

**6. TERMINATION****6.1 If the State is of the opinion that --**

- (a) the University is not complying with the terms of this Agreement; or
- (b) the objectives of the Services are not being met; or
- (c) the objectives are unlikely to be fulfilled; or
- (d) the Funding is not being applied for the purposes of the Services,

the State may give 14 days' written notice to the University requiring the University to comply with the terms of this Agreement. If the University does not remedy the breach in accordance with the terms of the notice, the State may withhold funding or immediately terminate this Agreement by written notice to the University, after which the State will be relieved of all and any liability to pay moneys to the University.

- 6.2 Termination of this Agreement pursuant to this clause will be without prejudice to any other rights the State may have against the University.
- 6.3 Termination of the Primary Funding Agreement will result in the Termination of this Agreement.

**7. ENTIRE AGREEMENT**

- 7.1 The terms of the agreement between the parties are those set out in this Agreement and the Primary Funding Agreement, and no written or oral agreement, arrangement or understanding made or entered into prior to the Commencement Date will in any way be read or incorporated into this Agreement.
- 7.2 The University acknowledges that in entering this Agreement it has not relied on any statement, representation, warranty or condition made by the State in respect of the subject matter of this Agreement.

**8. COSTS**

- 8.1 Each party will pay their own costs, (including legal costs), expenses and disbursements of and incidental to the preparation, execution and stamping of this Agreement.
- 8.2 Any stamp duty payable on this Agreement will be paid by the University.

**9. EXECUTION**

The parties shall execute 2 copies of this Agreement, with each party retaining an original copy.

## SCHEDULE 1

## THE SERVICES

1. **Purpose:**

The Chair of Child and Adolescent Psychiatry provides leadership and clinical direction for child and youth mental health services consistent with best practice and emerging evidence. The position also supports and contributes to the education of mental health professionals, and the development of child and youth mental health service systems at the Queensland Children's Hospital.

2. **Details of Services to be provided:**

The Chair of Child and Adolescent Psychiatry is required to maintain a close relationship between Queensland Health, as the primary provider of mental health services across the state, and the University of Queensland, a recognised institution of excellence in the field of mental health training and research. In addition, the Chair is required to provide specific deliverables that advance child and youth mental health services across Queensland.

For the contract period of 2011 – 2014, the key deliverables of the Chair of Child and Adolescent Psychiatry are:

1. **Provision of expert leadership in the area of child and youth mental health issues at state and national level**

1.1. This requires active and regular participation in the Statewide Queensland Health Child and Youth Advisory Group under the Statewide Mental Health Network.

1.2. This requires active and regular participation on relevant mental health reform committees and working groups at a state and national level.

2. **Maintaining a close relationship with the Directors, Managers and Policy Officers tasked with planning, developing and implementing the child and youth mental health systems and services at the Queensland Children's Hospital.**

Opening in late 2014, the Queensland Children's Hospital will be the major specialist children's hospital for the state, as well as provide general health care to children in the local inner-Brisbane community. Queensland Health will deliver an integrated and holistic suite of services from the Queensland Children's Hospital, including best-practice child, adolescent and family mental health services.

2.1. This requires active and regular participation in the Statewide Queensland Health Child and Youth Advisory Group, in addition to formal mechanisms created to plan Queensland Children's Hospital services.

3. **Support the planning, provision and maintenance of quality training and education for child and youth mental health professionals from all relevant disciplines.**

3.1. This requires active and regular participation in the development of workforce development strategies, projects and training programs for the child and youth and general mental health workforce - actioned through the Queensland Centre for Mental Health Learning and the Workforce Development Workgroup of the Statewide Queensland Health Child and Youth Advisory Group.

Certified

Kim Woolgar

Director Community Services Unit

25.1.12

4. **Provision of expert clinical direction for the Child and Youth Mental Health Service consistent with best practice and emerging evidence.**
  - 4.1. This requires the provision of expert consultation, information and advice regarding evidence based assessment and intervention within child and youth mental health to Queensland district mental health services - actioned through the Statewide Queensland Health Child and Youth Advisory Group.

