EXHIBIT 217

Adolescent Mental Health Extended Treatment and Rehabilitation Service Options

Target Population

Provide recovery-oriented treatment and rehabilitation for young people aged 13-17 years with severe and persistent mental health that may include co-morbid alcohol and other drug (AOD) problems, which significantly interfere with social, emotional, behavioural, and psychological functioning and development. (Flexibility in upper age limit, depending on presenting issue and developmental age, as opposed to chronological age).

Expert Clinical Reference Group Principles:

A key principle for child and youth mental health services is that young people are treated in the least restrictive environment possible, and one which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to family, educational, social, and community networks.

- Develop/maintain stable networks
- Promote wellness and help young people and their families in a youth oriented environment
- Provide services either in, or as close to, the young person's local community
- Collaborate with the young person and their family and support people to develop a recovery based treatment plan that promotes holistic wellbeing
- Collaborate with other external services to offer continuity of care and seamless service delivery, enabling the young person and their family to transition to their community and services with ease
- Integrate with child and youth mental health services (CYMHS), and as required, adult mental health services
- Recognise that young people need help with a variety of issues and not just illness
- Utilise and access community-based supports and services where they exist, rather than re-create all supports and services within the mental health setting
- Treat consumers and their families/carers in a supportive therapeutic environment provided by a multidisciplinary team of clinicians and community-based staff
- Provide flexible and targeted programs that can be delivered across a range of contexts and environments
- Have the capacity to deliver services in a therapeutic milieu with family members; support and work with the family in their own environment and keep the family engaged with the young person and the problems they are facing.
- Have capacity to offer intensive family therapy and family support
- Have flexible options from 24 hour inpatient care to partial hospitalisation and day treatment with ambulant approaches; step up/step down
- Acknowledge the essential role that educational/vocational activities and networks have on the recovery process of a young person
- Engage with a range of educational or vocational support services appropriate to the needs of the young person and the requirements of their treatment environment, and encourage engagement/reengagement of positive and supportive social, family, educational and vocational connections.

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Service Options where the adolescent, their family and the community are central to its success:

Identified for all levels (future):

- AOD and dual diagnosis services for adolescents with capacity for family as well as individual intervention across all tiers/need levels
- Family support and intervention including but not limited to family therapy across all levels
- CYMHS intake specialist assessment and collaborative determination (with family) for best service options along the continuum to meet needs
- Need service for 18 - 25 year olds with borderline personality and other disorders not deemed serious enough for Adult Services
- Seamless service across AOD+MH, Adult to Child, primary care to tertiary care
- Ensure consistent use of single consumer clinical record for all organisations to access (CIMHA)
- Care coordination – MDTR – multi-disciplinary team review
- Special consideration for ATSI, culturally and linguistically diverse (CALD), rural and remote, homeless

Acute Inpatient Care	Current	Future
Providers	CYMHS/HHS Acute Beds: Royal Children's Hospital 10 beds 0-14yo Royal Women's Hospital 12 beds 14-17yo Mater South Brisbane 12 beds 0-17yo Logan Hospital 10 beds 13-17yo Robina Hospital 8 beds 0-17yo Toowoomba 8 beds 14-17yo Townsville (new) 8 beds 14-17yo Paediatric Beds	Statewide bed management service IPU in Cairns
Environment of Delivery	Hospital setting Access to high dependency units and other medical specialties Co-located with day program units Safe, predictable environment away from stressors Availability of a seclusion room Access to school	24 hour admission Department of Emergency Medicine (DEM) to cover extended hours and weekends Reduce stigma in DEM Peer support for DEM Specialist CYMHS in DEM Access to after-hours adolescent MH clinicians to assess and refer (a lot of presentations to DEM between 10pm and 1am) Greater collaboration with Paediatric beds Utilise vacant beds when on leave Cease admission to adults Quiet spaces (for out of control autistic children) and privacy More High Dependency Units Young adult inpatient services for 17-25 y.o.
Diagnoses	Level of acuity or risk assessed as high – actively suicidal, homicidal or aggressive No capacity to engage and comply with treatment Actively using illegal substances Unable to be managed in the community	
Exclusion Criteria	Purely accommodation issues Medically compromised (need a medical bed) No or low risk of harm to self and others – safe to be in the community No identified mental illness Long term MH issues not amenable to acute care Conduct Dx with no co-morbid MH issues	Gap with NGOs due to age criteria
Referral In	Limited planned admissions Family and Peers headspace CYMHS NGOs Filtered through MHS Paediatrics Adult AMHU (regional) Schools Emergency Department Hospital inpatients Day Programs Units Private clinicians - GPs, psychs * No need to go through DEM although after hour admissions are only available through DEM	Acute inpatient sits alongside other levels of care - goals are diagnosis, stabilisation, and risk management Entry must be through MH assessment

