

FORM 7

Rental Application No.

Housing Act 2003
Application for housing assistance pursuant to
Section 26A of the Housing Regulation 2003

Application for Housing Assistance

A range of housing assistance is provided by the Department of Housing and Public Works to eligible Queenslanders for the duration of their housing need. The types of housing assistance available include departmentally-managed housing, long term community housing and Indigenous Council community housing on discrete Indigenous communities.

How to apply for housing assistance:

You can apply in the following ways:

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OR

- contact your nearest Housing Service Centre to arrange an appointment to discuss your eligibility and housing needs. At the
 interview, you will complete and sign an Application for Housing Assistance form. Housing Service Centre staff will advise
 which documents you need to bring to the interview, for example, proof of identification forms, evidence of your household's
 income and assets, citizenship or residency, and any specific housing needs, etc.
- complete this application form and send it to your nearest Housing Service Centre. The department will contact you to arrange an appointment to discuss your application.
- apply through community housing providers who will then send the application to the department on your behalf.
- If you are living on one of the 34 discrete Indigenous communities and you are applying to live on the same Indigenous
 community in Indigenous Council community housing, you can contact your Council housing officer or your nearest Housing
 Service Centre to discuss lodging an application.

Important information

- Lodgement of an application for housing assistance is not a guarantee that the department will be able to assist you. Your
 eligibility, level of housing need and the type of housing assistance you are eligible for will be assessed based on
 the information you provide at the interview and / or in this application form.
- You must be eligible for housing assistance when you apply and continue to be eligible until being offered assistance
- Fact sheets on housing assistance are available from any Housing Service Centre or from the department's website at www.hpw.qld.gov.au

If you wish to complete this application form:

- Read all the questions carefully and complete this application in full.
- Write in block letters (for example: JOHN SMITH).
- Show your answer with a tick, where there are Yes/No boxes (for example).
- Attach any supporting documentation if required. Provide proof of income and assets for each person with an independent income, for example, Centrelink Income Statement, Employers Declaration, etc.
- Sign the declaration and bring in necessary identification with this application form or have necessary identification signed by
 a witness if you are mailing this application form.
- Have this application form sighted and signed by an appropriate witness.

Version 6 November 2012

What is your first language spoken at home?	V6LISH
Do you require an interpreter for an interview?	Yes No 🔀
If you would like to talk about your application in a language other to We can also arrange a signing interpreter for people with hearing distrange either of these services.	
Language interpreter Signing interpreter	
Language	
و المستوعد الموسود المستوعد ا	ما يون دون که دون دون او دون دون دون او دون دون دون دون دون دون دون دون دون دو
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Miss pile mid thông spin viên viê gyap quy sa ciến đơn hây, sốc thàn «Risa) văn phông 3ở Cha Qu địa gi tuáng sốch dọi? sa	King samangan ang aking ni hagawa saming kanadanga sa ini ali ang malahida dali pinadang. Ida ni hagawa mang aking sa dali dia sipanian ing Rangandapi ng Ranghay. Malahida dali sa dali sa dali dia sipanian ing Rangandapi ng Ranghay. Malahida ni hagawa sa dali sa dali sa dalahida dalah nagan sa sa dali sa dalahida sa dali sa dalahida dali sa dalahida sa dalahida sa dalahida sa dalahida sa dalahida sa dalahida dalahida sa da
What type of social housing do you want to apply for? (F	Please tick applicable boxes).
All social housing - this includes both departments directly by the department, including Aboriginal and To housing (social housing provided and managed by reghousing).	rres Strait Islander housing) and community managed
Note - listing for both types of housing will provide you	with the most housing options.
Departmentally - managed housing only	
Community - managed housing only Indigenous Council community housing on one of	the 34 discrete Indigenous communities in Queensland
Note: if you want to apply for Indigenous Council housi	ng on a discrete Indigenous community only, you must If you are not already living on the community you want

7	Do you need assistance whe	en making decisions?			
				alf in regard to personal, lifestyle, tor or a family member, friend or	
	Yes X No				
	from the department's Formal Guardian and/o appointed by the Quee Tribunal (GAAT), or	website <u>www.hpw.qld.qov.au.</u> or Administration Details— - if yo onsland Civil and Administrative	ou have a Guardian and/or Ad Tribunal (QCAT) or the forme	nearest Housing Service Centre Iministrator who was formally r Guardianship and Administration	on
		istrator and who helps you mak			
3	Your address and contact de	etails.	materia and 400 404 404 406 de militar e e e e e e e e e e e e e e e e e e e		
	What is your current addres	S? BARRETT AD	OLLICENT CEN	STRE	
	DRFORD DR	IVE WALOL		Postcode 4076	-
	What is your mailing addres	BARRETT ADOLES	CONTRY THE	EPARK CENTREFO	<u></u>
	MENTAL HEALTH	LOCK GO BAC S	500 SUMNERPK	Postcode 4074	
	Telephone	Private	Business	07	- Vanes
		Mobile		department may also send you n by SMS (text messages).	Clayno
	Places indicate the way you	Email would prefer the department	contact you		
Ė	(eg telephone, letter, SMS, email.	Note - you can list more than one	Way) TELEPH	10~E	
	You must advise us of any o	change to this address or you	r application may be cancel	led.	
4	Please provide the name of contact if unable to contact		on with a different address	to you, whom the department	could
	Person/organisation VAN	ESSA CLATWOI	CTH-BARRETT	ADOLESCENT CE	NTDE
	A 1 1	DRIVE WAC			
	07		and American American (American American America	Postcode 4076	
	Telephone	Private / Mobile	Busin	ess	
5	Are you, or any person to be property?	housed with you, a currently	living in a Department of H	ousing and Public Works renta	
	If yes, name of person				
	Address of property				
	Account number (if known)		Date occupied (if known)		

6	Are you, or any person to be housed with you, currently living in community-managed housing? Yes No 🔀
	If yes, name of person
	Address of property
	Address of property
	Household member role
	Name of the community housing provider
	Date occupied (if known)
7	Are you, or any person to be housed with you, currently living in Indigenous Council community housing? Yes No
	If yes, name of person
	Which Indigenous community?
	Address of property
	Household member role
	Date occupied (if known)
	Have you, or any person to be housed with you, applied for or been assisted in the past in Queensland with: First Time Second Time
	Public rental housing Yes No Y Yes No
	Aboriginal and Torres Strait Islander housing Yes No Y Yes No Y
	Bond loan assistance Yes No Yes No
	Housing loan assistance Yes No Y No Y
	Community-managed housing Yes No Y
	Indigenous community housing Yes No Y Indigenous Council community housing Yes No Y No
	If 'yes', name of person/s
	Address of property
	Date vacated property Account number (if known)
	Name of community or local government (including Indigenous Councils) housing provider
	If there is not enough space, please provide similar details for each person on a separate page and attach to this application.
)	Have you, or any person to be housed with you, been known by another name/s in the past?
	(e.g. name changed by deed poll, marriage or divorce)

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Household member details

Please provide details of all of the people to be housed. Please include all adults and children.

Household member	No. 1	No. 2	No. 3	No. 4
Title				
Surname				
First name /s				
Middle name				
Date of birth				
Maie / female				
Relationship to applicant	Applicant			
Centrelink's Customer Reference Number (CRN) or Department of Veteran Affairs (DVA) Reference Number				
We are committed to improving housing o reporting and planning purposes and/or to For each household member please ti	determine your e	igibility for housing	assistance.	is collected for
Aboriginal origin				
Torres Strait Islander origin				
Australian South Sea Islander origin				
Another cultural or linguistic background				
None of the above	V			
What is your residency status in Austr	ralia? (please tick l	I the option that appli	es for each person's r	'esidency status)
Australian citizen				
Permanent resident				
Have a permanent protection visa				
Have a Resolution of Status visa				
Have a Bridging Visa and have applied for a permanent protection visa				
On a Bridging Visa and have applied for a Resolution of Status visa				
On a Bridging Visa and have applied for a Resolution of Status visa Have applied for permanent residency				
for a Resolution of Status visa				

You must provide evidence of your residency status e.g. Birth Certificate /from an Australian State or Territory or Australian Passport or Australian Citizenship certificate or documents from Department of Immigration and Citizenship (DIAC) verifying your citizenship status (e.g. letter detailing residency or visa status or Certificate of Resident Status or Certificate of Identity etc) or permanent residency stamp in applicant's Passport etc.

Household member	No. 5	No. 6	No. 7	No. 8
Title				
Surname				
First name / s				
Middle name				
Date of birth				
Male/female				
Relationship to applicant				
Centrelink's Customer Reference Number (CRN) or Department of Veteran Affairs (DVA) Reference Number				
We are committed to improving housing or reporting and planning purposes and/or to For each household member please tio	determine your el	igibility for housing		s collected for
Aboriginal origin				
Torres Strait Islander origin				
Australian South Sea Islander origin				
Another cultural or linguistic sackground				
None of the above				
What is your residency status in Austr	alia? (please tick 5	the option that appl	es for each person's re	sidency status)
Australian citizen				
Permanent resident				
lave a permanent protection visa				
·t				
Have a Resolution of Status visa				
Have a Resolution of Status visa Have a Bridging Visa and have applied for a permanent protection visa				
Have a Bridging Visa and have applied				
Have a Bridging Visa and have applied for a permanent protection visa On a Bridging Visa and have applied				
Have a Bridging Visa and have applied for a permanent protection visa On a Bridging Visa and have applied for a Resolution of Status visa				

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G.	فتسد	b.	-23	ξ.

Household income and asset information

Please provide details of all of the income and asset information for each household member.

Please attach evidence of your income and assets to the back of this application.

Note - the department can obtain your income and assets details electronically from Centrelink with your consent. Please complete an Income Confirmation Service Consent Form and return it with this form. Contact your nearest Housing Service Centre for this form or visit the department's website water have all from an income.

Household member	No.1	No. 2	No. 3	No. 4
Surname				
First name / s				
Income \$		\$	\$	\$
income type (wages, pension, allowance, family payments)				
Other income (for example, maintenance, superannuation, etc.)				
Do you own, or any household m Please tick all options that apply. household do not own that type of pr	Note - for any or			
Residential (including a house, flat, unit, townhouse or manufactured home)				
Vacant land of any type (including residential commercial or industrial etc.)				
Live-aboard boot, caravan, mobile home, donga or cabin				
Industrial property				
Commercial property				
If yes to any of the above, c	omplete the inf	formation below and	attach supporting d	ocumentation.
Name of person who owns or p	part owns the pro	perty		
Address of property				
<u> </u>				Postcode
Amount of property owned e.g	. 50%			
Current value of the property	\$		Date of ownership	/ /
Is the property mortgaged?	Yes No	If yes, amount of	mortgage owing	\$
Details of the property ownership	,			
			Tananan III	

lousehold member	No. 5	No. 6	No. 7	No. 8
urname				
irst name / s				
ncome \$	\$	\$	\$	\$
ncome type wages, pension. allowance, amily payments)				
Other income for example, maintenance, uperannuation, etc.)				
o you own, or any household r	nember, or part ow	n property either in	Australia or overse	as?
lease tick all options that apph ousehold do not own that type of j		n that you do not tick	, you are declaring th	at you and your
lesidential noluding a house, flat, unit, ownhouse or manufactured ome)				
acant land of any type ncluding residential, commercial r industrial etc.)				
ive-aboard boat, caravan, nobile home, donga or cabin				
ndustrial property				
ommercial property				
If yes to any of the above,	complete the infor	mation below and at	ttach supporting do	cumentation.
	part owns the prope	rty		
Name of person who owns or				
			Postco	ode
-	g. 50%		Postco	nde
Address of property	g. 50% \$		Postco Date of ownership	/ /
Address of property Amount of property owned e.		If yes, amount of me	Date of ownership	



Household income and asset information continued

If you, or any household member, has <u>any</u> of the following assets, please detail the value of the assets below.

Note - for any option that you do not complete in the table below, you are declaring that you and your household do not have that type of asset.

0

Please attach evidence of all assets owned by each person this application.

Household member	No.1	No.2	No.3	No.4
Balance of all cash and bank accounts tincluding bank, building society, credit union and interest free accounts)	\$	\$	\$	\$
Deposits (including interest free bearing deposits, fixed deposits etc)	\$	\$	\$	\$
Bonds	\$	\$	\$	\$
Debentures	\$	\$	\$	\$
Shares (Australian and international)		\$	\$	\$
Property Trusts	\$	\$	\$	\$
Managed investments of any type including friendly society bonds	\$	\$	\$	\$
Superannuation - allocated pension / s (if you were born before 1 July 1960)	\$	\$	\$	\$
Superannuation lump sum payment/s (if you were born before 1 July 1960)	\$	\$	\$	\$
Proceeds from a property sale	\$	\$	\$	\$
Share of a property settlement	\$	\$	\$	\$



Household income and asset information continued - use this page for additional household members if required If you, or any household member, has <u>any</u> of the following assets, please detail the value of the assets below.

Note - for any option that you do not complete in the table below, you are declaring that you and your household do not have that type of asset.

D)

Please attach evidence of all assets owned by each person this application.

