

**From:** Sharon Kelly  
**Sent:** 21 Apr 2013 18:55:29 +1000  
**To:** Dwyer, Lesley  
**Subject:** Fwd: Re: progression of BAC Expert reference group recommendations  
**Attachments:** V2 Proposed Service Model Elements\_April 2013.doc

Lesley, I hope I have your support that we do not agree to continuing BAC as an interim step as it will never close if that happens and the safety of the unit is such that I believe we are better off without the tier 3 for period of time with a consulting service supporting other units.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

#### West Moreton Hospital and Health Service

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>>> Leanne Geppert 21/04/2013 6:42 pm >>>

Hi Sharon

The ECRG were sent a final draft (version 2) of the Service Elements document and a proposed preamble on Wed 17/4. Their final comments are due COB on Mon 22/4, with the last ECRG mtg on Wed 24/4.

I have received comments of support (with no or minor suggested changes) re version 2 from:

- David Hartman,
- James Scott,
- Michelle Fryer, and
- Philip Hazell (NSW).

I also have an email from Kev Rodgers, who has responded with two concerns that we will address in the ECRG on Wednesday.  
Seven other members (incl Trevor) are yet to respond.

The current risks as I see them are:

1. Not achieving unanimous support for the Service Elements document on Wed 24/4 (medium risk). Points of contention include the proposed use of acute adolescent beds (for adolescents requiring extended inpatient treatment) and the use of NGO providers for residential care.
2. ECRG members are unanimous in wanting a Level 6 Extended Treatment and Rehabilitation Unit in Qld to remain in the Service Elements document as Tier 3. They are clear that there is no \$ or location for this at the current time. I anticipate there will be lobbying to WM HHS to keep BAC open until this proposed Tier 3 is established (medium to high risk).
3. I am aware Trevor has been seeking evidence to 'disprove' Bill K's statements around low occupancy in existing acute adolescent wards (which is the basis for arguing that adolescents requiring extended treatment could/should utilise those beds rather than

- building more). These underutilised acute beds were also the proposed 'stop gap' for inpatient service provision until a Tier 3 could be implemented.
4. We have some agreed potential locations for Day Programs and Residential services to be established - it is unclear whether existing operational funding will cover all proposed sites (medium risk). Locations and budgets for the new services should be part of a formal planning process, and were not considered to be key tasks for the ECRG - my suggestion is that this task be formally adopted by MHAODB (given it is statewide planning and should fit with QPMH planning processes). Also, it would remove this task from WM HHS and separate it out from the closure of BAC.
  5. Consultation of Service Elements document - formal plan required, as developed by the Planning Group.

Let me know if you would like more details, happy to give context.

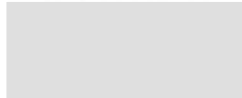
I have attached version 2 of the Service Elements document for your info only - not for dissemination.

Regards

Leanne

**Dr Leanne Geppert**

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>>> Sharon Kelly 4/21/2013 3:47 pm >>>

Leanne,

just ensuring we have some steps in place, and wanting to confirm that the ECRG will wind up with their recommendations this Wednesday? I have had a brief conversation with Lesley and she is planning we would give the Minister a briefing re what the potential direction is looking like, risks etc prior to us moving too far into a consultation process etc. As you know BAC has not been a shining light in the past few weeks and there are a number of factors now for us to move smartly.

if you could let me know if there is any changes to this so we can start planning the next steps.

Regards

Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

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