organised with his Office would be July 2014 given other Ministerial commitments. Acting on this advice it is proposed that CHQ HHS now proceeding with a launch, and the Executive Management Team is currently drafting a media and communication strategy to this effect.

The launch will build on information already provided, via the public website: <http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp> to consumers, families and the public regarding the new and enhanced services that are available. The launch will communicate the current and planned services that will be available across Queensland.

In regard to the establishment of new adolescent mental health services:

- Following unsuccessful discussion with the Salvation Army for suitable accommodation options for the Day Program it has been agreed that negotiations will continue with The Queensland Government Accommodation Office, within the Department of Housing and Public Works, to identify other potential sites. It should be noted that the ability to meet the timeframe of opening the unit by June 2014 is now uncertain.

Work is continuing on the development of a proposal and subsequent promotion of the AMHETI services for distribution to donors. On completion the above mentioned proposals will be available for use by the CHQ Board in their discussions with potential donors.

Recommendation:

It is recommended the Board:

- Note the progress of the adolescent mental health extended treatment initiative.

Issues:*Strategy Implications*

This initiative is aligned to CHQ HHS Strategic Direction: *Leading the provision of quality health care for children and young people*, and the CHQ HHS Pillar of Quality and Safety, through the provision of an evidence-informed model of care for statewide adolescent extended treatment and rehabilitation services.

Financial Implications

Additional recurrent operational and capital funding will be required to implement the full proposed model of care, and to realise the benefits and outcomes that an enhanced continuum of services could provide. The Department of Health has advised that there will be no new funding for 2014/15. Additional services are now dependent upon alternative funding sources which are currently being explored.

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Children's Health Queensland Hospital and Health Service

Risk Analysis

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Critical incident with an adolescent prior to availability of new or enhanced service options	Includes negative impact on consumer wellbeing or life; poor clinical outcomes; negative media Category = Safe Services (Clinical) Level = Extreme	Possible	High	Current • Appropriate Consumer Clinical Care Plans Planned • Clear communication strategies with service providers regarding the development and rollout of service options • Develop an escalation process for referral of consumers whose needs fall outside of existing service options
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Corporate Governance and Compliance

The Project Manager will continue to report on milestone achievement and project expenditure for the initiative at fortnightly Steering Committee meetings and monthly Chief Executive and Department of Health Oversight Committee meetings. The endorsed governance framework for the initiative continues to be effective and ensures timely

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Children's Health Queensland Hospital and Health Service

identification and resolution of issues as they arise. The CHQ HHS Board will be kept informed of the progress and outcomes of the initiative.

Management Responsibility

The Executive Director for this initiative is Deborah Miller, A/Executive Director, Office of Strategy Management. Day to day operational management is provided by Judi Krause, Director, Child and Youth Mental Health Service (CYMHS).

Signing of Board Paper



20.5.14

Health Service Chief Executive

Date

The following people have been involved in the preparation of this Board paper:

Name:	Ingrid Adamson
Position:	Project Manager, AMHETI
Name:	Stephen Stathis
Position:	Medical Director, CYMHS
Name:	Judi Krause
Position:	Divisional Director, CYMHS

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Minutes of the Children's Health Queensland Hospital and Health Board Meeting

Boardroom, Level 5 – Woolworths Building, Royal Children's Hospital

29 May 2014**Meeting Open:** 9:30am**Present:** Board Chair: Susan Johnston

Board Members: Jane Yacopetti (Deputy Chair), David Gow, Dr David Wood, Dr Leanne Johnston, Susan Young, Georgie Somerset, Paul Cooper

Apologies: Ross Willims**In Attendance:** Dr Peter Steer (Health Service, Chief Executive (HSCE)), Sue McKee (General Manager, Operations (GMO)), Loretta Seamer (Chief Finance Officer (CFO)), Deborah Miller (A/Board Secretary), Taresa Rosten (Board Secretary), Catherine Borich (Meeting Secretariat)**Guests:****Meeting Opening**

The Board Chair welcomed Associate Professor Susan Young to the meeting and indicated that the Board looked forward to the valuable insight Assoc. Professor Young will contribute to the Board and Children's Health Queensland Hospital and Health Service (CHQ HHS) into the future. Fellow new Board member, Mr. Ross Willims provided his apologies for this meeting and the June meeting.