Household member	No.5	8.aN	No.7	No.8
Balance of all cash and bank accounts (including bank, building society, credit union and interest free accounts)	\$	\$	\$	\$
Deposits (including interest free bearing deposits, fixed deposits etc)	\$	\$	\$	\$
Bonds	\$	\$	\$	\$
Debentures	\$	\$	\$	\$
Shares (Australian and International)	\$	\$	\$	\$
Property Trusts	\$	\$	\$	\$
Managed investments of any type including friendly society bonds	\$	\$	\$	\$
Superannuation - allocated pension / s if you were combefore 1 July 1980)	\$	\$	\$	\$
Superannuation - lump sum payment/s (if you were born before 1 July 1960)	\$	\$	\$	\$
Proceeds from a property sale	\$	\$	\$	\$
Share of a property settlement	\$	\$	\$	\$

13	Are any of the household members on the application expecting a child?					
	If yes,	name of the person/s				
	Expec	ted date of delivery (due date)		Note - a letter from their doctor is required.		
24	Are you applying for housing assistance on any of the follow Note - please tick all grounds which apply to your house are declaring that you and your household are not applying the state of the state			ld. Note - if you do not tick any of the grounds below, you		
	Referral from Disability Services or a non- government support provider - Housing with Shared Support (HwSS) program to fill an individual vacancy in an existing household			You are in contact with Child Safety Services for assistance with your family You are exiting a correctional facility		
	Referral from Disability Services or a non- government support provider - Housing with Shared Support (HwSS) program to be a member of a new household			You have been the victim of a natural disaster affecting your current housing You have been the victim of a major crime affecting your current housing		
	\boxtimes	You have a disability and/or mental illness and succession planning is proceeding either through the establishment of a Special Disability Trust or through documentation from Disability Services, Queensland Health or a non-government provider confirming eligibility for special disability services to establish independent living		You are a young person who is exiting the care of the State and Transition Planning is underway Referral from a support provider as receiving assistance under the Street to Home or 50 Lives: 50 Homes Initiatives		
		Referral from Child Safety Services as the safety of a child in your care is at risk		None of the above		
15	Which of the following best describes your current housing situation? Note - you can tick more than one if the people listed on your application are not currently living together.					
		Public housing or Aboriginal and Torres Strait Islande housing	r	Private boarding house		
· · ·		Community Housing - including long term community housing, affordable housing and longer term Commun Managed Studio Units	nity	Private hostel Caravan park		
med .	Temporary and Supported accommodation - including refuges, shelters or emergency, crisis and oth housing delivered by specialist homelessness services people who are homeless or at risk of homelessness			Cabin Donga		
		Community Housing - transitional (including Commun Rent Scheme, Same House Different Landlord and transitional Community Managed Studio Units program	•	Hotel / motel Living on the street or sleeping in the park		
	X	Medical institution/facility or hospital and have no other housing to go to	er	Living or squatting in a derelict, makeshift or illegal building		
		Correctional facility		Living with family or friends		
		Own home		Living on a boat		
		Renting privately (including sharing a house/flat)		Living in Indigenous council housing		
		Boarding privately				

□ 0 □ 1 □ 2	3 4	5	□ 6	□ 7		han 7, please s ve in your curi		
How many bedrooms do	es your current ho	ousing ha	ve? Plea	se tick	the appli	cable box.		
□ 0 □ 1 □ 2	□3 □4	<u> </u>	□ 6	□7		han 7, please s s are in your c		
How many different fami	ly groups, or diffe	rent hous	sehold gr	oups, live i	n your cur	rent housing?		
Is everybody listed on the If no, please list the name are paying for where they a	are living now and t	ne amoun	t or Kent	Assistance	tney receiv	e (ir any).		
Is everybody listed on the list of the name are paying for where they are Please attach evident from the landlord/	are living now and t ence of the rent pa	ne amoun	t or Kent	Assistance	tney receiv	e (ir any).		
Please attach evid	are living now and t ence of the rent pa	aid by the	not curre	Assistance old membe	rs not livir	e (ir any).	g. rent red We	ceipts or lett
Please attach evident from the landlord	ence of the rent palessor etc.	aid by the	not curre	Assistance old membe	rs not livir	e (if any). ig with you (e.	g. rent red We	eipts or lett
Please attach evident from the landlord	ence of the rent palessor etc.	aid by the	not curre	Assistance old membe	rs not livir	e (if any). ig with you (e.	g. rent red We Assista	ceipts or lett ekly Rent ance received
Please attach evident from the landlord	ence of the rent palessor etc.	aid by the	not curre	Assistance old membe	rs not livin	e (if any). ag with you (e.) ly rent/board .00	g. rent red We Assista	ekly Rent nce received
Please attach evident from the landlord	ence of the rent palessor etc.	aid by the	not curre	Assistance old membe	rs not livin Week	e (if any). ag with you (e. ly rent/board .00	g. rent red We Assista \$	ekly Rent ekly Rent nce received .00

For the people listed on the application who are living together now, what is the weekly rent or board payment that each person pays and the amount of Rent Assistance they receive (if any)?

Please attach evidence of the rent paid by the people listed on this application who are living together now (e.g. rent receipts or letter from the landlord/lessor etc).

	Weekly rent/ board		Weekly Rent Assistance received			Weekly rent/ board		Weekly Rent Assistance received	
Person 1	\$.00	\$.00	Person 5	\$.00.	\$.00
Person 2	\$.00	\$.00	Person 6	\$.00	\$.00
Person 3	\$	00	\$	00	Person 7	\$	00	\$	00
Person 4	\$.00	\$.00	Person 8	\$.00	\$.00
					TOTAL	\$.00	\$.00

19		ey of the people listed on your application having di lowing reasons?	fficulti	es with remaining in their current housing due to any of						
			ousehold. Note - if you do not tick any of the reasons below, ave these difficulties with remaining in your current housing.							
		The boarding house has closed or is about to close		A household member's medical condition and/or disability is seriously aggravated by the current housing which cannot be readily modified to suit their needs						
		The hostel has closed or is about to close		The features of the current housing restrict household members from doing daily living activities (e.g. bathing, mobility)						
		The caravan park has closed or is about to close		The current housing is overcrowded causing serious long term safety risks						
		Household is facing immediate eviction and has no other housing options		The current housing lacks essential facilities (e.g. cooking, bathroom, water supply, heating, lighting etc)						
		You need to leave your current housing due to a domestic violence situation		The current housing's structural condition could lead to serious health and safety risks						
		You need to leave your current housing due to a risk of violence from another household member, neighbour or community member		You are living in housing with shared facilities which no longer meets your needs (e.g. private boarding house, hostel, caravan park, hotel, motel or community						
)		There has been an irreversible family breakdown resulting in the person being asked to live elsewhere (not domestic violence situation)		managed social housing) and you want to apply for self contained housing						
		You are living with family and friends on a temporary basis and are at risk of homelessness	X	None of the above - HOSPITAL FACILITY						
		The family unit needs to reunite as they are		CLOSING DOWN +						
		currently living apart		AT RISK OF HOMELESS NESS						
	you ar	1 todoo krestori o staariaa dalaharinii ara tawaari ma alaharina ar manaaria ar manaari sadanaa daabaa sa mahaatiia								
		location. Talk to your nearest Housing Service Centre office about the types of evidence required. To gain or maintain regular access to a child or children in foster care								
	To enable a child or children to be returned to the custody of a household member									
	To gain or maintain regular access to a child or children who are in the custody or care of another person									
)	To prevent a child or children being removed from the custody of a household member									
		To enable the shared care or a child or children								
	To ensure access to a specialist educational facility									
		To ensure access to a frequently needed medical facilities	lity or n	nedical services required by a household member						
		To ensure access to support services required by a ho	ouseho	ld member for daily living activities						
		To ensure access to accessible transport services								
		To receive family or informal support on a regular base	is that i	s necessary for daily living						
		To take up a firm offer of permanent employment (not	casual	or temporary employment or a promotion)						
		To relocate under the Structured Training and Employ Employment Program (CDEP) or other Commonwealt								
		You are an Aboriginal and/or Torres Strait Islander pe	rson ne	eeding to move for cultural reasons						
		You are an Aboriginal and/or Torres Strait Islander pe and you need to move to another house on the same family or house, or to be located away from other peo	Indiger							

	f you did not tick any of the reasons in Question 20, please go to Question 22. If you did tick any of the reasons in Question 20, what are the required location/s you need access to?
,	Can you get to this location? Yes (see below) No and there is no transport available
	If yes, how do you get to the required location/s?
1	Public transport (trains, bus, taxi, ferry etc) Yes No No
(Own transport Yes No No
(Other transport (eg family/ friends) Yes No If yes, please specify what type
	f you are applying to live on an Indigenous community <u>only,</u> please go to Question 23.
	What have you done to find alternative housing for your household?
-	Note - please tick 🗾 all attempts you have made.
	Looked for private rentals through a real estate agent, listings in the paper or the internet - NOT APPROPLIATI
	Asked for assistance from other community agencies to find alternative housing ~ ~ ot APPROPRIATE
	Tried to rent a room or room/s in a shared household — NOT APPROPEIATE
	Looked for housing in caravan parks, mobile home parks or cabins
	Tried to gain housing on a long term basis with family and/or friends -NOT APPROPRIATE
	None of the above
1	s the household having difficulty obtaining or sustaining a tenancy in the private rental market due to any of the following reasons? Note - please tick all reasons which apply to your household. Note - if you do not tick any of the reasons below, you are declaring that you and your household are not having difficulty obtaining or sustaining housing in the private market for any of these reasons. Please attach evidence stating the nature of the disability or medical condition and detailing the difficulties the
	household or household member has had obtaining or sustaining a tenancy in the private market. The department's 'Housing Assistance Referral Form' can be completed by a support agency, referring agency or social worker etc and attached to your application. The form is available from your nearest Housing Service Centre.
	Due to a household member having an intellectual disability
	Due to a household member having an physical disability
	Due to a household member having a medical condition
	Due to a household member being frail/aged
	Due to a household member having a mental illness

24	Is the	household having difficulty	obtaining housing in the	private marke	et because of any of t	he following reasons?
	not ti	- please tick all reasons ock any of the reasons below, ing in the private market for a	you are declaring that ye	ou and your h	ousehold are not hav	ing difficulty obtaining
	Ø	Lack of housing available with	suitable modifications for	your househol	ld's needs	AVAILABLE URGENTES
	\square	Lack of housing available whi	ch is affordable for your h	ousehold		
		Lack of housing available with	enough bedrooms for yo	ur household		
		Lack of properties to rent				
		Lack of properties with the crit no stairs etc)	ical features (e.g. secure	fencing for chil	dren with disabilities, g	round floor access or with
	o d	The household does not have	any previous rental histor	y or referees		
		A household member has a pe	oor tenancy history either	with the depart	ment or in the private r	narket (e.g. listed on TICA)
		The private rental applications personal appearance/characte		essful due to th	e personal attributes o	f the applicant (e.g.
and the second		The household has no money	to purchase essential hou	usehold items (e.g. a fridge)	
		The household has no money	to move			
		The household has no person	al transport and cannot ac	cess public tra	nsport	
		You have been unable to find	suitable housing due to yo	our household's	s structure (eg due to t	ne size of your household)
75	Have	you had three or more tenand	ies in the last three yea	rs?	Yes	□ No □
	If yes, reaso	, were you evicted, or was the	tenancy terminated, in	two of the last	three tenancies for a	any of the following
	Note -	- please tick 🗹 all of the rea	sons which best descrit	e why the ten	ancies ended.	
		You owed rent arrears due to	unaffordable rent			
		One or more of the tenancies vacate at the end of each tena		enancy less th	an 12 months long) and	d you were asked to
		You or a household member h property damage occurring an tenancy agreement				
		Objectionable behaviour - you and this contributed to the obje			apacity due to a medica	al condition or disability
2.5	lf vou	are applying to live on an Ind	igenous community onl	v. please go t	o Question 27.	
WHEELERS	Where	e do you want to live?	-			
	in Q20	nust list six areas/ suburbs in Qu and Q21, please only list this l st Housing Service Centre.				
	Choice	e 1		Choice 4		
	Cheice	e 2		Thoice 5		
	Choice	e 3		Choice á		

Please note: the requirement to list for six areas does not apply in rural or remote areas, however, you should list for as many suburbs/areas or towns as possible within a reasonable distance from the area you are applying for.

You must be willing to live in housing that first becomes available from any of the areas/ suburbs you list for.