**Certified**  
**Kim Woolgar**  
**Director Community Services Unit**  
25.1.12

**SCHEDULE 2**

**TIME FRAME FOR SERVICES**

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**Commencement Date:** 01 July 2011

**Completion Date:** 30 June 2014

**SCHEDULE 3****REPORTS**

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1. The University must provide to the State periodic activity reports to the Contact Officer detailed in Schedule 5 for the following periods –
  - (a) **Six Monthly Activity Reports** for each year that details actions and outcomes relating to each of the deliverables outlined in Schedule 1 as follows:

July - December	to be submitted by 31 January
January – June	to be submitted by 31 July
  - (b) **Six Monthly Financial Reports** for each year as follows:

July - December	to be submitted by 31 January
January – June	to be submitted by 31 July
2. Reports must be in writing.
3. In each Report the University must verify progress in respect of the Services, including the level of success in meeting stated objectives or milestones and include a detailed accounting of the expenditure and acquittal of the Funding.
4. The last Report must be delivered to the State within 30 days after the Completion Date.
5. The last Report must incorporate all matters relevant to the expenditure of the Funding, including a certified income and expenditure statement from the Senior Accountant (Research and Commercial Service).

**SCHEDULE 4****SCHEDULE OF PAYMENTS TO BE MADE TO THE UNIVERSITY BY THE STATE**

<b>Funding (GST EXCLUSIVE):</b>	<b>\$1,040,073</b>
<b>Payable as follows:</b>	<b>In quarterly installments for each financial year (1 July to 30 June) following full execution of the Agreement by both parties:</b>
<b>2011/2012 Financial Year:</b>	<b>\$346,691</b>
<b>2012/2013 Financial Year:</b>	<b>\$346,691</b>
<b>2013/2014 Financial Year:</b>	<b>\$346,691</b>

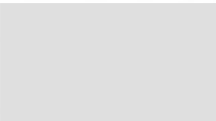
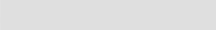
**Certified**  
**Kim Woolgar**  
**Director Community Services Unit**

25.1.12

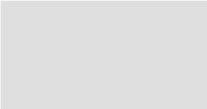
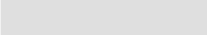
**SCHEDULE 5****ADDRESS OF PARTIES**

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**The State**

**Name:** Mr Bill Stewart  
**Position:** Senior Director  
Health Services Purchasing & Logistics Branch  
**Address:** Level 6  
Anzac Square Building  
200 Adelaide Street  
BRISBANE QLD 4000  
**Telephone:**   
**Facsimile:** 

**The University**

**Name:** Professor David Wilkinson  
**Position:** Head – School of Medicine  
**Address:** Mayne Medical School  
288 Herston Road, Herston  
BRISBANE QLD 4006  
**Telephone:**   
**Facsimile:** 

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**CONTACT OFFICERS**


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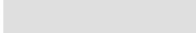
**The State**

**Name:** Ms Marlene Berry

**Position:** Manager – Community Services Unit  
Health Services Purchasing and Logistics Branch

**Address:** Level 4  
Anzac Square Building  
200 Adelaide Street  
BRISBANE QLD 4000

**Telephone:** 

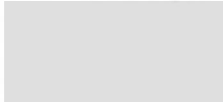
**Facsimile:** 

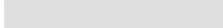
**The University**

**Name:** Professor Graham Martin

**Position:** Director, Child and Adolescent Psychiatry and Clinical Director,  
Children's Health Services, Royal Children's Hospital, Child and  
Youth Mental Health Service,

**Address:** University of Queensland  
K Floor, Mental Health Centre  
Royal Brisbane and Women's Hospital  
Herston QLD 4006