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Acute Inpatient Care	Current	Future
Treatment	Defusing - aggression management Speech and language Psychometric assessments Sensory modulation CBT, ACT, IPT, wellness Expressive therapy (art, music, play, exercise) Individual and family therapy Structure program for sleep and hygiene Mentalisation Continuous and close observation Attachment and development Overnight leave Acute withdrawal AOD	Specialist CYMHS in DEM Information packs from NGOs Family-centred care for parents and siblings Flexibility to meet the needs of patients and families Communicate more effectively and honestly with parents/carers when consumers present in DEM - contain their fears Specialist assessment and planning Validate ACT expertise in risk assessment and immediate management and support with C&A expertise Treatment planning to include emergency admissions - consider prioritise for acute and not refer out to AMHU Recognise need for leave in IPU treatment plans Drug and alcohol - dual diagnosis
Skills	Risk assessment Discharge planning Child and youth training/experience Case Management Organise investigations Medication Milieu therapy Individual and family therapy Trauma knowledge Child safety legislation knowledge	
Length of Stay	KPI is 14 days Ranges from 1 day to 6 months (rare) - ave is 10 to 14 days Ranges from 1 day to 150 days - Logan is 8 days Longer stays with eating disorder patients	14 days
Step Up / Down / Out	Non-acute inpatient Day Program Adult MH headspace DOCs NGOs Private providers PHaMs	
Further Research		ACT model of care May 2013
Staffing		
Funding	Individual HHSs	Individual HHSs
Governance	Individual HHSs	Individual HHSs

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Non-Acute Inpatient	Current	Future
Providers	Barrett Adolescent Centre (15 beds)	1 or 2 units in Qld – SE Qld and North Qld
Environment of Delivery	24 x 7 delivery Access for state-wide consumers Old, dated and unnatural Provides space and green Secure and lockable Not purpose built Near forensic service site at Wacol Near train line	Small units of 2-5 beds - 10 beds maximum Not an institution An alternative to hospital beds Mobile therapeutic team for extended care Use foster placement or residential facilities Family / Carer accommodation Need a secure model if in on ITO Purpose built Provide respite care Good links to hospital
Diagnoses	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. Includes: persistent depression, concomitant symptoms, social anxiety disorder, PTSD, self-harm, suicidal persistent psychosis, persistent eating disorder, etc.	Include AOD in the model Psychosis Mood disorders Personality disorders
Exclusion Criteria	Level of acuity or risk assessed as high – actively suicidal, homicidal or aggressive No capacity to or difficult to engage and comply with treatment Actively using illegal substances Younger adolescents Involuntary/Unwilling (except ITO) Predominantly social (e.g. child protection) Conduct disorder Needing crisis care	What about eating disorders? What about emerging BPD and dysregulation?
Referral In	Narrow and Limited Tertiary MHS and CYMHS Acute units Day Program Private psychologists and psychiatrists, GPs, Guidance Officers, Families Problem: referrers disengage / close the case once referred	Only referred in when all other options have been exhausted, e.g. in the community, CYMHS, inpatient, and day programs CYMHS Assessment Statewide Clinical Referral Panel (representation from multidisciplinary MH clinicians and community sector)
Treatment	Current care has worked well with severely disabled, complex psychotic and severe complex chronic suicidal and violent Fragmentation of treatment plan between BAC and community Sustained therapeutic relationships Rehabilitation Developmentally appropriate Institutional care impact on certain clusters of	In-patient therapeutic milieu Integrated care with local CYMHS Individual, family and group Therapeutic and Rehabilitation Programs – 7 days per week On-site education and vocational support with option to attend local school Capacity for family/carer admissions (family room)