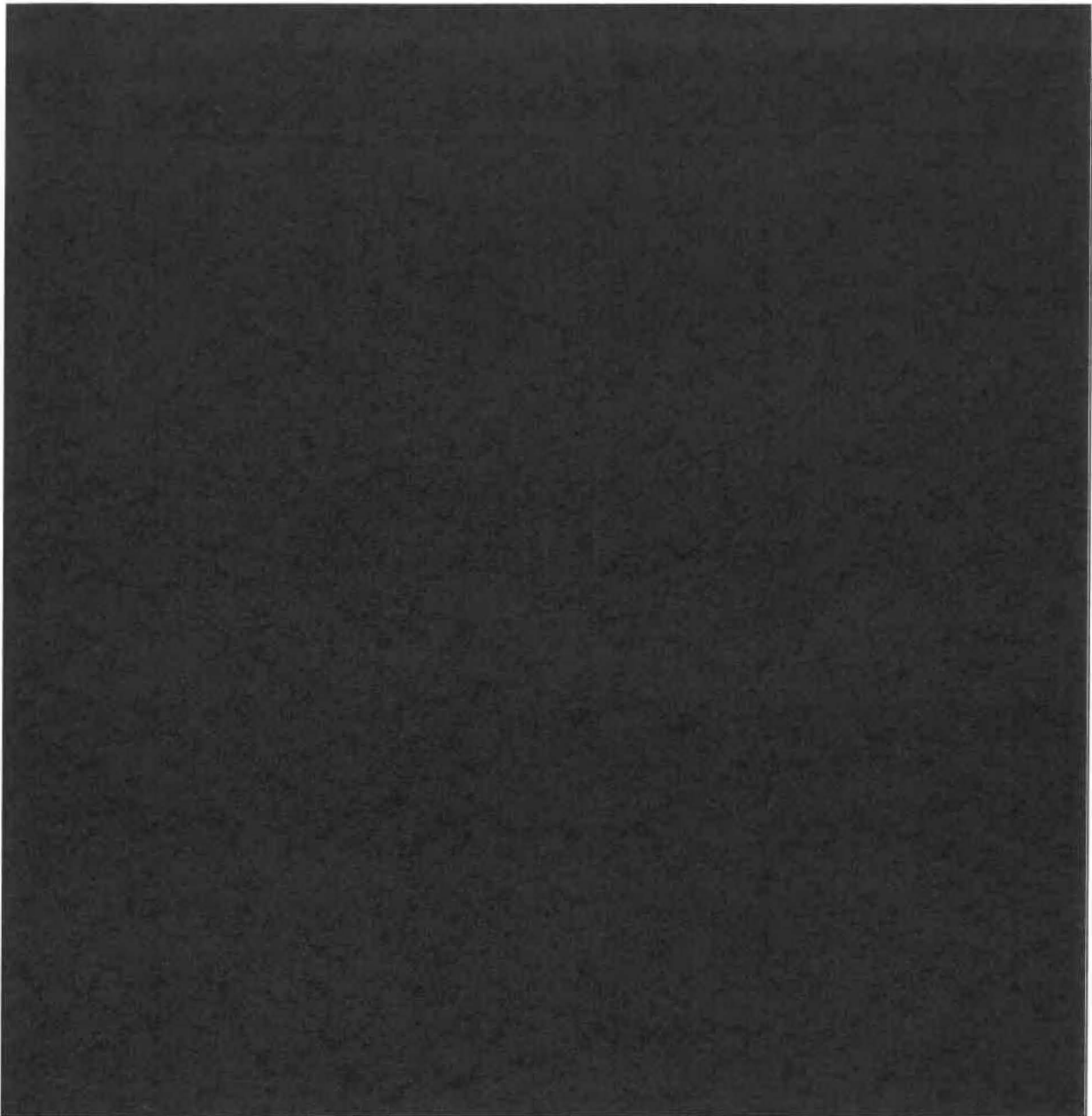
Conflicts of Interest

Nil.

Minutes of the Previous Minutes

The format of the minutes was discussed and it was agreed that the minute format should be updated to reflect discussion points, followed by the Actions at the end of each agenda item.

ACTION: A new minute format will be adopted.



Matters for Noting



The Board noted this paper.

6.3 – Adolescent Mental Health Extended Treatment Initiative

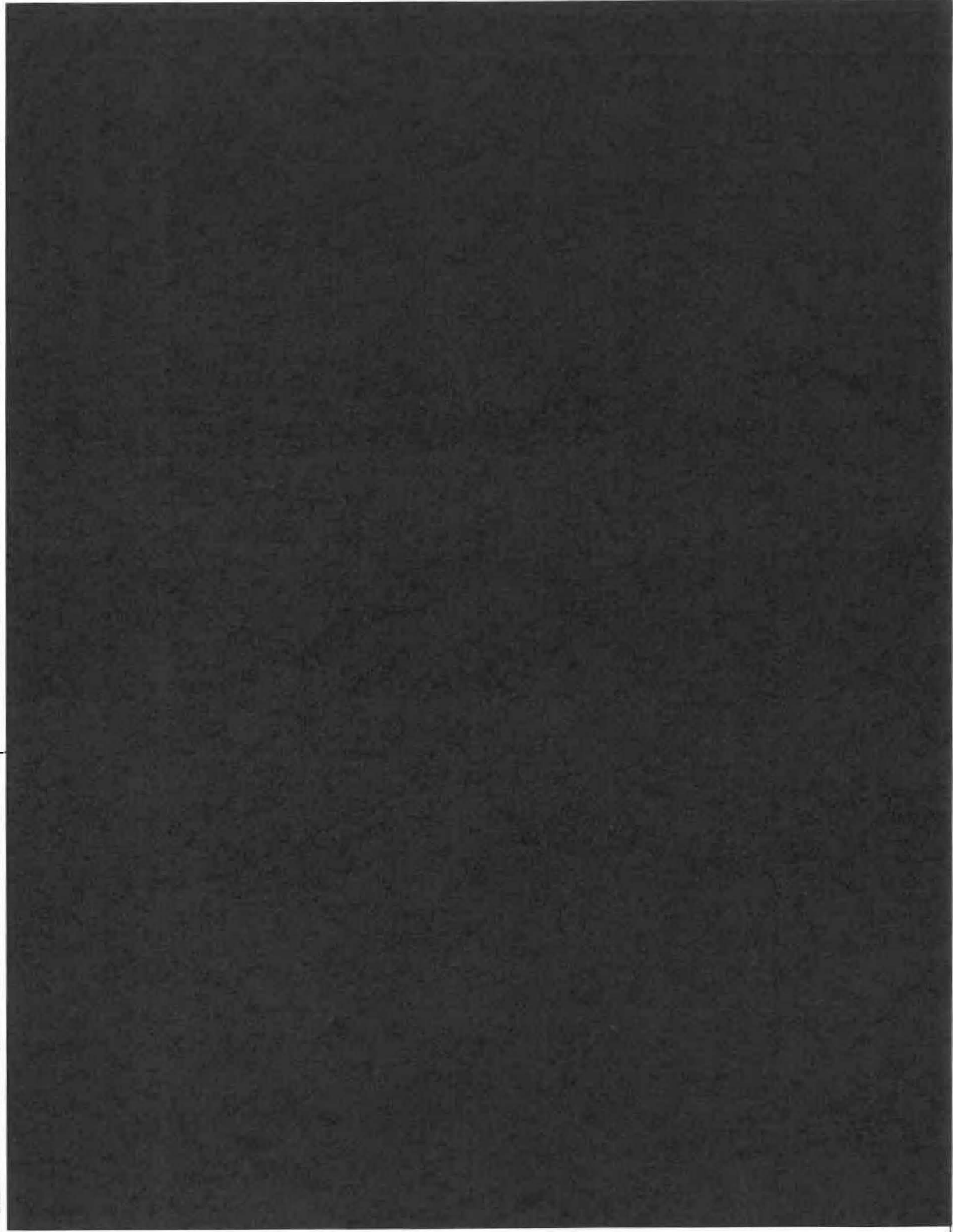
The Board noted this paper. A public announcement is anticipated for late June to potentially tie in with the signing of a lease on a North Brisbane property to house the Day Program. Recruitment has been completed