27	If you are not applying to live on an Indigenous community only, please go to Question	n 28.
	If you already live on a discrete indigenous community and are only applying to live or Indigenous Council community housing - which indigenous community do you want to	n the same community in o remain on?
28	What types of housing do you want to apply for?	
	You will be advised of the type of housing you are entitled to / eligible for.	
	We will make every effort to offer you the type of housing that you have requested and are el guaranteed. Note - Housing with more than 4 bedrooms is limited.	igible for, however this cannot be
	Do you require low-set housing?	
	You may tick . more than one type of housing you want to apply for.	
	Townhouses - have three or more units next to each other with one to four becommon walls. These can be either single or double-storey and usually have significantly the store of the common walls.	drooms each, divided by mall fenced yards. ー 2. <i>BEの</i> た ロロハ
)	Apartment/ flat/ unit - is usually in a complex of two or more storeys with on each. They do not have a separate yard 2 & COR OOM	ne to three bedrooms
	Detached houses - one house with two or more bedrooms on its own block	of land.
	Duplexes - usually two units with one to three bedrooms, each on a blo common wall. These may be in groups of two to four 2 BEDREO	M
	Cluster housing - is a number of separate homes with two to four bedi within a housing development.	rooms each, located
	Seniors units are only available to applicants over 55 years of age and are u or two storeys with one to two bedrooms each.	sually in a complex of one
70	Will you accept housing with shared facilities?	Yes No
-appagement con	Some housing may have shared living, bathroom and / or kitchen facilities. Note - if you acce shared facilities, you can choose to remain on the Housing Register for an offer of self contain	
30	Do you or any person to be housed with you, currently have a pet /s?	Yes No No
	Do you, or any person to be housed with you, plan to have a pet /s?	Yes No No
1	If yes, please provide details	·
•	Is there any further information which you feel is relevant to your application?	
	Please provide details on a separate page if there is not enough space.	
	PLEASE SEE ATTACHED LETTER FRO	M
	PSTCHIATRIST- DR ANNE BRENNAN	

	Declaration - you must complete and sign this application f	orm in accordance with the requirements set out below.
	 I understand: the instructions given on this form and note the Privacy Notice this form will be used by the Department of Housing and Publiprovided I am eligible for it, that my personal information may be given to non-government services, that I may become ineligible for housing assistance if changes circumstances, and/or incomes and/or assets detailed in this sunderstand: that I have to offer at least one item from both the primary and (one must show a Queensland address, applicant's signature) 	it agencies to provide me with housing and/ or support soccur to any of my, or members of my household's application.
	Primary	econdary
	Full birth certificate or extract of birth certificate	Bank, credit card or ATM card with your signature
	Passport	Recent bank statements, bank book, credit union or building society statement showing recent transactions
	Driver's licence with photograph	Apprenticeship indenture papers
المحمدين	18 plus card with photograph Queensland shooter's licence with photograph	Other recognised photographic I.D. (e.g. security identification, Cash Converters Card)
	Immigration papers or other documents issued	Original Australian marriage certificate or divorce papers
	by the Commonwealth Department of Immigration, Multicultural and Indigenous Affairs	Life insurance policies
	Naturalisation or citizenship certificate	Occupational registration documents
		Taxation Assessment Notice
		Pensioner Health Benefit Card or Centrelink's Customer Reference Number (CRN) on their official document or correspondence
		Medicare Card
		Student Card with photograph
(Personal Information Privacy Notice The Department of Housing and Public Works is collecting personal information on this oplications. This is authorised by the Housing Act 2003. To assist you with your house simited and specific circumstances, be disclosed to: partner agencies, service provides governments and non-governmental agencies that now, or will provide you with housing related research, policy or planning functions. Unless authorised or required their third party without your consent. More information about the department's private	sing needs and services, relevant personal information may, in very rs, agencies authorised by legislative provisions, and local ng and/or support services. Limited personal information may be used ed by law, your personal information will not be passed on to any
•	Declaration To the best of my knowledge, the information provided on and in conjunction commit an offence and be liable to a penalty under the <i>Housing Act 2003</i> if I Works false or misleading information that may influence decisions about my invalid.	knowingly provide to the Department of Housing and Public
į	Name of applicant/s	Date 22/11 /13
;	Signed by the applicant/s	Date / /
1	Full name of witness	Position HO
	Signature	Date 25/11/13
		mana a Dellattan anna a Milliann at the December 1991

The witness must be either a Justice of the Peace/Commissioner for Declarations or a Solicitor or an officer of the Department of Housing and Public Works or an executive officer of a registered community housing provider or an officer of a Queensland Government Service Centre. The witness must also sight two of the identification items for each applicant.

Declaration for people completing this form on behalf of the applicant

This form has been filled out with the information the applicant/s supplied to me. I have drawn the applicant's attention to the contents of this form, including item 32, and I believe the applicant understands the contents.

Name				782		<u> </u>
Name	Signed	<u> </u>	Date	į	1	

Evidence for your application



Please attach all supporting documents here if requested in this application.

Note - you will need to provide this evidence before your application can be completely assessed.

- For example:
- Formal Guardian and/or Administration Details (question 2)
- Informal Guardian and/or Administration Details (question 2)
- Additional details from question 8 (if required)
- Evidence of your citizenship or residency status (question 10)
- Evidence of you and your household's income and property ownership (question 11)
- Evidence of you and your household's assets (question 12)
- Evidence if any household member is expecting a child (letter from their doctor)
- Evidence to support question 14
- Evidence of your current housing situation (question 15)
- Evidence of rent being paid by any household members not living with you (question 17)
- Evidence of rent being paid by any household members who are living with you=(question 18)
- Evidence to support question 19 e.g. a copy of a Warrant of Possession or Domestic Violence Protection Order or Medical
 / Disability Information Form detailing the household member's difficulties with remaining in their current housing etc.
- Evidence of your household's need to be housed in a specific location (question 20)
- Medical / Disability Information Form detailing the household member's difficulties with obtaining or sustaining a tenancy in the private market (question 23)
- Additional details from question 23
- Additional details from question 30
- Additional details, if required, for questions 31

From:

Sent:

12 Jan 2014 13:40:14 +1000

To:

Vanessa Clayworth

Subject:

RE: Housing Application

Importance:

Normal

Hi Vanessa,

Thank you for the completed application forms for housing. This however is NOT what I requested from you. The form I am trying to get is the one that both and myself signed when I was at Barrett for the meeting on 22 November giving me the authority to act on behalf after is not able to make a rational decision regarding medical treatment). You had informed me over the phone before Christmas that you had attached this form housing application and would retrieve same when the housing people were back at work and that you would send me a copy etc. This is very important to both of us and I am again requesting that you forward a copy to me. I also wish to speak to the person from Transitional Housing about whether is required to have Bond money but I cannot find name or contact number.Could you please supply same. Thank you.

Date: Tue, 7 Jan 2014 07:47:59 +1000

From

Tc

Subject:

Housing Application

Please see attached completed application form that you have requested a copy of. I have now sent you all housing applications that have been submitted for

Thank you for your time,

Vanessa.

Vanessa Clayworth Acting Clinical Nurse Consultant (CNC) Barrett Adolescent Centre The Park - Centre for Mental Health Orford Drive Wacol Q 4076

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Exhibit to statutory declaration of Vanessa Clayworth – Question 14 (families, friends and carers)

Patient

Event Date	Event	Document reference
		WMS.0023.0003.01036

From: Sent: 29 Oct 2013 12:56:05 +1000 To:

Hughes, Carol; Hayes, Megan; Clayworth, Vanessa; Beal, Julie

Subject:

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Exhibit to statutory declaration of Vanessa Clayworth – Question 14 (families, friends and carers)

Patient

Event	Date	Event			Document reference
					To be provided by the Department of Health (TBPDOH)
					TBPDOH
					WMS.0023.0001.02521 WMS.0023.0001.02534
	-				
					TBPDOH

Vanessa.

From: Sent: To: Subject: Attachments:	Vanessa Clayworth 6 Dec 2013 14:41:32 +1000	
Hi Chris,		
Thanks,		

EXHIBIT 39 WMS.9000.0018.001074 WMS.0023.0001.02535

1039

Exhibit to statutory declaration of Vanessa Clayworth – Question 14 (families, friends and carers)

Patient

Event	Date	Event	Document reference
			To be provided by the Department of Health (TBPDOH)
			ТВРДОН
			TBPDOH

Exhibit to statutory declaration of Vanessa Clayworth – Question 14 (families, friends and carers)

Patient

Event	Date	Event	Document reference
			WMS.2002.0001.04774

	en systems (pe	EVUIDIT 20	MH8 0000 0010 0010 007
. 4	<i>#</i>		
,		"VC-21"	
(
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EXHIRIT 30	WMC 0000 0010 001000
* .	
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	the controlland
Marine P.	
*	
Manager 1	

WEST MORETON HOSPITAL AND HEALTH SERVICE

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

BARRETT ADOLESCENT CENTRE

Enquiries:

Telephone:

Facsimile:

6 November 2013

.../2

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

Facsimile No:

From:	Vanessa Clayworth
Sent:	19 Dec 2013 15:31:27 +1000
To: Subject:	Rosangela Richardson Re:
Subject:	Re:
Hi Rosangela,	
Thanks,	
Vanessa.	
>>> Docangola Dichar	dson 12/11/2013 10:28 pm >>>
Hello Vanessa	43011 12/11/2013 10:20 pm >>>
Hello Vanessa	43011 12/11/2013 10:20 pm >>>
Hello Vanessa	43011 12/11/2013 10:20 pm >>>
Hello Vanessa	43011 12/11/2013 10:20 pm >>>
Hello Vanessa	43511 12/11/2013 10:20 pm >>>
Hello Vanessa	43011 12/11/2013 10:20 pm >>>
Hello Vanessa	43011 12/11/2013 10:20 pm >>>
Hello Vanessa	43511 12/11/2013 10:20 pm >>>
Hello Vanessa	
Hello Vanessa	
Hello Vanessa	
Hello Vanessa Rosangela Bye	

 EXHIBIT 39	WMS.9000.0018.001103

WMS.0014.0003.00007

"VC-22"

From:

Susan Daniel

Sent:

30 Sep 2013 17:56:08 +1000

To:

Lee, Hollie

Cc:

Brassey, Penny; Brennan, Anne; Page, Brenton; Sault, Steve

Subject:

CYMHS Referral ·

Attachments:

Hello Hollie,

Kind regards, Sue

Susan Daniel
Community Liaison, Clinical Nurse
Barrett Adolescent Centre | The Park - Centre for Mental Health | Orford Drive | Wacol Q 4076
Alternative Postal Address: Locked Bag 500. Sumner Park BC O 4074

11

WMS.0018.0001.00633

From:

Anne Brennan

Sent:

30 Sep 2013 08:01:08 +1000

To: Subject: Daniel, Susan Re: re patient

Yes please Sue,

anne

>>> Susan Daniel 9/27/2013 2:01 pm >>>

Do you want me to send info for the referral. Can do that today.

>>> Anne Brennan 25/09/2013 4:47 pm >>>

Hi Penny

Thank you for your prompt response to consider reopening case of

We will send referral and facilitate transfer of care as well as attend initial appointments. We will ask BAC school to develop IEP.

Thanks

Anne

>>> Penny Brassey 9/25/2013 1:44 pm >>>

Hi Anne

RE:

I discussec at the intake meeting today. We are happy to re-open the case and work with BAC to facilitate a smooth discharge process.

As is closed to our service currently, could you send us a referral will then be allocated a case manager who will contact BAC to arrange an initial appointment. we are hoping BAC case worker will attend the appointment with to enable co-ordination o care. Regards

Penny

Dr Penny Brassey Consultant Psychiatrist Child and Youth Mental Health 7 Kittyhawk Ave

13

WMS.0023.0003.00931

From:

Steve Sault

Sent:

4 Oct 2013 15:43:57 +1000

To:

Angus, Helen

Cc:

Hughes, Carol; Daniel, Susan; Clayworth, Vanessa

Subject:

Accepting an Appointment for

Hi Helen,

Thank you for vour call vesterday afternoon and the offer of an intake appointment at your service for on Wednesday October 16 at 1100hrs. I would like to confirm this appointment. Carol Hughes (social worker) and myself plan to Bring to this

appointment.

have also voiced approval for this arrangement.

Kind Regards,

Steve Sault

Registered Nurse,

Barrett Adolescent Centre,

The Park: Centre for Mental health.

WEST MORETON HOSPITAL AND HEALTH SERVICE

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

Enquiries:

Dr Anne Brennan

BARRETT ADOLESCENT CENTRE

Telephone:

Facsimile:

14 October 2013

Dr Tom Pettet Registrar for

Dr Anne Brennan

Senior Visiting Psychiatrist and Director

Barrett Adolescent Centre

Office/Postal
Barrett Adolescent Centre
C/- The Park – Centre for Mental Health
Locked Bag 500

SUMNER PARK BC Q 4074

Telephone:

Facsimile No:

WMS.1007.0074.00002

From: To: Leanne Geppert Laura Johnson

Date: Subject: 10/29/2013 8:57 am Fwd: BAC update

Hi Laura

pls save this, thanks, LG

Dr Leanne Geppert A/Director of Strategy Mental Health & Specialised Services

The Park - Centre for Mental Health

-Administration-Building, Cnr-Ellerton-Drive-and-Wolston-Park-Rd, Wacol, QLD-4076-Locked Bag 500, Sumner Park BC, QLD 4074

www.health.qld.gov.au (http://www.health.qld.gov.au/)

>>> Anne Brennan 10/29/2013 8:56 am >>> Hi Darren

Anne

WMS.0018.0001.00694

From:

Laura Johnson

Sent:

18 Nov 2013 12:00:10 +1000

To:

Debbie Rankin; Anne Brennan; Carol Hughes; Megan Hayes; Vanessa

Clayworth

Subject:

BAC Clinical Care Transition Panel - Wednesday 20 November

Good afternoon,

The BAC Clinical Care Transition Panel will be held this Wednesday 20 November from 1-3pm. At this panel we will discuss and and also the strategy around the

waitlist.

Thank you Laura

Laura Johnson

Project Officer - Redevelopment

Mental Health & Specialised Services

The Park - Centre for Mental Health Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076 Locked Bag 500, Sumner Park BC, QLD 4074

www.health.qld.gov.au

EXHIBIT 39 WMS.9000.0018.001111 "VC-23"

1074

From: Vanessa Clayworth

Sent: 25 Oct 2013 11:24:10 +1000

To: Leanne Geppert;Anne Brennan;Carol

Hughes;Megan Hayes;Susan Daniel

Cc: Laura Johnson

Subject: Transition- Support Service

Transition Team,

I have just met with is very keen to support the transition of BAC Adolescents; I would like to prioritise (and consider as the staff will be specialised Mental Health Support worker staff.

There is no exclusion criteria. They are willing to provide trained Youth Mental Health Support Workers (seek and train) 24/7 if required in any location in Brisbane and surrounding areas. Unfortunately they do not providing Housing or Funding; we would be required to source and provide funding and accommodation.

As per model of risk mitigation I feel as thought this is the high level of support that is required. If this is an option that could be considered I would recommend that BAC staff provide outreach to adolescents and staff during transition.