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Non-Acute Inpatient	Current	Future
	patients Pre-vocational TAFE Schooling essential Sensory modulation CBT, ACT, IPT, wellness Expressive therapy (art, music, play, exercise) Individual and family therapy Case management by nursing staff Milieu Social skills group Dietician / meal therapy Dialectical Behaviour Therapy (DBT) Life skills group Adventure based learning Continuous and close observation	Maintains family engagement with the adolescent Well-staffed day program Care coordination - with parents, foster family, etc. and next stage of care Underpinned by stable residential environment with high supervision Support transition back to the community Wrap around services on exit Community Liaison Social inclusiveness - build social supports for young people dislocated from education Build partnerships in the community, e.g. TAFE, gyms, recreational services, employment agencies, etc.
Skills	MDT Experienced clinicians with tertiary level specialist care areas and disciplines – risk assessment, assess mental state, manager emotional dysregulation, manage behaviours and impaired medical states, provide therapeutic interventions Understand trauma and attachment Maintains boundaries Psycho-pharm Medical care / education Nurses Allied health Dietician Family Therapy Maudsley Program for Eating Disorders Education	Specialised Mental Health staff Staff need higher skill level than inpatient and day program staff CNC Nursing Allied health Support workers AO Consultant registrar
Length of Stay	1 to 2 years 6 to 18 months Too long away from carers and community	Medium term admissions up to 3mths 3 to 6 months Individually assessed - include flexibility Short as possible time to achieve clinical outcome and then return to community
Step Up / Down / Out	CYMHS Adult MHS Child Safety Housing	Need central team to support regional team when consumer returns to the community Clarify exit criteria Clarify point of discharge and step down to MH provider, parents or community Need effective discharge planning
Further Research		ACME house transition model VIC Spectrum Program (adult personality disorders) Modified therapeutic communities' model / framework from AOD / Dual Diagnosis Y-PARC
Staffing		Multidisciplinary and clinical DETE
Funding	To be determined – nil capital funding allocated Potential site not identified at this time	Based on 10 beds in Victoria Model • $3.5m capital • $1.8m operating
Governance	WM HHS	

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Residential Service	(Not currently available) Future
Providers	None currently NB: TOHI in Cairns for over 18yo
Environment of delivery	24 x 7 availability Toowoomba, Sunshine Coast, Gold Coast, Rockhampton, Townsville, Cairns Co-locate with Day Program Services Bed-based residential and respite service for after hours and weekend care Potential for family rooms to accommodate family members AOD residential rehab for under 18 year olds Similar to current provision by NGO but with higher levels of expertise and skill Supported accommodation to transition to independent living Need young adult community services - 17-25 year olds Youth camps like Booya, youth justice/NGOs for up to 6 weeks Could be a stand-alone service with specific target cohort and own FTE with skill base Option to residential is recruit foster carers
Diagnoses	Psychosis Mood disorders Personality disorders Accommodation needs of family due to geographic distance Capacity to live in a group setting
Exclusion Criteria	Level of acuity or risk assessed as high – actively suicidal, homicidal or aggressive No capacity to engage and comply with treatment Actively using illegal substances
Referral In	CYMHS Assessment ADAWS Other AOD Programs Court headspace Inpatient units with reduced acuity Private practitioners and Community Clinics IPU persistent
Treatment	Provides accommodation but not the intervention Day program attendance Outreach and out-of-hours services for patients In-reach CYMHS support In-reach education and vocational support with option to attend local school Integrate with local acute inpatient, day program, and public community MH teams Group Program Case Manager +/- initial referrer Social Skills Daily living skills Family work Develop strengths for parents / carers (so not dependent on day program)
Skills Required	Community support staff (community-based provider) or skilled MH clinician onsite for 24x7 operations Training and in-reach by CYMHS Basic medical skills, e.g. first aid, CPR Family-centred care Allied health - OT, dietician, psych, nurses Drugs and alcohol AOD intervention skills Therapeutic carer skills Clinical liaison to coordinate care Child safety assessment / input
Length of Stay	Up to 6 months Up to 12 months Case-by-case basis

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Residential Service	(Not currently available) Future
Step Up / Down / Out	Inpatient units with increased acuity Day programs CYMHS Adult MHS Child Safety Housing Private providers
Further Research	QLD Community of Care Unit (for >18 years old) ADAWS residential model Child Safety Accommodation Programs - Therapeutic Residential (Placement) Services (TRS) – 12-15yo, for up to 18 months (DoC) – Cairns, Townsville, Morayfield, Goodna Ted Noffs in NSW Resi model + day program in Vic USAS in Vic WA has NGO resi with State MH Day Program
Staffing	Multidisciplinary and clinical Staffing from community sector DETE
Funding	To be confirmed
Governance	Residential accommodation in partnership with community-based provider and CHQ