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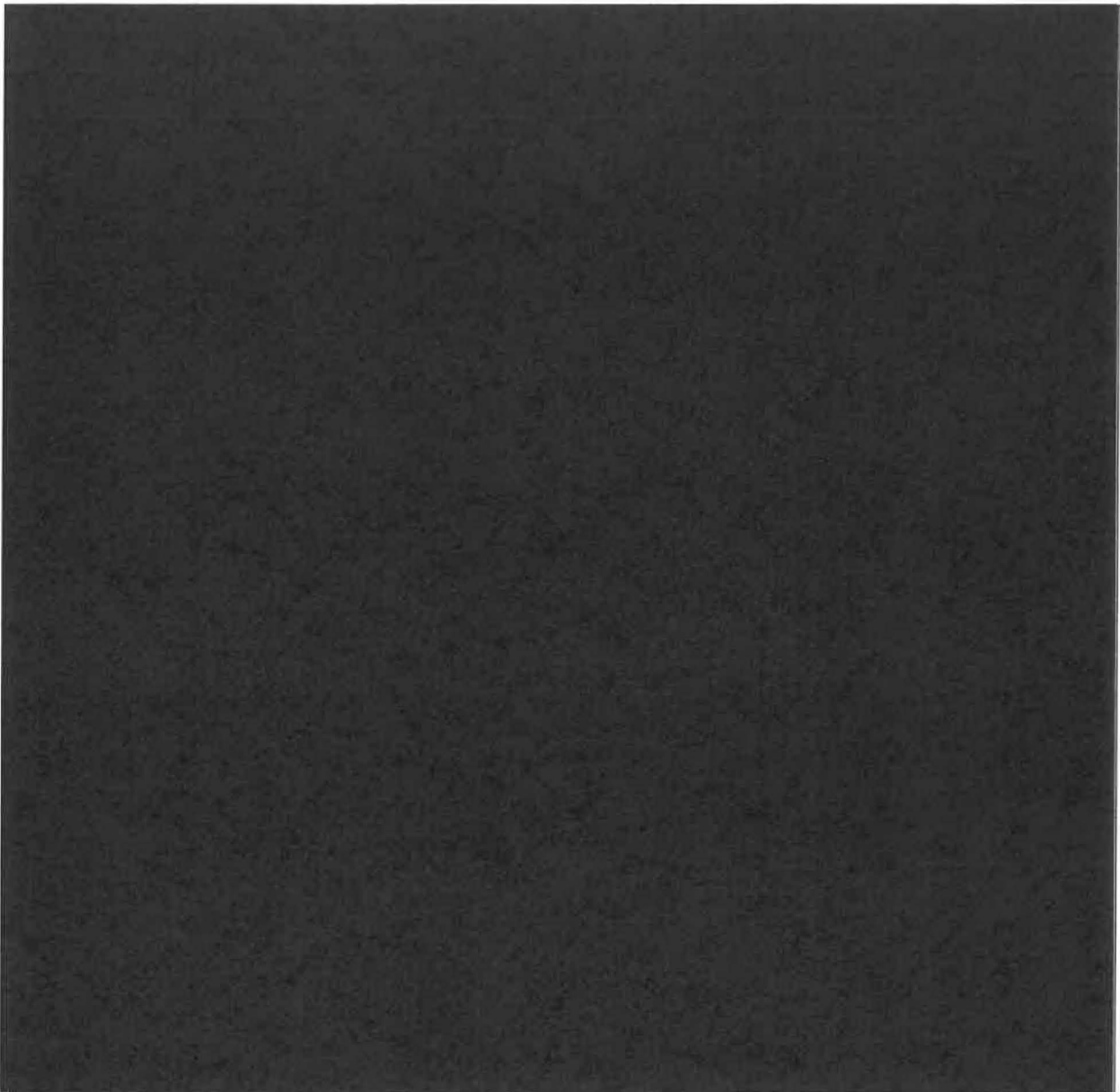
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in several key positions, although there has been some delays in regional HHSs.



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**Meeting Finalisation**

Meeting concluded at 4.10pm.

Next Board Meeting Date

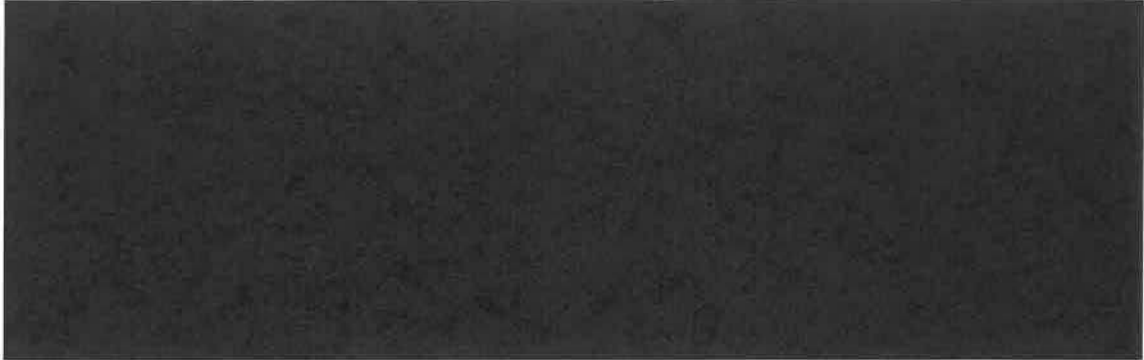
The next Board meeting is scheduled for Thursday 26 June 2014.