I would also recommend that contact is made with Education Facilitators of programs in order for expression of interest to take place in order to assist with recruitment.

Look forward to your feedback,

Vanessa.

EXHIBIT 39

WMS.0018.0001.00798

BAC Consumer Transition Package Plan

EXHIBIT 39

WMS.9000.0018.001114

WMS.0018.0001.00799

WMS.9000.0018.001115

WMS.0011.0001.00069

From:	Renee Robertson	
Sent:	6 Nov 2013 08:07:32 +1000	A a n a Busanana Canalina
To: Furlang: Darron Mailliott	Leanne Geppert Laura Johnson;Sharon Kelly;Vanessa (Anne Brennan; Caroline
	oli;Roderick Buchner;Carla Piggott;Da	
Crompton;SandersStree		
Cc:	Janelle Bowra;Lee Cousins;Nathan P	asieczny;Cameron
Manski; Nicole Munro	DF. DAC consumer transition of con-	nlanging masting
Subject: Importance:	RE: BAC consumer transition of care High	e planning meeting
Importance.		
Good Morning All,		
Should you be telephonin	g into the meeting today, the details are	as below:
Local Dial In Num	nber:	
National Dial in N	lumber:	
Passcode:		
Kind Regards,		
Renee		
Senior Office Manager	r: Renee Robertson	
Phone:	Facsimile:	l .
Executive Support Off	ficer: Samantha Culhane	
	cer to Associate Professor David Cro	mpton and Kim Erickson)
Phone:	Facsimile:	
	Officer: Claire Campbell	
,	cer to Associate Professor Gail Robin	nson and Geoffrey Lau)
Phone:	Facsimile:	
Please consider the environ	ment before printing this email.	
Original Appointm		
From: Renee Roberts Sent: Wednesday, 30	on October 2013 5:37 PM	
To: Renee Robertson	; Leanne Geppert;	Anne Brennan; Caroline
	e; Laura Johnson; Sharon Kelly; Vane moli; Roderick Buchner; Carla Piggott	
SandersStreet_Confer		, σανία στοπιριόπ,
Cc: Janelle Bowra; Le	ee Cousins; Nathan Pasieczny; Camer	
Subject: BAC consur	ner transition of care planning meetir	ng

When: Wednesday, 6 November 2013 12:30 PM-3:30 PM (GMT+10:00) Brisbane.

Where: Unit 10, Level 1, 50 - 56 Sanders Street, Upper Mount Gravatt (Conference Room)

Good Afternoon, << File: 50-56 Sanders Street, Upper Mount Gravatt, Queensland - Google Maps.pdf >>

As per the e-mail below, please accept this meeting to discuss the progress of the Barrett Adolescent Centre consumer transition of care planning meeting.

Dr Crompton will be attending the first hour, however I have booked longer for further discussion.

Sean - Dr Crompton has advised that he is happy for you to delegate this meeting, should you not be able to attend.

I have attached a map for ease of reference in relation to locate for the building.

Kind Regards,

Renee

From: Leanne Geppert

Sent: Wednesday, 30 October 2013 5:20 PM

To: Renee Robertson;

Cc: Anne Brennan; Caroline Furlong; Darren Neillie; Laura Johnson; Sharon Kelly;

Vanessa Clayworth

Subject: BAC consumer transition of care planning meeting

Hi Renee

Thank you so much for assisting us in prioritising a time in Dr Crompton's schedule to progress the Barrett Adolescent Centre consumer transition of care planning meeting.

If this still suits, please schedule in Wednesday 6/11/13, 12.30 - 1.30pm at the Conference Room, Sanders St, Mt Gravatt. Would you mind sending through the full set of venue details?

Attendees from West Moreton HHS will be Dr Anne Brennan (A/Clinical Director of BAC), Vanessa Clayworth (CNC of BAC) and Laura Johnson (Secretariat). Dr Darren Neillie (A/Director Clinical Services) will also try to attend, but may need to t/conf in if the facilities are available.

I have informed Anne and the team of the option to stay beyond 1.30pm with the Metro Sth clinicians (as nominated by David) to finalise the planning arrangements, noting that David will need to leave at 1.30pm.

If there are any changes required, please feel free to give me a call. Thanks again, Leanne

Dr Leanne Geppert A/Director of Strategy Mental Health & Specialised Services

West Moreton Hospital and Health Service

WMS.9000.0018.001117 WMS.0011.0001.00071

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076
Locked Bag 500, Sumner Park BC, QLD 4074
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WMS.9000.0018.001118 WMS.0018.0001.01239

EXHIBIT 39 WMS.9000.0018.001120 WMS.0019.0001,00481

West Moreton Hospital and Health Service Barrett Adolescent Centre



EXHIBIT 39	WMS.9000.0018.001121 WMS.0019.0001.0048



EXHIBIT 39

WMS.0023.0001.00078

From: Janelle Bowra

Sent: 17 Dec 2013 09:14:17 +1000

To: Vanessa Clayworth

Subject: RE

Thanks Vanessa....are the staff bringing — across able to give the staff here a comprehensive verbal handover? Thanks for updating the directory – will see you tomorrow. J

From: Vanessa Clayworth

Sent: Tuesday, 17 December 2013 8:42 AM

To: Janelle Bowra; Anne Brennan; Darren Neillie; Dianne Tarrant; Laura Johnson; Nathan

Pasieczny; Roderick Buchner; Una Window

Cc: Angela Hain: Julie Odonovan; Laura Johnson; Subramanian Purushothaman

Subject: RE:

Hi All,

will be transferred this morning to

Thank you for your time,

Vanessa.

WMS.0023.0001.00079

Vanessa Clayworth Acting Clinical Nurse Consultant (CNC) Barrett Adolescent Centre The Park - Centre for Mental Health Orford Drive Wacol Q 4076
Alternative Postal Address: Locked Bag 500 Sumner Park BC Q 4074
>>> Una Window 12/11/2013 4:45 pm >>>
Hi Vanessa, please find details of ameeting held today between myself and Transitional Housing. Also, thanks for the 'Action Directory' document. Just letting you that the phone number for Nathan, Angela and myself is ph: The date Angela and I met with was 29/11/13.

WMS.0023.0001.00080

Kind Regards
Una
Una Window
Social Worker
From: Vanessa Clayworth Sent: Wednesday, 11 December 2013 3:03 PM To: Una Window; Anne Brennan; Darren Neillie; Dianne Tarrant; Janelle Bowra; Laura Johnson; Nathan Pasieczny; Roderick Buchner Cc: Julie Odonovan Subject: RE:
Subject IL.
LG AU
Hi All,
I have updated working document 'Action Directory' for please see attached. Please add additional information to document as required and share with Group.
Thank you for your time,
Vanessa.

Vanessa Clayworth Acting Clinical Nurse Consultant (CNC) Barrett Adolescent Centre The Park - Centre for Mental Health Orford Drive Wacol Q 4076

Alternative Postal Address: Locked Bag 500 Sumner Park BC Q 4074

>>> Janelle Bowra

12/9/2013 2:17 pm >>>

1pm is great. I will send out an invite to everyone for their diaries. J

From: Una Window

Sent: Monday, 9 December 2013 2:15 PM

To: Janelle Bowra; Anne Brennan; Darren Neillie; Dianne Tarrant; Laura Johnson; Nathan

Pasieczny; Roderick Buchner; Vanessa Clayworth

Cc: Julie Odonovan

Subject: RE:

Hi Janelle, I can book the room, but is 1pm OK?

Kind Regards

Una

Una Window Social Worker

From: Janelle Bowra

Sent: Monday, 9 December 2013 2:06 PM

To: Anne Brennan; Darren Neillie; Dianne Tarrant; Laura Johnson; Nathan Pasieczny;

Roderick Buchner; Una Window; Vanessa Clayworth

Cc: Julie Odonovan

Subject:

Dear all

It seems like Wednesday 18th is good for most people. Can someone book us a room that works up at Burke St....lets say 2pm.

Regards Janelle

From: Anne Brennan

Sent: Thursday, 5 December 2013 7:14 PM

To: Janelle Bowra; Darren Neillie; Dianne Tarrant; Laura Johnson; Nathan Pasieczny;

WMS.0023.0001.00082

Roderick Buchner: Una Window; Vanessa Clayworth

Subject:

I can do 18th anne

A/Clinical Director
Barrett Adolescent Centre
The Park-Centre for Mental Health

>>> Janelle Bowra

12/5/2013 3:21 pm >>>

Hi all

Updates are below. I think consensus is it would be good for us to all catch up. Does Wed 18th Dec suit everyone to go to Burke Street in the afternoon perhaps?

Regards Janelle

From: Una Window

Sent: Thursday, 5 December 2013 2:42 PM

To: Dianne Tarrant; Nathan Pasieczny; Janelle Bowra

Subject: RE:

Hi Di, Wednesday Dec 11th from 1pm is suitable for me.

EXHIBIT 39

WMS.9000.0018.001127

WMS.0023.0001.00083

Kind Doggede	
Kind Regards	
Una	
Una Window Social Worker	
From: Dianne Tarrant Sent: Thursday, 5 December 2013 1:19 PM To: Nathan Pasieczny; Janelle Bowra Cc: Una Window Subject: RE:	
I am happy to meet anytime that this can be arranged, Weds-Fri would be best for Julie O'Donovan who will be Street. OT works those days - happy to come to Burk street. Regards Di	as e
From: Nathan Pasieczny Sent: Thursday, 5 December 2013 12:01 PM To: Janelle Bowra Cc: Dianne Tarrant: Una Window Subject: RE:	
Hi Janelle	
Thoughts? Nathan	
From: Janelle Bowra Sent: Thursday, 5 December 2013 11:41 AM To: Dianne Tarrant; Anne Brennan; Vanessa Clayworth; Laura Johnson; Sean Hatherill; Roderick Buchner; Darren Neillie; David Crompton; Christie Burke Cc: Nathan Pasieczny; Julie Odonovan Subject: RE:	

WMS.0023.0001.00084

Just wondering if it would be worthwhile for us all to meet again before I go on leave to have another discussion regarding the points Di and Nathan haveraised. Perhaps at Sanders St again? Let me know your thoughts. J

From: Dianne Tarrant

Sent: Thursday, 5 December 2013 8:59 AM

To: Janelle Bowra; Anne Brennan; Vanessa Clayworth; Laura Johnson; Sean Hatherill;

Roderick Buchner; Darren Neillie; David Crompton; Christie Burke

Cc: Nathan Pasieczny; Julie Odonovan

Subject: RE:

Hi Janelle

> Regards Di

From: Janelle Bowra

Sent: Thursday, 5 December 2013 8:51 AM

To: Dianne Tarrant; Anne Brennan; Vanessa Clayworth; Laura Johnson; Sean Hatherill;

Roderick Buchner: Darren Neillie; David Crompton; Christie Burke

Subject:

Dear all

Christmas is looming quickly and I wont be here much from now until the end of January (on official holidays from Xmas eve to 26th Jan). Christie Burke will cover me during this time. Just wondering if there are any updates on transitional housing or anything else pertaining to

Regards Janelle

Janelle Bowra From: Sent: 17 Dec 2013 16:50:29 +1000 Julie Odonovan; Vanessa Clayworth To: Cc: Una Window: Dianne Tarrant Subject: RE: Transitional Housing Team: Attachments: Consent.pdf Julie Signed consent form attached. Regards Janelle From: Vanessa Clayworth Sent: Tuesday, 17 December 2013 4:11 PM To: Janelle Bowra; Julie Odonovan Cc: Dianne Tarrant; Una Window Subject: Re: Transitional Housing Team: Hi Julie, Sorry for the delay in reply I have been out of office. was transferred to this morning. Therefore I will forward the attachment to Janelle Bowra. Thank you for your time, Vanessa. Vanessa Clayworth Acting Clinical Nurse Consultant (CNC) Barrett Adolescent Centre

The Park - Centre for Mental Health Orford Drive Wacol Q 4076

Alternative Postal Address: Locked Bag 500 Sumner Park BC Q 4074

>>> Julie Odonovan 12/12/2013 12:37 pm >>>

Hi Vanessa,

This is Julie from We were hoping that you could chat with about giving us consent to speak with the Dept of Housing about housing needs. Attached is the form that we use to confirm that has given us consent.