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Day Programs	Current	Future
Providers	CYMHS Mater Barrett Adolescent Centre	New day programs
Environment of Delivery	• South Brisbane • Toowoomba • Townsville 12 to 15 places per day program Monday to Friday Business Hours Attached to CYMHS or hospitals - linked with an acute facility or bed unit Access to education Mater - Purpose built Barrett - not purpose built, forensic setting, distant from homes Need to have good family support	• Royal Children's Hospital Catchment • Prince Charles Hospital • Gold Coast • Sunshine Coast • Townsville • Rockhampton 12 to 15 places per day program Local - near home and family Increase the number of programs to cater for increased number of patients Young adult community services - 17-25 year olds Outreach and out of hours services for patients Need to have good family support
Diagnoses	Anxiety School refusal May require admission into an Inpatient Unit (acute or other) and attend day program during business hours	
Exclusion Criteria	Outside of region Tried community CYMHS or Private Therapy and will benefit from program Medium to long term high acuity, risk to self or others, severe and persistent problems, conduct disorder	
Referral In	Private practitioners and Community Clinics ADAWS Other AOD Programs Court headspace Acute and non-acute inpatient units with reduced acuity CYMHS IPU persistent	CYMHS Assessment - overarching MH intake process for all referrals
Treatment	Group Program Case Manager +/- initial referrer Delivered in a therapeutic milieu (including day program, family home, school setting, etc.) Family-centred care Sensory modulation CBT, ACT, IPT, wellness Expressive therapy (art, music, play, exercise) Individual and family therapy Rehabilitation Programs Social Skills Daily living skills Family work Art therapy Parent Group DBT Education Program onsite and vocational services where required (DETE)	Care coordination Modularised Guidance officers in day programs Child safety assessment / input Focus on functional recovery and life skills Utilise NGO sector to delivery components of the day program to encourage links to the community Modified therapeutic communities (refer AOD framework) Flexibility to meet individual developmental need Step down - ACT model of care May 2013 4-4-4 Home visits when needed Pet therapy Music, dance, and art therapy Develop strengths for parents / carers Program is designed and delivered in collaboration between CYMHS, day program, NGOs, families, consumer, etc.

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Day Programs	Current	Future
		Education/Vocational component with option to attend local school Needs parent / carer engagement
Skills	Peer work Basic medical skills, e.g. first aid, CPR Allied health - OT, dietician, psych, nurses Drugs and alcohol Sand play and art therapy Systematic desensitisation Daily living activities Recreational activities	AOD intervention skills Dual diagnosis Therapeutic carer skills Clinical liaison to coordinate care Multidisciplinary Clinical Staff from community sector DETE
Length of Stay	Attendance up to 5 days Monday to Friday Mater - 6 to 12 months maximum Barrett - ave 12 months 6 to 8 months - with some longer stays	Attendance up to 5 days Monday to Friday Up to 12 months – case-by-case basis
Step Up / Down / Out	To inpatient unit when increase in acuity Adult MHS Child Safety Housing CYMHS Outreach	
Further Research		WA has NGO resi with State MH Day Program
Staffing		Multidisciplinary and clinical Staffing from community sector DETE
Funding	To be determined	To be determined
Governance	Mater, HHSs	CHQ HHS

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Outreach and Outpatient	Current	Future
Providers	CYMHS and e-CYMHS Statewide eating disorder CYMHS service MHAODB Child and Youth Forensic Outreach Service HHSs Evolve Therapeutic Services Wuchapperan Cains ATSI Mental Health EPPIC TOHI Logan CYFOS	Amalgamate Evolve and CYMHS
Environment of Delivery	Existing locations around the state Colocation of services Mobile (only a few) e-CYMHS rural & remote (provides GP liaison) 15 MITT case managers travel to HHSs in consultation with eCYMHS Business Hours Monday to Friday	Integrated with adults? Youth Acute Care Teams Mobile intensive outreach to community, homes, & DEMs in and out of hours Home-based service delivery Frequent contact More outreach services Increase accessibility in remote areas Stay near community
Diagnoses	Beyond mild to moderate MH issues	
Exclusion Criteria	Severe and complex mental health issues Evolve = top 17% of children in child protection	
Referral In	Family or peers Primary carer: GPs, psychs, school, Paeds, EDIs, counsellors Consumer advocates ATAPS YETI in Cairns Centacare Mission Australia MI Networks MIFQ Child Safety HOF - Helping Out Families Vocational Services - INSTEP Seasons for change Drug & Alcohol - ADOURES Hot House Guidance Officers Schools - exclude troubled children School mental health nurses and counsellors Ed links Emergency department Support agencies Dual diagnosis coordinators headspace post ?? suicide	CNAP - Complex Needs Assessment Panel (multi-sector involvement)
Treatment	Ambulatory care Shared-care options with community-based providers Family-inclusive practice Evidence-based therapy Telehealth Brief intervention Specific youth transitional education programs	Need disability service Management of eating disorders Effective inter-agency (Govt/NGO) collaboration Consistency across HHSs Greater utilisation of private practitioners Need to reach Centrelink, Social Workers, UTLAHA Assist in education / upselling others in the life of