Health Service Chief Executive Report Dr Peter Steer

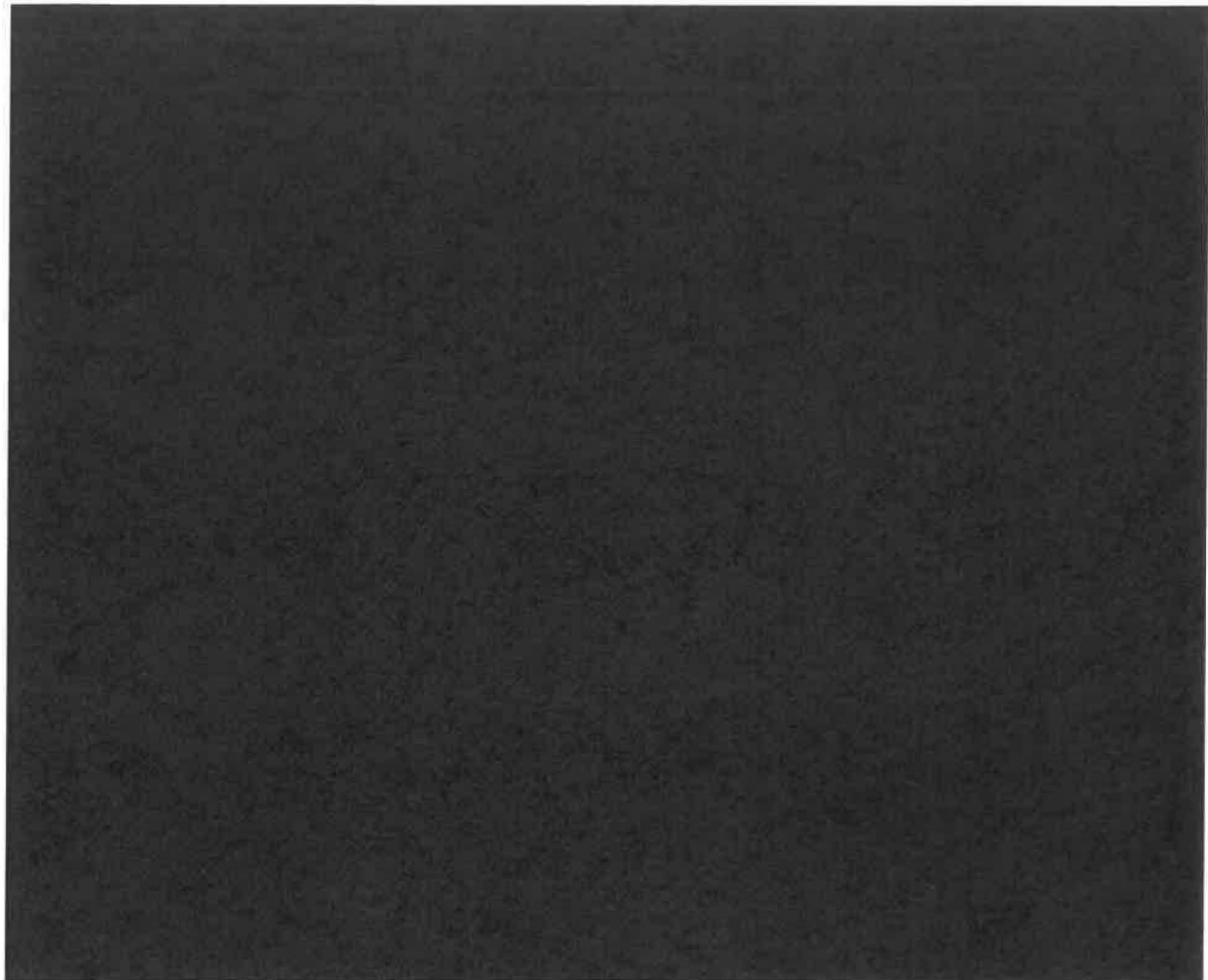
June 2014

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Adolescent Mental Health Extended Treatment Initiative

Work continues on establishment of the AMHETI Services, with recruitment for the Brisbane-based Assertive Mobile Youth Outreach Service (AMYOS) teams, and supporting psychiatrist positions, now closed. Two of the three Brisbane-based teams and the 1.3 psychiatrist positions have been appointed and will commence from July. Unfilled positions will be readvertised in June. Service Agreements for the AMYOS teams in other Hospital and Health Services are also being finalised. It is hoped that the remaining teams will be in place by August of this year.

A suitable site for the Adolescent Day Program in Stafford has been identified and lease negotiations are underway. This is a new development with fit out yet to be completed. The developer has indicated a willingness to work with CHQ to meet the fit out requirements. The site is adjoining another Queensland Health facility, which potentially provides an opportunity to leverage existing information technology infrastructure resulting in cost savings for CHQ.

In the meantime, a media and communication strategy to launch the AMHETI services is under development. Work is also continuing on the development of a proposal and subsequent promotion of the AMHETI services for distribution to donors. CHQ Project Officers have contacted the Children's Health Foundation a number of times to progress the development of the proposal with little success. On completion the above mentioned proposals will be available for use by the CHQ Board in their discussions with potential donors.