Regards

Julie

Julie O'Donovan Occupational Therapist Transitional Housing Team EXHIBIT 39

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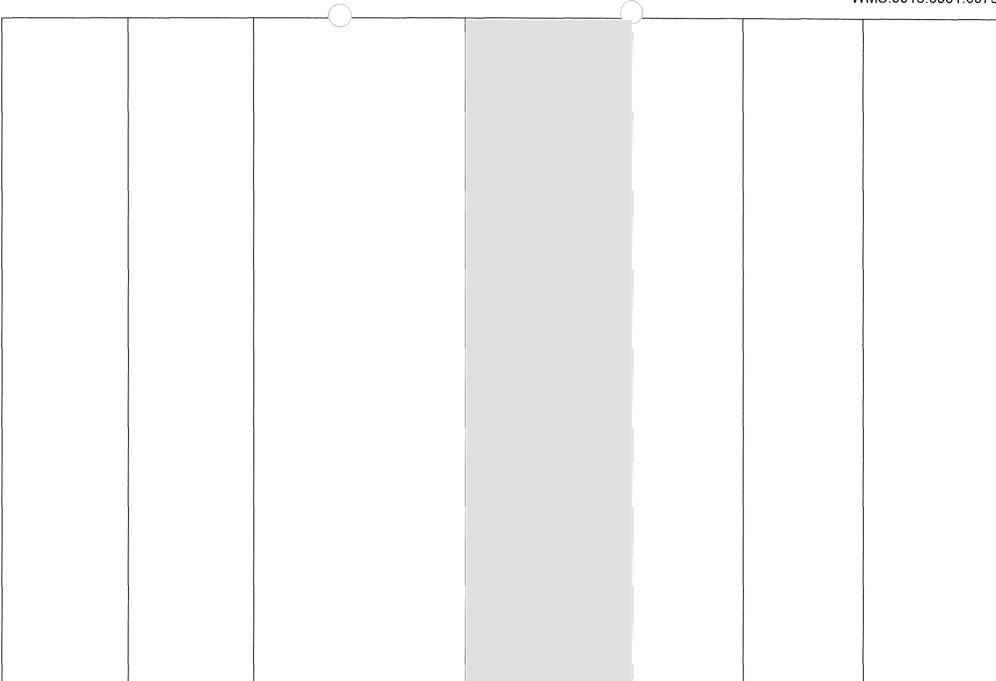


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BAC Consumer Transition Package PI

WMS 0018 0001 00793

From:

Anne Brennan

Sent:

4 Dec 2013 13:51:27 +1000

To:

Vanessa Clayworth

Subject:

Re: Fwd:

I forwarded this to Sharon Kelly and Terry Stedman Anne

A/Clinical Director Barrett Adolescent Centre The Park-Centre for Mental Health

>>> Vanessa Clayworth 12/4/2013 1:47 pm >>> Hi Anne,

Please find below email from Email to be discussed with the clinical team her at BAC and other clinicians as required. Could the response to please be from yourself on behalf of the clinical team.

Thanks,

Vanessa.

>>> 12/3/2013 6:14 pm >>>

1142

From:

Monica O'Neill

To:

Anne Brennan; Darren Neillie; Keryn Fenton; Laura Johnson; Leanne

Ge...

CC:

Anand Choudhary; Brett Emmerson; Ian Williams; Shannon Dawson;

Sharo...

Date:

11/22/2013 9:07 am

Subject:

Re: BAC consumer transition planning process

Good morning everyone

I thought I needed to update everyone on where we are at with the

. Having explored many options, we really haven't been able to find anywhere in the community or with an ngo where there would be sufficient support at this time.

Monica

Monica O'Neill

Director

>>> Leanne Geppert 11/5/2013 5:31 pm >>>

Dear Monica and Keryn

As we discussed, there are a range of complexities that have created unique challenges to the smooth and comprehensive transition of this young person into alternate care options. Your senior level support is essential in enabling this process to occur successfully.

I would like to arrange a meeting with Dr Anne Brennan (A/Clinical Director of BAC) and some of the clinical staff from West Moreton with you and your nominated staff to progress this transition process.

Can you identify someone as the key contact to represent you, who I will call and consider the best options for a meeting (this week if possible).

Thanks again for your support, Leanne

Dr Leanne Geppert A/Director of Strategy

Mental Health & Specialised Services

West Moreton Hospital and Health Service

The Park - Centre for Mental Health

Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076 Locked Bag 500, Sumner Park BC, QLD 4074

www.health.gld.gov.au (http://www.health.gld.gov.au/)

From:

Anne Brennan

Sent:

5 Dec 2013 09:28:39 +1000

To:

Vanessa Clayworth

Subject:

Fwd: RE: BAC patient

Forgot to cc yo

A/Clinical Director

Barrett Adolescent Centre

The Park-Centre for Mental Health

u

>>> Janelle Bowra

12/5/2013 8:17 am >>>

Thanks Anne, sorry you have had the run around. Probably best for Jillian and I to give you a call this morning.

Regards

Janelle

From: Anne Brennar

Sent: Wednesday, 4 December 2013 7:50 PM

To: Janelle Bowra

Cc: Alexander Bryce; Vanessa Clayworth

Subject: BAC patient

Hi Janelle

Kind regards Anne A/Clinical Director Barrett Adolescent Centre The Park-Centre for Mental Health

From: Sent: To:	13 Dec 2013 18:06:46 +1000 Jacinta Powell;Karen Northcote;Keryn Fenton;emma betson					
Subject: Attachments:		12 month plan 12 month plan.doc				
Hi all,						
Please find attached 12 month estimated support plan for Karen and I have had after meeting with yesterday.						
I am happy for your feedback, and hope we may be able to meet to discuss at some point next week, potentially after Emma's visit to BAC and first visit to when we have had further opportunity to assess her needs.						
Keryn, please let me know if you need more information for costings.						
Keryn, I have emailed Jenny Mulkhearns to clarify if she has allocated HASP Funding for as I think we should push for this to transfer with from the beginning, to ensure continuity into the future. I also wanted to discuss how best to select NGO supports, as we will likely need to start this next week to enable them to prepare for a mid-January introduction.						
Have a good weekend. Kind regards, Shannon						
Shannon Dawson Service Integration Co-ordinator / Occupational Therapist						

From:

emma betson

Sent:

30 Dec 2013 11:56:25 +1000

To:

Vanessa Clayworth

Subject:

12 month plan

Attachments:

12 month plan.txt

Hi Vanessa,

This is the email and plan that Shannon sent through to me.

Hope it helps

Emma

Emma Betson

Social Worker

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EXHIBIT 39

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EXHIBIT 39

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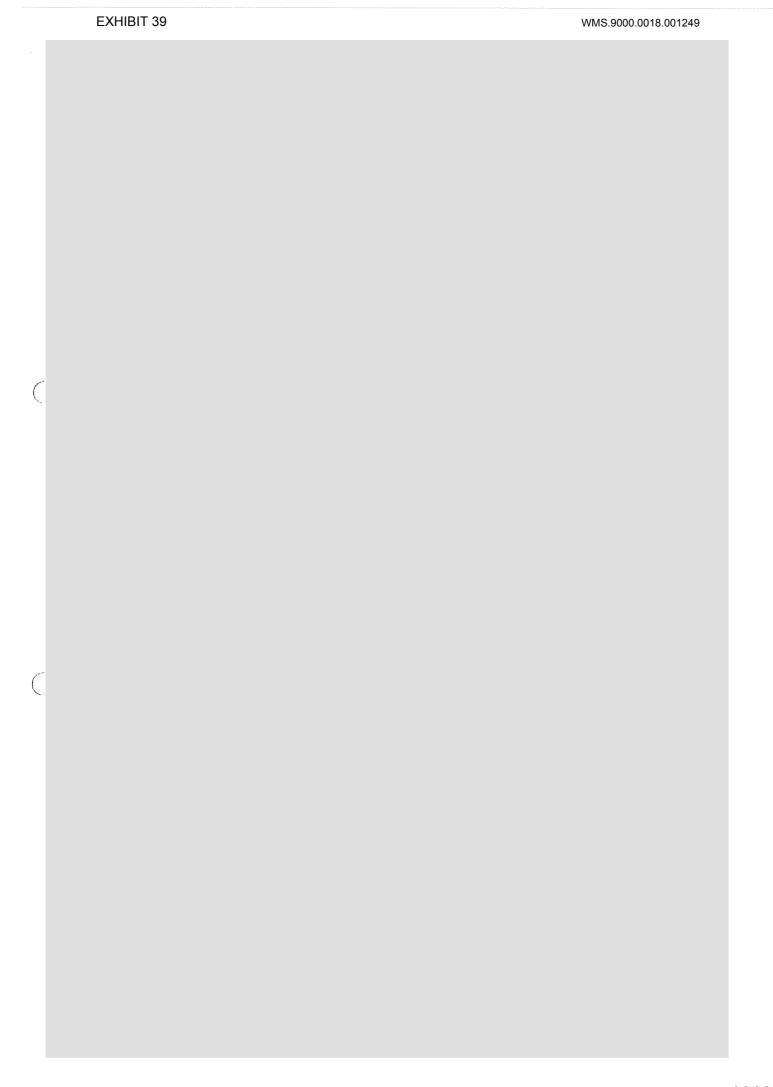


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WMS.0023.0003.00237

From:

Vanessa Clayworth

Sent:

24 Sep 2013 14:37:02 +1000

To:

Kochardy, Mara

Subject:

Inter-Service Communication Plan

Attachments:

Inter-service communication plan.DOC

Hi Mara,

Thanks,

Vanessa.

From: Susan Daniel

Sent: 9 Oct 2013 16:56:06 +1000

To:

Bcc: Anne Brennan

Subject: Re: Fw:

Hi

Thanks very much for sending this. I will see that Carol also gets a copy.

Thanks, Sue

Hi Sue this is the email I have sent

cheers

---- Forwarded Message -----

From: To:

Sent: Wednesday, 9 October 2013 4:27 PM

Subject:

From:

Vanessa Clayworth

Sent:

9 Oct 2013 16:06:31 +1000

To:

Daniel, Susan McGrath, Padraig

Bcc: Subject:

Attachments:

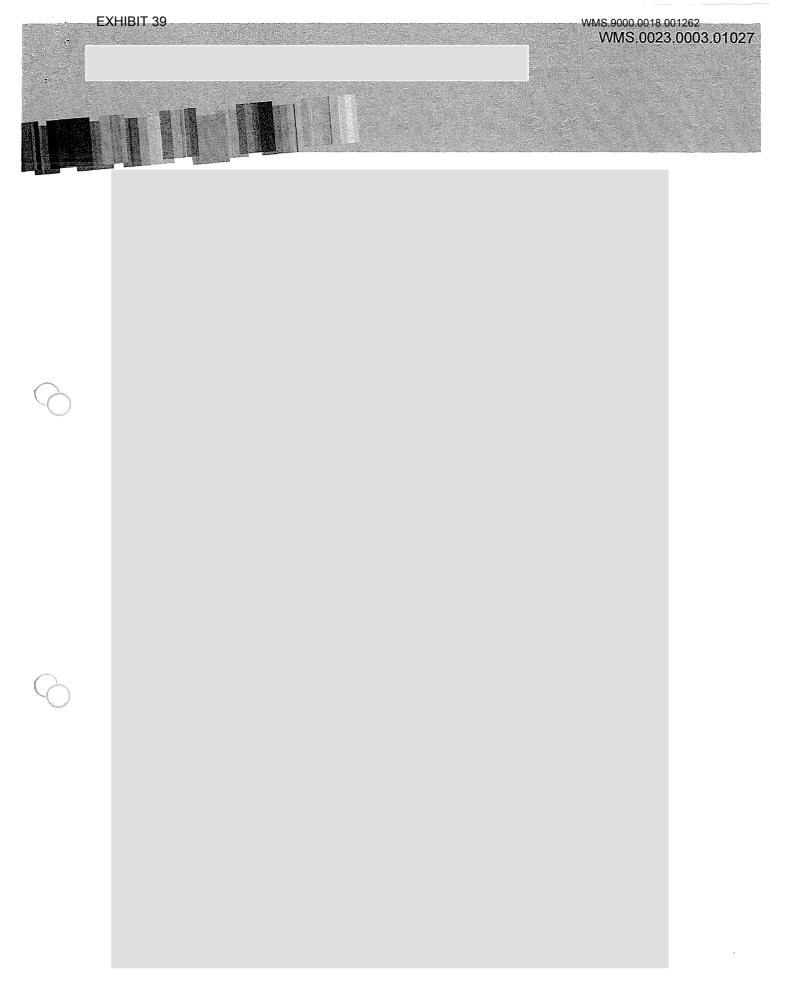
Interservice Communication Plan Inter-service communication plan for

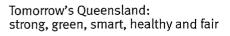
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Hi Sue,

Thanks,

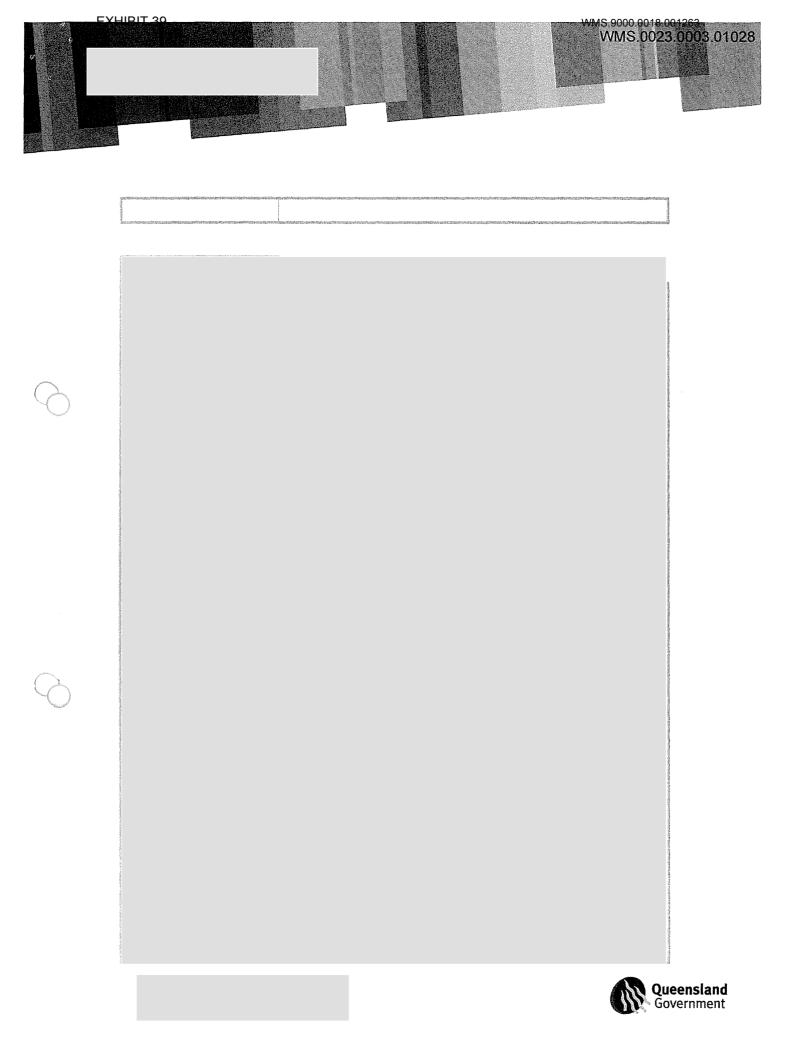
Vanessa.