**Telephone:** 

**Facsimile:** 



**SCHEDULE 6****INTELLECTUAL PROPERTY**

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- 6.1 Unless otherwise specified in Schedule 6A, title to and Intellectual Property Rights in all Material ("Project IP") will vest in the State in accordance with clauses 6.2 and 6.3.
- 6.2 Title to and Project IP, including each and every stage of design and production of it, will upon its creation be transferred to the State without need for further assurance.
- 6.3 This Agreement does not affect Intellectual Property Rights in Existing Material but the University grants, and will ensure that relevant third parties grant, to the State a paid up non-exclusive, non-transferable license:
- (a) to use, reproduce and adapt for its own use;
  - (b) to perform any other act with respect to copyright; and
  - (c) subject to the prior written consent of the University, to manufacture, sell, hire or otherwise exploit a product or process or to provide a service or to license a third party to do any of those things in respect of, the Existing Material but only as part of the Project IP (and any further development of that material).
- 6.4 Each Party grants to the other Party:
- (a) royalty-free and licence fee-free, non-exclusive licence for the term to use and copy the Project IP for the purposes of performing the Services and the Agreement; and
  - (b) a perpetual, irrevocable, royalty-free and licence fee-free, non-exclusive licence to use, copy and modify the Project IP for their own Internal Purposes. For the purposes of this clause, "Internal Purposes" means non-commercial internal research, development, testing and the internal operational purposes of a Party including in respect of the University its teaching and academic purposes. For the avoidance of doubt, Internal Purposes shall not include:
    - (i) the sale or provision of the relevant intellectual property to any third party nor its incorporation in any product or process directly or indirectly provided to a third party;
    - (ii) the right to sub-licence the relevant intellectual property;
    - (iii) allowing the relevant intellectual property to be placed in the public domain (except as required at law); or
    - (iv) Commercialisation of the relevant intellectual property.
- 6.5 Upon the expiration or earlier termination of this Agreement, the University will deliver to the State a copy of all records and Project IP, and if necessary, transfer or have transferred any Intellectual Property Rights to the State or the parties in accordance with this Agreement.

- 6.6 Subject to clause 6.4, the University will ensure that Project IP and records are used, copied, supplied or reproduced only for the purposes of this Agreement.
- 6.7 Prior to commencing work in relation to the Project IP, the University will obtain from every person, who is not an employee of the University, and who is to create Project IP, and provide to the State, a written assignment from that person of any Intellectual Property Rights which may vest in that person as a result of that person performing the work.
- 6.8 If any Project IP is produced or reproduced in an electronic format, the University must deliver it to the State in a format approved in writing by the State.
- 6.9 If any Project IP is produced or reproduced in an electronic format or stored electronically, the University must not store it on a foreign computer without keeping the current version of the Project IP on separate media as specified and delivering it to the State at the intervals specified.
- 6.10 The University must not produce, reproduce or store Project IP in such a way that it is mixed with, attached to or indistinguishable without the use of a computer from material that is not the subject of this Agreement.
- 6.11 For the purpose of this clause, "*foreign computer*" means a hard disk or other similar device to a computer that is not the property of the State.
- 6.12 Intellectual Property Rights in records supplied to the University by the State for reproduction or guidance remains vested in the State. The State grants the University a right to use these materials for the purpose of providing the Services, for the life of this Funding Agreement.
- 6.13 Each Party agrees to obtain for the other Party an enforceable, irrevocable and unconditional written consent from each of its respective employees or contractors/agents and students creating the Project IP, which is a consent to any conduct of the Parties that would otherwise infringe that author's moral rights (as defined in the *Copyright Act 1968*) in the Project IP including consent for the parties, their licensees and successors in title to:
- (a) make alterations to or deletions from the Project IP, and
  - (b) use the Project IP in a manner that does not identify the author.

#### **Commercialisation of Intellectual Property**

- 6.14 The University and the State will share the income from any commercialisation of the Project IP in the portion specified in Schedule 6A.
- 6.15 The University and the State will review Project IP to determine whether or not it is capable of commercialisation.
- 6.16 If the Project IP is commercially viable the State at its own cost may at its election commercialise the Project IP and the parties agree to pay the commercialisation income as provided in clause 6.14 and the University agrees to co-operate with the State of Queensland to complete all documentation required for the commercialisation.

- 6.17 If the State does not commercialise the Project IP under clause 6.15 within 12 months from the end of the Funding period, then the University is entitled in its discretion to commercialise by itself at its own cost and as it considers fit in which case the State shall share in the income from the commercialisation according to the proportions as provided in clause 6.14 provided that in the event the State elects to contribute towards commercialisation costs of the Project IP such costs will be paid out from the commercialisation income in priority to any other payment of this income.
- 6.18 The Parties acknowledge that it is desirable for students enrolled in Australian universities to be involved in the activities of the Project. The University shall be responsible for ensuring that student involvement is consistent with the terms of this Agreement.
- 6.19 Any agreement entered into with students relating to the Project shall also be consistent with the following principles:
- (a) copyright in a student's thesis shall belong to the student;
  - (b) any restrictions on the right of a student to publish his/her thesis shall only be such as are reasonably necessary in the circumstances;
  - (c) the right of a student to have any thesis examined must not be inhibited; and
  - (d) it is acceptable to require each examiner of the thesis to provide appropriate acknowledgements of confidentiality so as to protect Confidential Information.