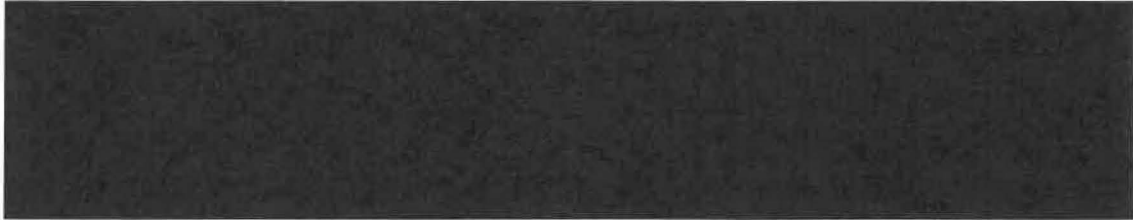
Health Service Chief Executive Report Dr Peter Steer

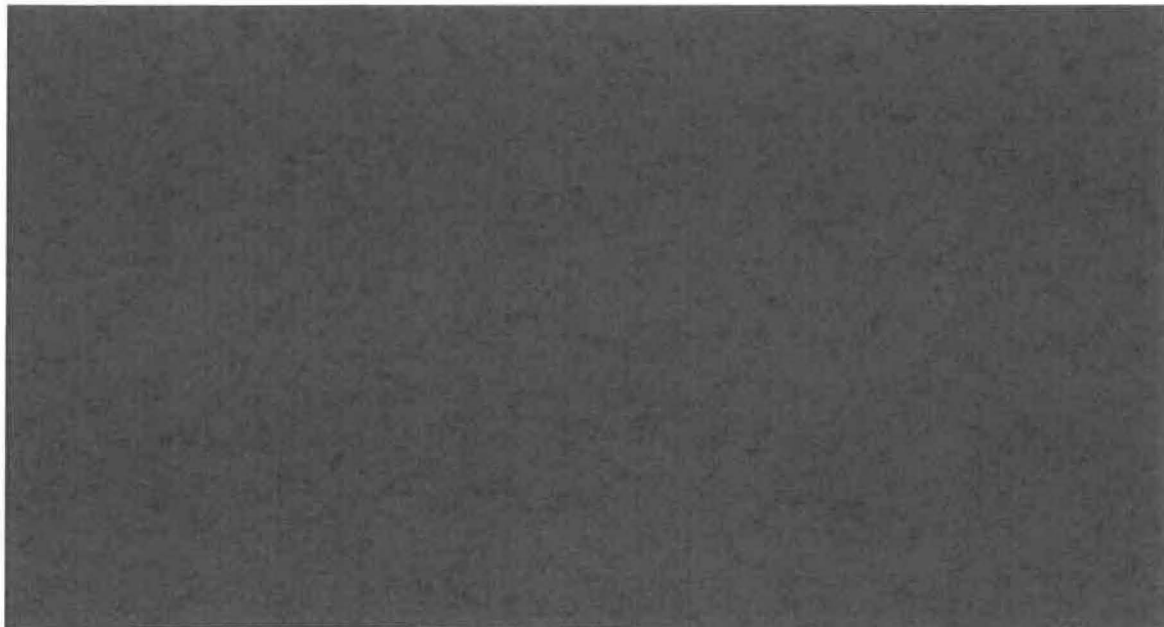
July 2014

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Adolescent Mental Health Extended Treatment Initiative (incorporating the Barrett Adolescent Centre)

Work continues on establishment of the AMHETI Services, with positions for the final of the three Brisbane-based Assertive Mobile Youth Outreach Service (AMYOS) teams being advertised. The other two AMYOS teams commenced work in July, together with one of the child and youth psychiatrists.

Following feedback and review, revised Service Agreements for the AMYOS teams in other Hospital and Health Services have been sent to HHSs. Verbal indications from HHSs are that the Service Agreements will be signed and therefore finalised by the end of July, with appointments for the remaining four AMYOS teams taking place from August of this year.

A suitable site for the Adolescent Day Program has yet to be identified. The Stafford site previously identified was sold, removing this as an option for lease. CHQ continues to work with the Health Infrastructure Branch to identify another site as quickly as possible.

The [redacted] in the Residential Rehabilitation Unit at Greenslopes are progressing well. Additional referrals from other HHSs are now being received and assessed for consideration.

Work also continues with the Children's Health Foundation (CHF) on the inclusion of AMHETI services in their major campaigns proposal. It has been determined that this will be the most effective mechanism to secure the required level of funding to support AMHETI services into the future. The CHQ Program Manager continues to work with the CHF to ensure this issue remains on the agenda for the development of the Major Campaigns Proposals.