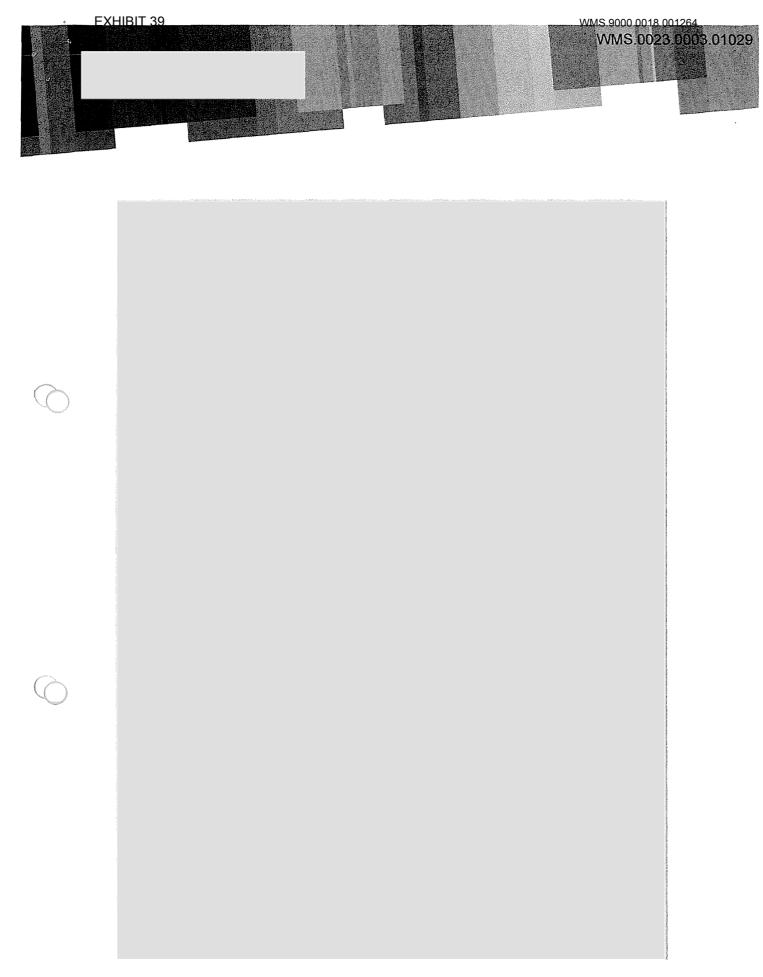




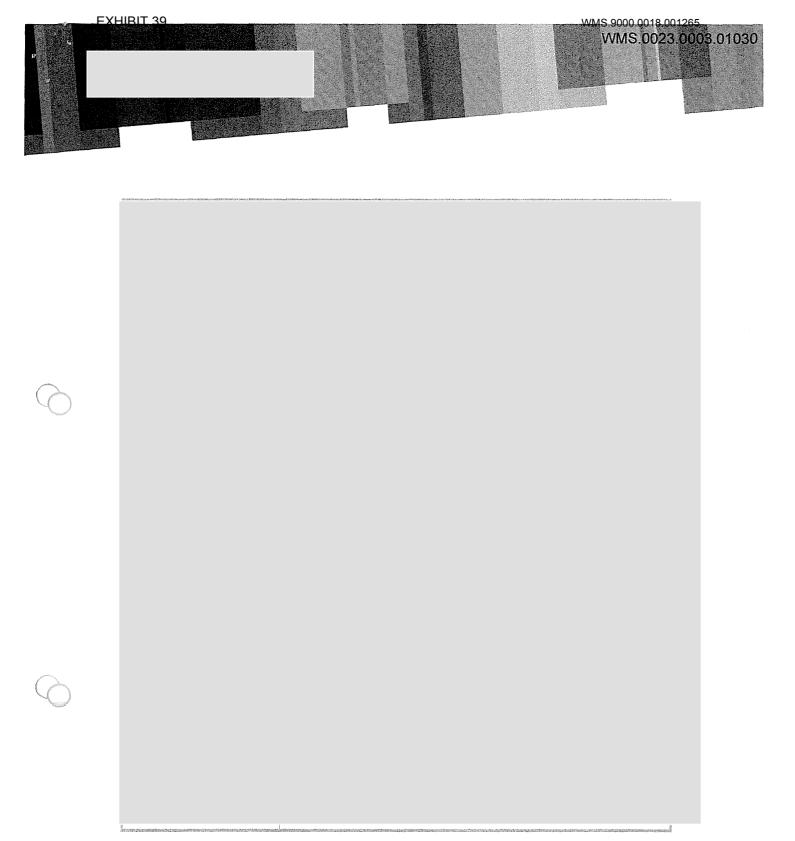














Page 1266 redacted for the following reason:

BARRETT ADOLESCENT CENTRE TRANSITION CARE PLANNING MEETING

Meeting Details

Day and Date Wednesday 11 December 2013

1. Attendees

Name	Position
Leanne Geppert (LG)	A/Director of Strategy, Mental Health and Specialised Services
Anne Brennan (AB)	A/Clinical Director, Barrett Adolescent Centre
Elisabeth Hoehn (EH)	Psychiatrist, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service
Michelle Giles (MG)	Director Of Allied Health And Mental Health Community Programs
Will Brennan (WB)	Director of Nursing, Mental Health and Specialised Services
Padraig McGrath	Nursing Director, Secure Services
Sharon Kelly (SK)	Executive Director, Mental Health and Specialised Services
Terry Stedman (TS)	Clinical Director, Mental Health and Specialised Services
Laura Johnson (LJ)	Project Officer, Mental Health and Specialised Services

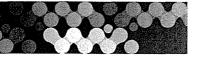
2. Apologies

Nil

3. Discussion

Consum	ner	Discussion and Actions	By Whom	By When

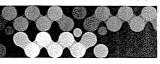
West Moreton Hospital and Health Service Barrett Adolescent Centre Clinical Oversight Meeting



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West Moreton Hospital and Health Service

Barrett Adolescent Centre Clinical Oversight Meeting



	Page 1 of 3
	Department RecFind No:
	Division/HHS
	File Ref No:
Briefing Note for Noting or Appr Deputy Director – General, Health Service and	
Requested by: A/Executive Director Mental Health and Special Services, West Moreton Hospital and Health Service	Action required by:
SUBJECT: Urgent Accommodation Issues for	Barrett Adolescent Centre Consumers
Proposal That the Deputy Director – General, Health Se	rvice and Clinical Innovation Division:
Note the urgent accommodation issues for (BAC) and escalate to the Deputy – Director G Safety and Disabilities.	at the Barrett Adolescent Centre General, Department of Communities, Child
Urgency	
Urgent – The availability of appropriate accomtransition planning process.	modation for BAC consumers is critical to the
Kev issues	

Page 2 of 3

Department RecFind No:

Division/HHS

File Ref No:

Background

- 11. In August 2013 the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Children's Health Queensland Hospital and Health Service (CHQ HHS) is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
- 12. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.
- 13. A flexible closure date of the end of January 2014 for the BAC building has been announced. This date may change dependent on all consumers having appropriate transition plans in place and continuity of service delivery.

Consultation

- 14. Dr Stephen Stathis, Clinical Director, Child and Youth Mental Health Services, Children's Health Queensland HHS.
- 15. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
- 16. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

Financial implications

17. There are no financial implications.

Legal implications

18. There are no legal implications.

Attachments

19. Nil.

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Department RecFind No:	
Division/HHS	
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That the Deputy Director-General

Note the urgent accommodation issues for at the Barrett Adolescent Centre (BAC) and escalate to the Deputy – Director General, Department of Communities, Child Safety and Disabilities.

APPROVED/NOT APPROVED

NOTED

Dr Michael Cleary Deputy Director-General

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Deputy Director-General comments	 	
·		

Author Laura Johnson Cleared by: (SD/Dir) Leanne Geppert Content verified by: (CEO/DDG/Div Head)

Linda Hardy

Project Officer

A/Executive Director

A/Chief Executive

Mental Health and Specialised Services West Moreton Hospital and Health Service Mental Health and Specialised Services West Moreton Hospital and Health Service West Moreton Hospital and Health

Service

18 December 2013

December 2013

December 2013

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: CE, West Moreton Hospital and Health Service

Date requested: 19 December 2013

Action required by: 24 December 2013

SUBJECT:

Update on the Barrett Adolescent Centre

Proposal

That the Director-General:

Note the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

Note the recommendation that the date of the proposed media event for 10 January 2014 be reconsidered to occur post closure of BAC.

Approve the recommendation to convene a Director-General (Queensland Health) to Director-General (Department of Communities, Child Safety and Disability Services) meeting to progress two consumer transition plans.

And

Provide this brief to the Minister for information.

Urgency

1. Urgent – the change processes associated with BAC warrants close monitoring of the clinical environment.

Headline Issues

- 2. The top issues are:
 - A flexible closure date of the end of January 2014 for the BAC building has been announced and individual consumer transition plans are progressing accordingly.
 - Communication and support to BAC consumers and parents/carers has been increased throughout the final stages of the BAC change process.
 - On the basis of a fluid clinical environment leading up to the closure of BAC, it is recommended that consideration be given to rescheduling the media statement proposed for 10 January 2014 to a date in February.

Blueprint

- 3. How does this align with the Blueprint for Better Healthcare in Queensland?
 - Providing Queenslanders with value in health services value for taxpayers' money.
 - Better patient care in the community setting, utilising safe, sustainable and responsive service models delivering best patient care.

Key	iss	ues
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Department RecFind No:	
Division/HHS:	MD09
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3.

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- 5. Following the transfer of the above patient to an acute unit, correspondence was received from Ms Alison Earls communicating concern that patients were being moved to facilitate an earlier closure date of BAC. Contact has been made with parents/carers of BAC to provide assurances that transfers will occur on the basis of individual care needs and that they are not due to an earlier closure date of BAC. Given the potential focus of media on the final stages of BAC closure during January 2014, it is important to reconsider the planned date of 10 January 2014 as a media announcement of the future statewide model of service.
- 6. As inpatients transition to alternative appropriate care options, clinical staff are reviewing on a daily basis the requirements of delivering a clinically and therapeutically appropriate service to the remaining inpatients at BAC.
- 7. It is the clinical opinion of senior staff that BAC should not stay open if only one inpatient is remaining as this is not clinically or therapeutically appropriate. Additionally the mix and gender of inpatients will be taken into account.
- 8. West Moreton and CHQ will provide updates to the Minister's Office to keep them informed of the changing clinical needs of the consumers and the advice from clinicians to safely and actively manage this transition process for each individual consumer.
- 9. The patients on the waitlist for BAC have been reviewed by the Clinical Care Transition Panel to ensure that all clinical needs are being met appropriately.
- 10. The holiday program is currently being delivered at BAC in partnership with Aftercare. In the first week there has been positive participation and feedback from day patients and inpatients with on average four young people in attendance each day. This program will continue until 24 January 2014 (excluding public holidays and weekends).
- 11. BAC staff have received letters detailing the abolishment of their positions and the options available to them. Support and information is being provided through West Moreton HHS Workforce Division and through line managers of the staff.

Background

- 12. In August 2013 the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. CHQ is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
- 13. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.
- 14. West Moreton will continue to monitor all aspects of the impending closure of BAC on a daily basis including consultation and liaison with the Department of Health, MHAODB and CHQ.
- 15. Regular contact is provided with the parents/carers of BAC consumers by the BAC clinical team and executive staff of West Moreton. This is being managed through personal emails, phone calls and ongoing BAC Fast Fact Sheets.

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	

Consultation

- 16. Dr Stephen Stathis, Clinical Director, Child and Youth Mental Health Services, Children's Health Queensland HHS.
- 17. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
- 18. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

Attachments

19. Nil.

Recommendation

That the Director-General:

Note the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

Note the recommendation that the date of the proposed media event for 10 January 2014 be reconsidered to occur post closure of BAC.

Approve the recommendation to convene a Director-General (Queensland Health) to Director-General (Department of Communities, Child Safety and Disability Services) meeting to progress two consumer transition plans.

And

Provide this brief to the Minister for information.

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	

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NOTED

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IAN MAYNARD Director-Gener		
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Director-Gener	al's comments	To Minister's Office For Noting
Author Laura Johnson	Cleared by: (SD/Dir) Dr Leanne Geppert	Content verified by: (CEO/DDG/Div Head) Lesley Dwyer
Project Officer	A/Executive Director	Chief Executive

Mental Health and

Specialised Services

West Moreton Hospital and Health Service

20 December 2013

Mental Health and

Specialised Services West Moreton Hospital and Health Service

24 December 2013

West Moreton Hospital and Health Service

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<u>Please Note:</u> All ratings will be recorded and will be used to inform executive performance.