#### SCHEDULE 6A

1. The University and the State will own the Project IP as tenants in common in equal shares.
2. Unless agreed otherwise, the University and the State will share income derived from the commercialisation of the Project IP (clause 6.14) on an equal basis of 50% each.

**SCHEDULE 7****INSURANCE**

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1. Public Liability Insurance \$20 million per event with an aggregate of \$20 million per year.
2. Professional Indemnity Insurance \$20 million per event with an aggregate of \$20 million per year.

SCHEDULE 8

GST STATUS & ABN AMENDMENT FORM

This form is to be used by the University to notify Queensland Health of any amendment to the University's GST Status or ABN (refer to Clause 5.7).

1. University Details:

- 1.1 University Name: \_\_\_\_\_
- 1.2 Postal Address: \_\_\_\_\_
- 1.3 Physical Address: \_\_\_\_\_
- 1.4 Contact Details:
  - 1.4.1 Name: \_\_\_\_\_
  - 1.4.2 Position: \_\_\_\_\_
  - 1.4.3 Phone 1: \_\_\_\_\_
  - 1.4.4 Phone 2: \_\_\_\_\_
  - 1.4.5 Fax: \_\_\_\_\_
  - 1.4.6 Email: \_\_\_\_\_

2. Australian Business Number (ABN) if applicable:

2.1 If the University has an ABN number already, please state it and proceed to the Section 3.

[ ]	[ ]	-	[ ]	[ ]	[ ]	-	[ ]	[ ]	[ ]	-	[ ]	[ ]	[ ]
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- 2.2 Has the University applied for an ABN number, but not yet received it from the Australian Taxation Office?  
Yes  No
- 2.3 Does the University intend to apply for an Australian Business Number (ABN)?  
Yes  No
- 2.4 If the University does not intend to apply for an ABN, is the University exempt under the NEW tax legislation?  
Yes  No
- 2.4.1 If Yes, please attach a copy of ATO confirmation of the tax exempt status.

3. Goods and Services Tax (GST) Registration

- 3.1 Is the University registered for GST? Yes  No  If yes, go to Section 3.4
- 3.2 Has the University been registered for GST but not yet received confirmation from the Australian Taxation Office? Yes  No
- 3.3 Is it intended to register the University for GST? Yes  No
- 3.4 If the University is registered or required to be registered for GST purposes, the University agrees to the GST conditions detailed in section 5 of this Funding Agreement including Queensland Health issuing Recipient Created Tax Invoices (RCTI) and Recipient Created Adjustment Notes (RCANS) in respect of all taxable supplies made by the University to Queensland Health.

4. I confirm the above details are correct or have been amended as required.


Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Position: Secretary & Bursar Date: ...../...../.....

THE PARTIES HAVE EXECUTED THIS AGREEMENT ON THE DATES APPEARING BELOW.


Signed for and on behalf of the  
 the STATE OF QUEENSLAND  
 this 28 day of Nov 2011  
 by  
NEIL CASTLES  
 (full name)  
 Neil Castles  
 Deputy Director-General  
 Finance, Procurement and Legal Services  
 Department of Health  
 who is a duly authorised officer

  
 (signature)

in the presence of:  
  
 (witness)

Signed for and on behalf of the  
 the UNIVERSITY OF QUEENSLAND  
 this 7 day of November 2011  
 by  
MAURIE McMARN, AO  
 (full name)  
EXECUTIVE DIRECTOR (OPERATIONS)  
 (Position)  
 who is a duly authorised officer

  
 (signature)

in the presence of:  
  
 (witness)  
 Jennifer Robln Smith

Certified  
 Kim Woolgar  
 Director Community Services Unit

"D"



Queensland Government

**WEST MORETON HOSPITAL AND HEALTH SERVICE**

**The Park – Centre for Mental Health  
Treatment, Research and Education**

Queensland Health

**BARRETT ADOLESCENT CENTRE**

Enquiries: S Daniel

Telephone:

Facsimile:

9 August 2013

Hello

The recent uncertainty around the future of the Barrett Adolescent Centre has been a challenging and concerning one, and in the face of your own adversities I sincerely thank you for your support and patience during this time. After an extensive review process a decision has been made to continue the extended care mental health services for adolescents. However we will not continue at the current site and it is hoped that by the beginning of 2014, the process of transitioning to the new site will commence. Attached you find a message from the District Executive Director for Mental Health and Specialised Services for our District (West Moreton), as well as fact sheet, media statement and the recommendations from the review process.