Health Service Chief Executive Report Dr Peter Steer

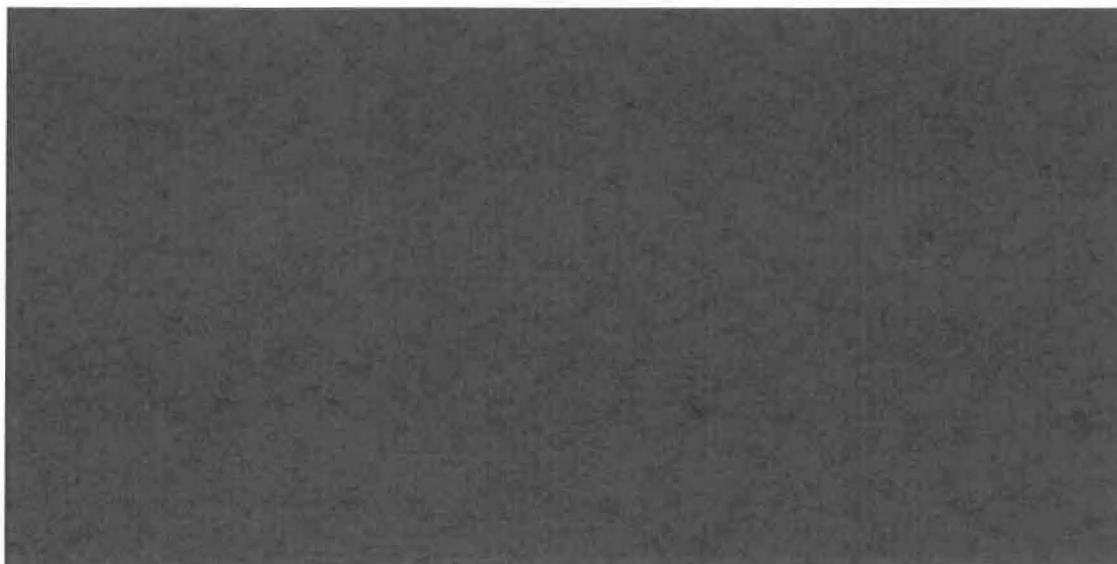
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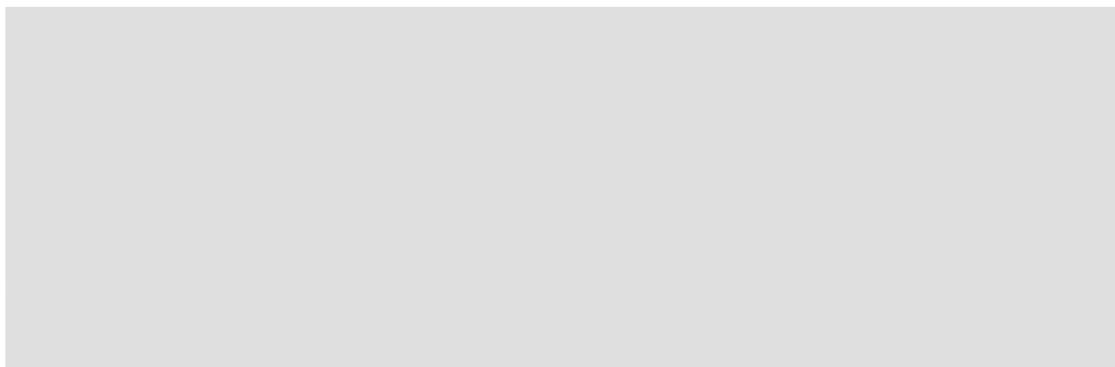
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Adolescent Mental Health Extended Treatment Initiative (incorporating the Barrett Adolescent Centre)..... 3

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Adolescent Mental Health Extended Treatment Initiative (incorporating the Barrett Adolescent Centre)



This incident reignited the Barrett support group with consequent negative media. CHQ HHS has responded with a lengthy interview with reporters from the Brisbane Times and ABC 7:30 Report. While the resulting media was not ideal, it was satisfactory and has been well received and appreciated by the Department and Minister's Office. Stephen Stathis, Craig Brown and I have taken this opportunity with the media to point out that the two previously reported deaths are in the hands of the Coroner and the cause and circumstances of the deaths are not yet clear. This media engagement also provided the opportunity for Stephen Stathis to remind journalists of the risk of "contagion" with the reporting of the suicides. This feedback was well received and will be respected by those journalists involved. Consequent to these stories, both the Brisbane Times and ABC have committed to follow up stories as the broader statewide program evolves.



The most concerning, outstanding issue is the conduct and behaviour of the teachers from the old Barrett School. Despite the advice of our consultants, the Department of Education has moved the Principal and teachers engaged in the old Barrett Centre to a "separate" standalone school within a school at Yeronga. They have also maintained the Barrett name.

These teachers were obstructive, undermining and a major challenge to the clinicians in the closure of the Barrett and the transition planning of care for patients. They have set themselves up at Yeronga, without formal contact with any youth mental health service and continue to engage in a negative and destructive manner with the Barrett support group. Stephen Stathis is concerned that the communication from the teachers to the Barrett support group is further escalating the risk for the other ex-Barrett patients.

These concerns have been shared with the Director-General of Health and he has spoken to his colleague in the Department of Education. The Minister's office is also aware of our concerns. I will keep the Board informed on any changes with respect to the Barrett School.

Work continues on establishment of the AMHETI Services, with positions for the final of the three Brisbane-based Assertive Mobile Youth Outreach Service (AMYOS) teams now advertised. The other two AMYOS teams commenced work in July, together with one of the child and youth psychiatrists, and have now completed orientation. These teams will commence work with clients from early August.

Two Service Agreements for the AMYOS teams in other Hospital and Health Services have been signed and returned to CHQ. Verbal indications from the remaining three HHSs are that the Service Agreements are still in the process of being signed and returned. It is anticipated that recruitment for all four remaining AMYOS teams will take place from August of this year.

Another site for the Adolescent Day Program has been identified. A potential site at Kedron has been deemed the most suitable site viewed to date; however, is located in an industrial zone. This premise will require rezoning into a community zone in order to establish the day program. The Brisbane City Council has advised that a rezoning application will take up to 3 months to process. Department of Health Corporate Facilities has explored all avenues to expedite this application but without success.

There are little, to no, properties on the market, in the designated geographic region, to accommodate the day program. Therefore, despite the timeframe, CHQ will progress with an application to rezone while concurrently continue to search for other options as they come to market.

If successful, the day program would be established and ready to commence services in early 2015. This would align with the beginning of the educational year, which is commensurate with operational model of day programs, where consumers access services during school terms. Recruitment for the day program positions have commenced as part of the Phase 1 Commissioning process, which means staff will commence at time of amalgamation in late November. This timing aligns with the proposed set up period for the day program which would occur from November through to December (excluding Christmas), again with a view to opening in January 2015.