Department RecFind No:	
Division/HHS:	MD09
File Ref No:	

	File Ret No:	
Briefing Note The Honourable Lawrence Sp Minister for Health	oringborg MP	
Requested by: CE, West Moreton Hospital and Health Service	Date requested: 19 December 2013	Action required by: 24 December 2013
SUBJECT: Update on the B	arrett Adolescent Centre	
Recommendation That the Minister: Note the Barrett Adolescent Cer (HHS) has a flexible closure date		on Hospital and Health Service
Note that all current consumers planning occurring to ensure app with local HHSs and other key s	propriate and individual care p	lans are developed in association
Note the daily monitoring of the ensure that the environment rem care options are being provided	nains therapeutic during the ch	
Note the recommendation that t statewide adolescent service op		
Note the critical accommodation escalate to the Director-General		
APPROVED/NOT APPROVED	NOTED	NOTED
LAWRENCE SPRINGBORG Minister for Health		Chief of Staff
/ / Minister's comments		1 1
Willister's Comments		
Briefing note rating		

4 🗆 🗆 1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

5 □□

Department RecFind No:	BR058295
Division/HHS:	MD09
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Chief Executive, West Moreton Hospital and Health Service

Action required by: 24 December 2014

SUBJECT: Update on the Barrett Adolescent Centre

Proposal

That the Director-General:

Note the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

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Provide this brief to the Minister for information.

Urgency

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- 3. How does this align with the Blueprint for Better Healthcare in Queensland?
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 - Better patient care in the community setting, utilising safe, sustainable and responsive service models delivering best patient care.

Kev issues

Department RecFind No:	BR058295
Division/HHS:	MD09
File Ref No:	

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- 16. Dr Stephen Stathis, Clinical Director, Child and Youth Mental Health Services, Children's Health Queensland HHS.
- 17. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
- 18. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

Attachments

19. Nil.

Department RecFind No:	BR058295
Division/HHS:	MD09
File Ref No:	

Recommendation

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Provide this brief to the Minister for information.

APPROVED/NOT APPROVED

NOTED

IAN MAYNARD **Director-General**

, 0 6 JAN 2013

To Minister's Office For Noting

Director-General's comments

Author Laura Johnson

Cleared by: (SD/Dir) Dr Leanne Geppert

Content verified by: (CEO/DDG/Div Head)

Lesley Dwyer

Project Officer

A/Executive Director

Chief Executive

Mental Health and Specialised

Services

Mental Health and Specialised

West Moreton Hospital and Health Service

Services

West Moreton Hospital and Health West Moreton Hospital and Health

Service

Service

19 December 2013

20 December 2013

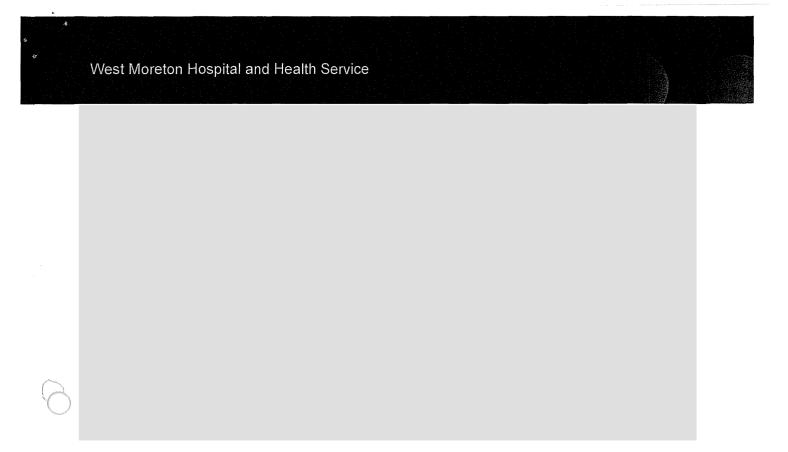
24 December 2013

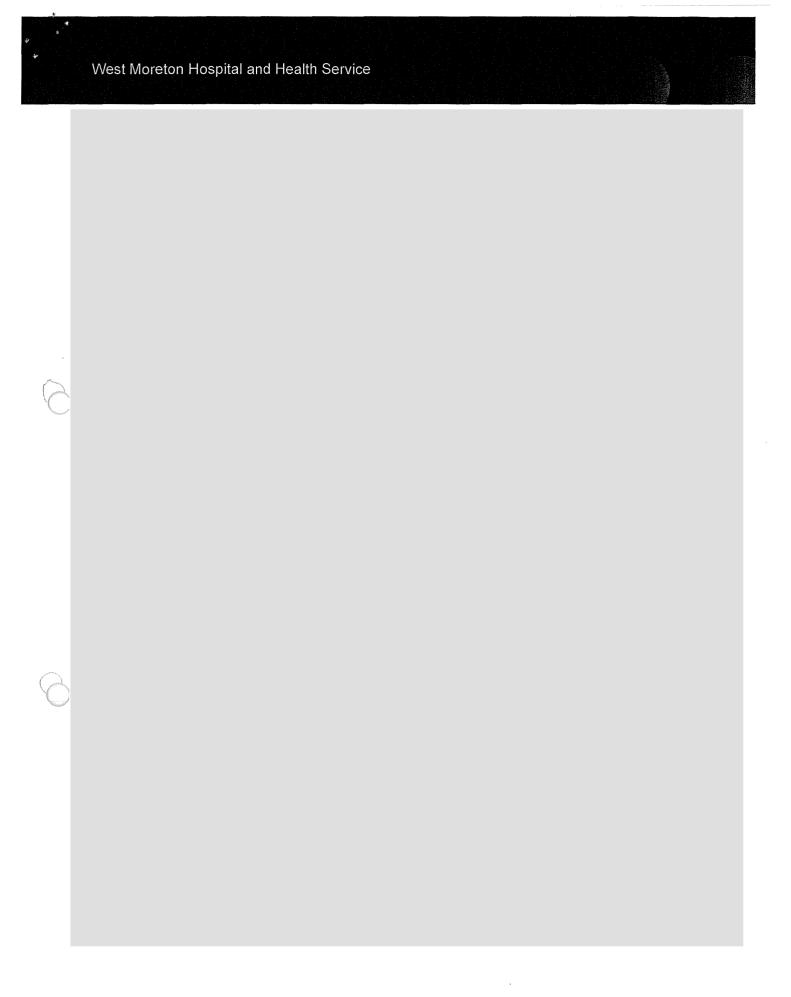


CONFIDENTIAL – Not for dissemination

Briefing for Dr Bill Kingswell (MHAODB) attending the Director-General, Department of Health and Director-General, Department of Communities, Child Safety and Disability Services Meeting Wednesday 22 January 2014

Barrett Adolescent Centre (BAC) - Consumer Overviews





Page 1 of 1

Megan Hayes - referral for Barrett Adolescent Centre client

From:

Megan Hayes

To: Date:

1/23/2014 9:43 AM

Subject:

referral for Barrett Adolescent Centre client

Attachments:

Megan Hayes Occupational Therapist Barrett Adolescent Centre The Park Centre for Mental Health

Tues, Thurs, Fri (alt)

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ELIG			

• If your referral is related to **physical health only** please contact directly to book an appointment with our GP (doctor).

with our or (t	doctorj.		
 Referrals from 	m QLD Health require a copy of	ALL relevant collateral informat	ion (including assessment, discharge
summaries &	recovery documents) prior to th	e referral being processed.	
 Referrals fron 	n Probation and Parole require	social history, information on co	onvictions and pending legal matters
including date	es, prior to referral being process	ed.	<u></u>
1. Referrer (Individua	AL COMPLETING THIS DOCUMENT)		
Contact Name:	Megan Hayes		
Position / Relationshi	ip: Occupational Therapi	<u>st</u>	
Organisation (if applie			Post Code: 407C
Postal Address:		Centre for Mental Health	Post Code: <u>4076.</u>
Phone:	Mobile: Click here to	enter text. Fax:	
Email:			
Ciama a de			
Signed:			
2. REASON FOR REFERR	47 45 45 45 45 45 45 45 45 45 45 45 45 45		
□Physical Health	☐ Mental health ☐ Alc	ohol/Drug □ Vocational	☐ Assessment
☐ Other - please spec	cify Click here to enter text.		
3. Young Person Bein	IG REFERRED (THESE DETAILS WILL BE	USED TO CONTACT THE YOUNG PERSON	i/parent, guardian)
First Name:	- Committee and the second section and the second section of the desired section and the desired section as the second section and the second section and the second section as the se		
Date of Birth:			
Address: <u>C/- Ba</u>	arrett Adolescent Centre, The Pa	rk Centre for Mental Health, Orfo	<u>rd Drive</u>
urb: Waco	Postcode: 4076.	State: QLD	
nome Ph:	Mobile:		
If annount provided b	u vouna norcan placea provida i	details of their parent/ guardian:	: Click here to enter text.
ii consent provided b	y young person please provide t		
Note To Referrer	y young person please provide o		
Note To Referrer Please complete as r	much of the following informa	tion as possible to ensure the I	best quality care is provided to the
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(If Applicable) Other Agencies / hea	· · · · · · · · · · · · · · · · · · ·	volved within the individual:	s care: (e.g.: Government,
non Government, GP's, Psychiatrist Name of	s, and Community Services) Contact Person	Address	Phone
Organisation	Contact Person	Address	riione
	1	1	
		1	
5. Presenting issues			
☐ Anxiety	☐ PAIN MANAGEMENT ISSUES	☐ Adhd / Add	☐ REFUSING SCHOOL
ati 理 FAMILY PROBLEMS			
EI FAMILY PROBLEMS	☐ FINANCIAL DIFFICULTY	☐ DIFFICULTY SLEEPING	☐ DEPRESSION
☐ PHYSICAL ABUSE	☐ LOSS OF APPETITE	☐ EATING PROBLEMS	SELF HARM
☐ RELATIONSHIP ISSUES	☐ PHYSICAL DISABILITY	☐ DRUG ABUSE	\square HISTORY OF HOSPITALISATION
☐ HARM OR THREATS TO OTHERS	☐ SEXUAL ABUSE	Intellectually Impaired	☐ Stress
DOMESTIC VIOLENCE	☐ PTSD / TRAUMA HISTORY	☐ BODY IMAGE	☐ SUICIDAL
☐ EMOTIONAL ABUSE	☐ SOCIAL PROBLEMS AT SCHOOL	☐ BULLYING OTHERS	☐ PENDING LEGAL MATTERS
Presentation to ED or Hospital	☐ HALLUCINATIONS AND DELUSION	S CRYING	☐ ASPERGERS / AUTISM
☐ PAST OR PRESENT CONTACT WITH CHILD SAF	FETY	☐ OTHER Click here to e	nter text.
To help us assist the young person	on, could you please outline a	ny pertinent information v	ou are aware of within the
following areas.	, jun pronuo unumb u	···). Language and minimum 1.	
1. Home and Environment		Conduct Difficulties and Risl	k-Taking
2. Education and Employment 3. Activities and Friends		Anxiety Eating	
4. Drugs and Alcohol		Depression and Suicide	
5. Relationships and Sexuality		. Psychosis and Mania	

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u ***		
6. CONSENT OF YOUNG PERSON BEING R	EFERRED	
a i demonstration (1) in the proposition of the contract of th	made. I understand that I can withdraw from this referral or from t	ne referred conside
-4 4th	made. I understand that I can withdraw from this relenal of from th	ie referred service
Please NOTE: Referrals will not be pro	ocessed without signed consent.	/
e permission for	to use my contact details above for future contact with me	/ TVos CINO
		⊈ Yes □ No
I give permission for the staff of		Ź Yes □ No
	doctors and other health professionals specifically relevant to my	<i>i</i>
care whilst being a client of I give permission for	to contact the referrer and advise once an appointment has	<u></u>
been arranged.		Ź Yes □ No
been analyses.	23/	1/11
Signec	Print Name: Click here to enter text. Date: Click here	o enter text.
Verbal consent confirmed 23/1/14 by		
	n ideally should be provided by a parent/ guardian.	
if and it is years of age authorisation	mucuny should be provided by a parent, guardian.	
Parent/ Guardian Signed:	Print Name: Click here to enter text. Relationship: Click h	ere to enter text.
7. THANK YOU FOR YOUR REFERRAL		
	headsnace Num	lah Referral Form V2.1
	Page 3 of 4	

EXHIBIT 39

WMS.9000.0018.001288

8. WHAT NEXT?

• On receipt of a referral form will contact the young person to arrange an appointment. All initial appointments will be with a intake/assessment officer.

With consent from the young person appointment.

will advise the referrer of the young person making an initial

headspace Nundah Referral Form V2.1

Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	

Briefing Note for Noting

Director-General

Requested by: CE, West Moreton Hospital and Health Service

Date requested: 22 January 2014

Action required by: 24 January 2014

SUBJECT:

Update on the Barrett Adolescent Centre – closure of inpatient unit

Proposal

That the Director-General:

Note the current status of consumers and the changing clinical environment at the Barrett Adolescent Centre (BAC).

And

Provide this brief to the Minister for information.

Urgency

1. Urgent – BAC is now in final stages of closure and all remaining inpatients have been discharged to alternate care options from Friday 24 January.

Headline Issues

- 2. The top issues are:
 - All remaining BAC consumers have been discharged to appropriate care options. The BAC facility will remain open to continue transitional support to receiving services and finalise business requirements until a formal announcement is made that the service has been closed.

Blueprint

- 3. How does this align with the Blueprint for Better Healthcare in Queensland?
 - Providing Queenslanders with value in health services value for taxpayers' money.
 - Better patient care in the community setting, utilising safe, sustainable and responsive service models – delivering best patient care.

Key issues

- 5. The holiday program at BAC in partnership with Aftercare finished on 23 January 2014. Overall there was good engagement from the young people in the program. All remaining day patients were discharged on 23 January 2013 to appropriate mental health care providers.
- 6. West Moreton and Children's Health Queensland (CHQ) are currently preparing a joint statement about the closure of BAC and announcement about the future models of care.