I wanted to reassure you that no restrictions have been issued on current adolescents who are on the waiting list and that they will be transferred over to the wait list for the service at the new site. The new site has not yet been determined but it is proposed that it will continue within the South East Queensland area.

If you have any questions, please feel free to contact me in the first instance, then Dr Trevor Sadler or the Nurse Unit Manager.

Kind regards



**Sue Daniel**  
Community Liaison

Office/Postal  
Barrett Adolescent Centre  
C/- The Park – Centre for Mental Health  
Locked Bag 500  
SUMNER PARK BC Q 4074

Telephone:

Facsimile No:



West Moreton Hospital and Health Service

Enquiries to: Ms Sharon Kelly  
 Telephone: [REDACTED]  
 Our Ref: 130808

Dear Carer

I understand that your family member is currently on the waitlist to receive assessment or care from the Barrett Adolescent Centre at The Park Centre for Mental Health. With this in mind, I would like to provide you with an update on the Barrett Adolescent Centre Strategy, on behalf of West Moreton Hospital and Health Service.

State-wide governance for adolescent mental health extended treatment and rehabilitation will be moving to Children's Health Queensland.

As identified in an announcement earlier this week by West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive Dr Peter Steer, adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

Importantly, our goal in West Moreton Hospital and Health Service continues to be to ensure that adolescents requiring mental health extended treatment and rehabilitation will receive the most appropriate care for their individual needs. We will work with your adolescent and your family, in addition to your local mental health service to enable your adolescent to access the most appropriate care, whether that be through Barrett Adolescent Centre or an alternative option that best meets their needs.

Our clinicians will be contacting you over the next week to discuss the information provided today and to reconsider your specific needs in this context. We will also be contacting the service provider who referred you to Barrett Adolescent Centre to inform them of the announcements made.

For further information about Barrett Adolescent Centre and the planning for new state-wide service options in adolescent mental health extended treatment and rehabilitation, please find attached a media statement, a copy of the seven expert clinical reference group recommendations submitted to the West Moreton Hospital and Health Board, and a FAQs sheet.

If you have any further queries, please do not hesitate to contact me on [REDACTED]

Yours sincerely

Sharon Kelly  
 Executive Director  
 Mental Health & Specialised Services  
 West Moreton Hospital and Health Service

8 August 2013

Office

The Park - Centre for Mental Health  
 Administration Building, Gnr Ellerton Drive and  
 Woilston Park Road, Wacol, Qld 4076

Postal

Locked Bag 500,  
 Sumner Park BC,  
 Qld 4074

Phone



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



Queensland  
Government

## 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



**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.

**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**

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
<p>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.</p>	<p>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.</p>
<p>b) Formal planning including consultation with stakeholder groups will be required.</p>	<p>Accept with the following considerations. This body of work should be incorporated into the statewide planning and implementation process (as above).</p>

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

ECRG Recommendation	Planning Group Recommendation
<p>a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.</p>	<p>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</p>

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
<p>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.</p>	<p>Accept.</p>
<p>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>	<p><b>Accept with the following considerations.</b></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>
<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>	<p>Accept.</p> <p>The ECRG and the Planning Group strongly supported this recommendation.</p>

**4. Duration of treatment**

ECRG Recommendation	Planning Group Recommendation
<p>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>	<p><b>Accept with the following considerations.</b></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
<p>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>	<p><b>Accept with the following considerations.</b></p> <p>The Planning Group recommends removing "Band 7" from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>



ECRG Recommendations	Planning Group Recommendations
<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><b>Accept with the following consideration.</b>                      The Planning Group recommends this statement should be changed to read as:                      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>

**5. 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><b>Accept with the following consideration.</b>                      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><b>Accept.</b></p>
<p>c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.</p>	<p><b>Accept.</b></p>

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

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