Health Service Chief Executive Report Dr Peter Steer

September 2014

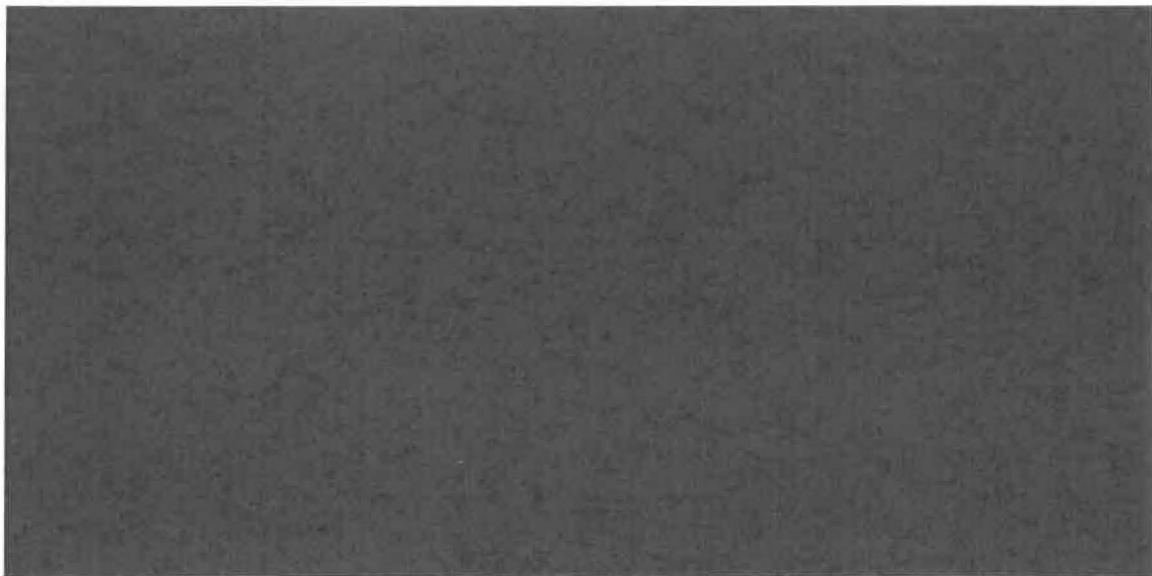


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Adolescent Mental Health Extended Treatment Initiative (incorporating the Barrett Adolescent Centre)

There has also been a substantial increase in community correspondence in response to the young person's death in early August. The Department of Health has subsequently called an independent Health Service Investigation into the governance and healthcare transition planning for the then current inpatients and day patients of the Barrett Adolescent Centre, post 6 August until its closure in January 2015. CHQ and West Moreton HHS have been working with the investigators to provide the requested information and documentation. The Director-General, Queensland Health, has requested a written report be provided to him by 16 September 2014.

Work continues on establishment of the AMHETI Services, with positions for the final of the three Brisbane-based Assertive Mobile Youth Outreach Service (AMYOS) teams now being appointed. The two existing AMYOS teams have commenced assessing and treating clients, and report that the right complexity of consumer is being referred to this service.

Three Service Agreements for the AMYOS teams in other Hospital and Health Services have been signed and returned to CHQ. The remaining two HHSs have indicated that their Service Agreements are in the process of being signed and returned. It is anticipated that recruitment for all remaining AMYOS teams will take place this month.

The search for a suitable site for the Adolescent Day Program continues. The Brisbane City Council has advised that it will not be possible to rezone the Kedron site due to facility limitations. In the interest of establishing the day program as soon as possible, the decision has been taken to use the Child and Family Therapy Unit (CAFTU), when it becomes vacant upon opening of the Lady Cilento Children's Hospital in November. CAFTU will serve as an interim site until a permanent, long term location can be secured.



Recruitment for the day program is drawing to a close, with the successful appointment of the Day Program Team Leader and a number of the mental health clinician positions. The successful Team Leader is a Mater employee and will commence at time of amalgamation. The Team Leader will assume responsibility for establishment of the Day Program, ensuring it is operational at commencement of the school term in January 2015.

More referrals to the Resi are being received as knowledge and awareness increases. A number of enquiries have been received from Pine Rivers, Caboolture, Sunshine Coast, Gold Coast and Ipswich but these have not converted to referrals due to the distance from the treating clinical team to Greenslopes, where the Resi is located. This illustrates the growing need for a Resi on the far north side of Brisbane and in the Gold Coast/Logan/Ipswich corridor.

A recent site visit to the Cairns Time Out House Initiative (TOHI) has identified that the cohort being treated are more severe and complex than first led to believe. Dr Stephen Stathis has made a recommendation that staff numbers and skill sets be increased to provide safe and appropriate care for these consumers.

The TOHI is currently funded by the Mental Health, Alcohol and Other Drugs Branch (MHAODB) but an additional funding source will be required to support an increase in staffing. It is proposed that CHQ fund the difference using AMHETI service underspend from 2014/15. Increasing the staffing and skill set will enable the TOHI to adopt services and processes similar to those at the Greenslopes Resi. Additional, recurrent funding will need to be identified if the TOHI is to continue past June 2015.

A Step Up/Step Down Unit for Cairns is still being progressed by the MHAODB. MHAODB is in liaison with Queensland Treasury to secure the capital funding for this initiative, even though recurrent, operational funding is yet to be confirmed.