Background

Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	

- 7. In August 2013 the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. CHQ is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
- 8. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.
- 9. Regular contact has been provided with the parents/carers of BAC consumers by the BAC clinical team and executive staff of West Moreton. This is being managed through personal emails, phone calls and ongoing BAC Fast Fact Sheets.

Consultation

- 10. Dr Elisabeth Hoehn, A/Clinical Director, CHQ HHS.
- 11. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
- 12. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

Attachments

13. Nil.

Recommendation

That the Director-General:

Note the current status of consumers and at the Barrett Adolescent Centre (BAC).

And

Provide this brief to the Minister for information.

Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	

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IAN MAYNAR Director-Gen	-	.,	
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To Minister's Office For Noting

Director-G	<u>ieneral's commer</u>	nts		

Author Laura Johnson Cleared by: (SD/Dir) Sharon Kelly Content verified by: (CEO/DDG/Div Head)

Lesley Dwyer

Project Officer

Executive Director

Chief Executive

Mental Health and Specialised Services West Moreton Hospital and Health Service Mental Health and Specialised Services West Moreton Hospital and Health Service West Moreton Hospital and Health Service

23 January 2014

23 January 2014

January 2014

Department RecFind No:	
Division/HHS:	WMHHS
File Ref No:	

Briefing Note The Honourable Lawrence Sp Minister for Health	ringborg MP	
Requested by: CE, West Moreton Hospital and Health Service	Date requested: 24 January 2014	Action required by: 29 January 2014
SUBJECT: Update on the B	arrett Adolescent Centre	
Recommendation That the Minister:		
Note that all inpatients and day p Hospital and Health Service (HH January 2014.		
planning and business requirem	ents until a formal joint annou	en to support finalised transition uncement between West Moreton ervice has been closed and new
APPROVED/NOT APPROVED	NOTED	NOTED
LAWRENCE SPRINGBORG		
Minister for Health		Chief of Staff
/ / Minister's comments	•	1 1
Briefing note rating	30 400 50	

1 = (poorly written, little value, and unclear why brief was submitted). 5 = (concise, key points are explained well, makes sense)

<u>Please Note:</u> All ratings will be recorded and will be used to inform executive performance.

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"VC-45"

From: Laura Johnson

Sent: 12 Nov 2013 16:03:49 +1000

To: Jacinta Powell; Shannon Dawson; Vikas Moudgil; David

Higson;Belinda James;Susan Philp;Anne Brennan;Vanessa Clayworth

Subject: Actions from Transition Meeting with

Good afternoon,

Thank you for your time today. Here is the list of actions from the meeting this afternoon:

Another meeting will be reconvened shortly to further progress the transition planning.

Thank you Laura

Laura Johnson Project Officer - Redevelopment Mental Health & Specialised Services

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West Moreton Hospital and Health Service

The Park - Centre for Mental Health Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076 Locked Bag 500, Sumner Park BC, QLD 4074

www.health.qld.gov.au

Laura Johnson
Project Officer - Redevelopment
Mental Health & Specialised Services

Wast Moreton Hospital and Health Sancies

The Park - Centre for Mental Health Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076 Locked Bag 500, Sumner Park BC, QLD 4074

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WMS.0011.0001.00069

"VC-46"

From: Renee Robertson

Sent: 6 Nov 2013 08:07:32 +1000

To: Leanne Geppert Anne Brennan;Caroline Furlong;Darren Neillie;Laura Johnson;Sharon Kelly;Vanessa Clayworth;Vicki Green;Sean

Hatherill; Suneel Chamoli; Roderick Buchner; Carla Piggott; David

Crompton; Sanders Street_Conference Room

Cc: Janelle Bowra;Lee Cousins;Nathan Pasieczny;Cameron

Manski; Nicole Munro

Subject: RE: BAC consumer transition of care planning meeting

Importance: High

Good Morning All,

Should you be telephoning into the meeting today, the details are as below:

Local Dial In Number:

National Dial in Number:

Passcode:

Kind Regards, Renee

Senior Office Manager: Renee Robertson

Phone: -

Executive Support Officer: Samantha Culhane

(Executive Support Officer to Associate Professor David Crompton and Kim Erickson)

Phone:

A/ Executive Support Officer: Claire Campbell

(Executive Support Officer to Associate Professor Gail Robinson and Geoffrey Lau)

Phone:

Please consider the environment before printing this email.

----Original Appointment-----From: Renee Robertson

Sent: Wednesday, 30 October 2013 5:37 PM

To: Renee Robertson; Leanne Geppert

Anne Brennan; Caroline
Furlong; Darren Neillie; Laura Johnson; Sharon Kelly; Vanessa Clayworth; Vicki Green; Sean

Hatherill; Suneel Chamoli; Roderick Buchner; Carla Piggott; David Crompton;

SandersStreet_ConferenceRoom

Cc: Janelle Bowra; Lee Cousins; Nathan Pasieczny; Cameron Manski; Nicole Munro

Subject: BAC consumer transition of care planning meeting

When: Wednesday, 6 November 2013 12:30 PM-3:30 PM (GMT+10:00) Brisbane.
Where: Unit 10, Level 1, 50 - 56 Sanders Street, Upper Mount Gravatt (Conference Room)

Good Afternoon, << File: 50-56 Sanders Street, Upper Mount Gravatt, Queensland - Google Maps.pdf >>

As per the e-mail below, please accept this meeting to discuss the progress of the Barrett Adolescent Centre consumer transition of care planning meeting.

Dr Crompton will be attending the first hour, however I have booked longer for further discussion.

Sean - Dr Crompton has advised that he is happy for you to delegate this meeting, should you not be able to attend.

I have attached a map for ease of reference in relation to locate for the building.

Kind Regards,

Renee

From: Leanne Geppert

Sent: Wednesday, 30 October 2013 5:20 PM

To: Renee Robertson;

Cc: Anne Brennan; Caroline Furlong; Darren Neillie; Laura Johnson; Sharon Kelly;

Vanessa Clayworth

Subject: BAC consumer transition of care planning meeting

Hi Renee

Thank you so much for assisting us in prioritising a time in Dr Crompton's schedule to progress the Barrett Adolescent Centre consumer transition of care planning meeting.

If this still suits, please schedule in **Wednesday 6/11/13, 12.30 - 1.30pm at the Conference Room, Sanders St, Mt Gravatt.** Would you mind sending through the full set of venue details?

Attendees from West Moreton HHS will be Dr Anne Brennan (A/Clinical Director of BAC), Vanessa Clayworth (CNC of BAC) and Laura Johnson (Secretariat). Dr Darren Neillie (A/Director Clinical Services) will also try to attend, but may need to t/conf in if the facilities are available.

I have informed Anne and the team of the option to stay beyond 1.30pm with the Metro Sth clinicians (as nominated by David) to finalise the planning arrangements, noting that David will need to leave at 1.30pm.

If there are any changes required, please feel free to give me a call. Thanks again, Leanne

Dr Leanne Geppert A/Director of Strategy Mental Health & Specialised Services

West Moreton Hospital and Health Service

WMS.0011.0001.00071

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076
Locked Bag 500, Sumner Park BC, QLD 4074
www.health.qld.gov.au

"VC-47"

From: Laura Johnson Sent: 12 Nov 2013 16:39:02 +1000 To: Shannon Dawson Cc: Anand Choudhary; Monica O'Neill; Susan Philp; Anne Brennan; Vanessa Clayworth Subject: Re: Actions from Transition Meeting with Thanks Shannon for your feedback. I have escalated the enquiries about HASP/P300 funding to my Director, as I agree that the transitional support will not be enough to support the young person's needs. We will also follow up with and provide feedback at the next meeting. I will pass on your request to Vanessa about the meeting with Trevor from Richmond PRA. Kind regards Laur Laura Johnson **Project Officer - Redevelopment** Mental Health & Specialised Services The Park - Centre for Mental Health Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076 Locked Bag 500, Sumner Park BC, QLD 4074 www.health.qld.gov.au >>> On 11/12/2013 at 4:34 pm, · wrote: H Laura,

Kind regards, Shannon
Shannon Dawson Service Integration Co-ordinator / Occupational Therapist
>>> Laura Johnson 11/12/2013 4:03 pm >>> Good afternoon,
Thank you for your time today. Here is the list of actions from the meeting this afternoon:
Another meeting will be reconvened shortly to further progress the transition planning.
Thank you Laura
Laura Johnson Project Officer - Redevelopment Mental Health & Specialised Services
West Moreton Hospital and Health Service
The Park - Centre for Mental Health Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076 Locked Bag 500, Sumner Park BC, QLD 4074
www.health.qld.gov.au
Laura Johnson Project Officer - Redevelopment Mental Health & Specialised Services
West Moreton Hospital and Health Service

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West Moreton Hospital and Health Service **TERMS OF REFERENCE**

TITLE Complex Care Review Panel, West Moreton Hospital and Health Service (WMHHS)

DESCRIPTION A Complex Case Review Panel is to be convened to support the Barrett Adolescent

Centre (BAC) clinical team in optimally managing the transition of care for a consumer

with significant and sustained risk concern.

TARGET AUDIENCE Dr Anne Brennan, A/Clinical Director, BAC, WMHHS (Chair)

Vanessa Clayworth, A/Clinical Nurse Consultant (CNC), BAC, WMHHS

Dr Ray Cash, Medical Officer, Future Families, Children's Health Queensland Hospital

and Health Service (CHQHHS)

Dr Ian Williams, Director of Adolescent Psychiatry, Adolescent Psychiatry Mental Health,

Royal Brisbane and Women's Hospital

Richard Litster, Senior Social Worker, Child and Youth Mental Health Service (CYMHS),

CHOHHS

Josie Sorban, Director of Psychology, CYMHS, CHQHHS

Penny Knight, CNC, CYMHS, CHQHHS

Emma Hart, Nurse Unit Manager, CYMHS, Townsville Hospital and Health Service

MEETING DETAILS Video conference of 1.5 hours*

Date and time to be confirmed

*Please note this panel is only required to meet once, unless it is deemed necessary to

review the case

PURPOSE

The WMHHS Complex Case Review Panel is intended convene to strengthen clinical governance by supporting the BAC clinical team in working towards preventing and reducing harm for an identified consumer by supporting:

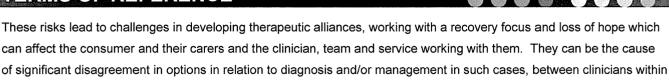
- High standards of clinical care during a high risk period, including:
 - o the identification and mitigation of high risk situations;
 - the development of a targeted and specialised Consumer Care Review Summary (CCRS) and other clinical planning documents that will guide the safe and most appropriate transition of care for the consumer;
 - the promotion of recovery focussed care and collaborative clinical service delivery including the promotion of consumer rights and responsibilities, and the development of Recovery Plans; and
- Clinical risk management during the consumer's transition of care from BAC to alternative care options.

PROCESS

The WMHHS Complex Case Review Panel is established to support the BAC clinical team in optimally managing an identified consumer with significant and sustained risk concerns, that may include some or all of the below:

- a. Significant and ongoing risk of suicide and/or serious and repeated deliberate self-behaviours; and/or
- b. Ongoing threatening or assaultive behaviours, or significant risk factors for violence; and/or
- Particular challenges in diagnosis or treatment leading to repeated and/or prolonger admissions.

West Moreton Hospital and Health Service **TERMS OF REFERENCE**



The role of the Panel is to review diagnostic formulations, risk assessment and management plans and provide support, advice and recommendations that enhance the decision-making processes within the treating team of a particular consumer who face such challenges. The intention is to support and augment the treating team's capabilities in management of complex and high risk clinical scenarios.

the treating HHS or with other clinical service providers, and/or consumers, carers or other agencies.

OBJECTIVES

- To review individual care needs of a consumer whose individual situation poses significant challenges to service
 provision because of high risk behaviours or diagnostic and therapeutic difficulties, and to make
 recommendations on individualised risk and care plans that are feasible, acceptable and facilitate timely review;
 and
- To enable a whole of service perspective and support consistent, coherent and seamless responses to the identified consumer.

MEMBERSHIP

The Panel will be comprise of senior staff members identified from a pool of Clinical Directors and other senior clinicians from across the state who can actively participate in the Panel, and have a particular expertise or interest in managing adolescent consumers who pose significant risks of self harm, violence towards others or are at risk of abuse or poor care. The Chair of the Panel will be the Clinical Director, BAC, WMHHS.

FREQUENCY

The panel will convene once to consider the transition plan of an identified BAC consumer.

. REFERRAL

- 1.1 The BAC clinical team have identified the consumer, with approval by the Clinical Director, BAC, WMHHS.
- 1.2 The referral should be discussed with the consumer, and if appropriate, the carer/family member(s) concerned prior to referral. If there are clinical reasons to why this should not occur this must be approved by the Clinical Director of BAC. The referral should specifically note the consumer's and if appropriate, carer's views on the referral and their views regarding risk management; or reasons on why they were not consulted.
- 1.3 Clinicians and the treating team will formulate, develop and review risk management plans, including crisis plans, based on up-to-date assessment as per current policies and professional standards. The Complex Case Review Panel's role is to review and provide feedback on these diagnostic and management decisions.
- 1.4 The referral should consist of:
 - An updated CCRS including a Care Plan including detailed Risk Screen, Clinical and Risk formulation / Assessment Summary, Management Plan. This should include all relevant information including a longitudinal history including efficacy of previous treatment trials;
 - Consumer's Recovery Plan;
 - · Consumer's Personal Safety Plan;

Complex Care Review Panel Terms of Reference