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Outreach and Outpatient	Current	Future
	(MIFQ) Shared decision making Service integration coordinators (only 16yrs above & severe mental illness) Consultation and delivery In collaboration with Child Safety	a young person, e.g. parents, carers, teachers, school nurse, youth justice, child safety Programs in partnership with Qld Health & NGO (e.g. DBT programs in Cairns) Timely access to specialised expertise Telemedicine Bridge gap between EI and some CYMHS thresholds Youth and family participation Wrap around service - collaboration and coordination to fit individuals and carers
Skills	Peer workers Awareness of community services (training, financially sustainable, etc.) Risk assessment MH Assessment AOD Assessment Assessing Gillick competency Medication appropriateness Self-reflection Inter-agency liaison Technology - web-based information and interventions CYMHS core competency framework	More trained youth-specific peer workers Culturally sensitive (better access to translation services, etc.) Youth engagement skills Medical based therapy (MBT) Individual, Group and Family Therapy Dual diagnosis Substance abuse interventions Increase knowledge of what is available in NGOs
Length of Stay		Increase flexibility Base on clinical needs
Step Up / Down / Out	Day program Inpatient Acute Adult MH GPs or private practitioners, e.g. psychs, OTs, physios, etc.	
Further Research		IMYOS Sth Melbourne - enhanced CYMHS model (AOD, personality, d/o emerging) WA has NGO resi with State MH Day Program
Staffing		
Funding		To be determined
Governance	CYMHS – CHQ Child Safety HHSs	CHQ HHS Child Safety

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Primary Care	Current	Future
Providers	General Practitioners Psychiatrists Psychologists Medicare Locals (ATAPS) headspace NGOs Youth Hub Community health services Some youth friendly housing, instep Mind Matters School Church Groups Schools Child development unit Community child health clinics	
Environment of delivery	ATAPS MFQ - PHaMs, Youth Hub headspace: Nundah, Inala, Ipswich, Gold Coast, Sunshine Coast, Mackay, Cairns, Townsville e-Headspace - Australia wide Business hours Monday to Friday	GP access to C&Y psychiatrists to support management at a local level Youth Link - unable/unwilling to engage with MH service - caters for 13-24 y.o. with serious MH and/or complex social issues Integrated care coordination with other tiers headspace coming to Brisbane CBD, Mt Isa, Redcliffe, Rockhampton, Logan, Indooroopilly
Diagnoses		
Exclusion Criteria	Severe and complex mental health issues - too acute / high risk / complex Most headspaces won't accept court referrals Mental Health Care Plan eligibility ATAPS eligibility MHNI Referred from 1 degree care to CYMHS Relationship issues	MHNI - unfreeze the incentive Missed/cancelled appointments - review the process
Referral In	Self-referral Carers Family members Peers MI Networks Consumer advocates Guidance Officers Schools - exclude troubled children School mental health nurses and counsellors Ed links	
Treatment	Consultation and delivery Family support and intervention Family-inclusive practice Shared decision making Partnership Model with Qld Health Telehealth	CNAP - Complex Needs Assessment Panel (multi-sector involvement) Identification of support services Greater utilisation of private practitioners Need to reach Centrelink, Social Workers, UTLAHA Youth MHFA courses - need to be utilised Programs in partnership with Qld Health & NGO (e.g. DBT programs in Cairns) Timely access to specialised expertise Telemedicine Youth and family participation Wrap around service - collaboration and

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Primary Care	Current	Future
		coordination to fit individuals and carers Stay near community
Skills Required	Private Practitioner competencies Inter-agency liaison Awareness of community services (training, financially sustainable, web-based information, etc.) Medication appropriateness	More trained youth-specific peer workers Culturally sensitive (better access to translation services, etc.) More school-based youth health nurses and counsellors Youth engagement skills Medical based therapy (MBT) Increased knowledge of what is available in NGOs Increased knowledge of CYMHS
Length of Stay	ATAPS - 6+6+6 NGOs vary with state funding GPs - ongoing (some items capped) MBS - 6+4 sessions	Increased flexibility Based on clinical needs
Step Up / Out	Outreach/outpatient Day program Inpatient Acute Adult MH	
Further research		WA - 3 pilot Youth Reach sites Milwaukee Wrap Around partnerships
Staffing		
Funding	Private Federal	Private Federal
Governance	Privately owned and managed Federal	Privately owned and managed Federal