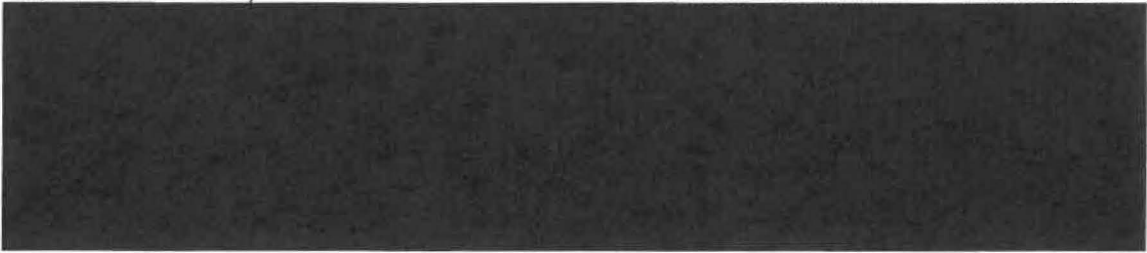
Health Service Chief Executive Report Dr Peter Steer

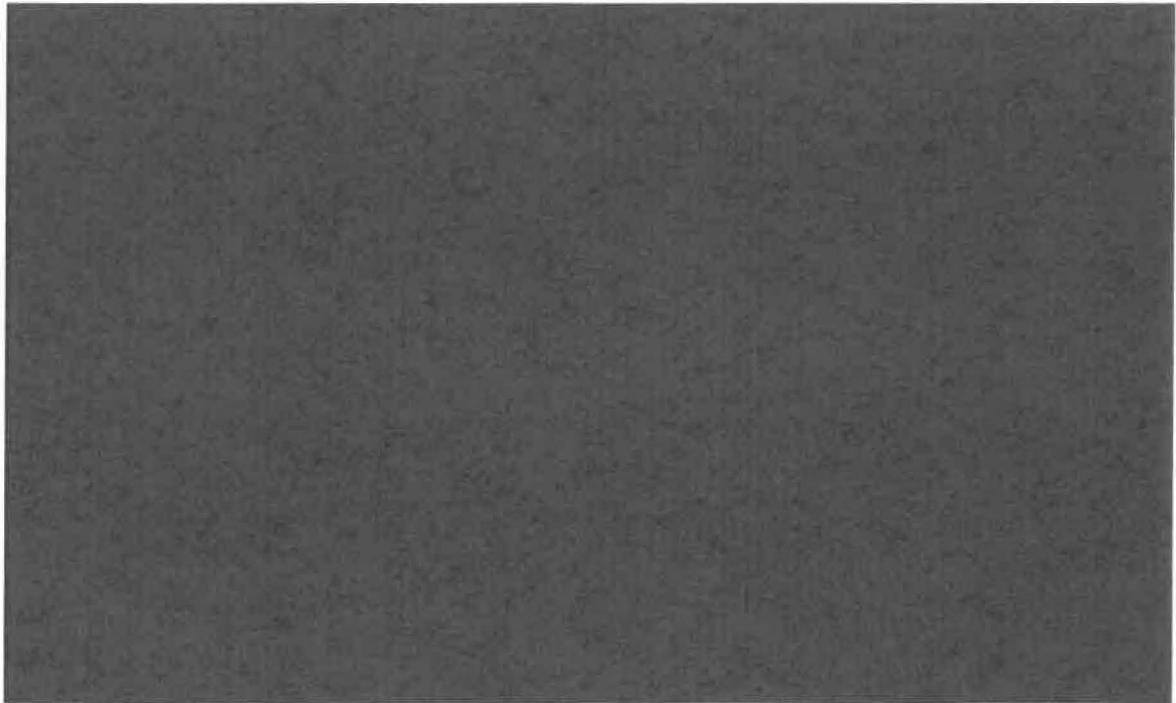
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Adolescent Mental Health Extended Treatment Initiative (incorporating the Barrett Adolescent Centre)

Work continues on establishment of the AMHETI Services, with all positions for the three Brisbane-based Assertive Mobile Youth Outreach Service (AMYOS) teams now being finalised.

Four Service Agreements for the AMYOS teams in other Hospital and Health Services have been signed, and recruitment activities have commenced. The remaining Service Agreement, with Metro North HHS, is currently being finalised following some additional questions.

The search for a suitable site for the Adolescent Day Program continues, with further site visits to Ashgrove and Alderley this month. In the meantime, work has commenced on identifying the required modifications to use the Child and Family Therapy Unit (CAFTU) as an interim site until a permanent, long term location can be secured.

The Residential Rehabilitation Unit (Resi) at Greenslopes is now at full capacity, with two new consumers joining the house this month and another on the wait list. A fifth consumer, previously on the waitlist, has successfully transitioned back home from the subacute beds at the Mater, and no longer requires a bed at the Resi.

CHQ continues to work with the Mental Health, Alcohol and Other Drugs Branch (MHAODB) and Aftercare to increase staffing at the Cairns Time Out House Initiative (TOHI). Increasing the staffing and skill set will enable the TOHI to adopt services and processes similar to those at the Greenslopes Resi. Additional, recurrent funding will need to be identified if the TOHI is to continue past June 2015.



A Step Up/Step Down Unit for Cairns is still being progressed by the MHAODB. MHAODB is in liaison with Queensland Treasury to secure the capital funding for this initiative, even though recurrent, operational funding is yet to be confirmed.

The current Right to Information request received on the transition and care planning for clients of the Barrett Adolescent Centre remains open. On the 10th September, the Director General advised that an extension had been granted to the external investigations for the due date of their written report, from 16 September 2014 to 31 October 2014 (Attachment 4.2.1.3). Contributing factors cited included the volume of documentation provided to them and the number of potential witnesses to be interviewed. CHQ received a request for further information in relation to an ex-Barrett consumer being treated at the [REDACTED] on 11th September, which was provided by the requested due date on 19th September 2014. Dr Stephen Stathis was interviewed as part of their investigation on 14th October 2014. No further activity or information exchange has occurred since then.

