

leave CFTU at about 3.30pm to ensure he is at The Park by 4.30pm to commence his on-call shift. Tom will no longer be part of the ECT or Day-time duty doctor roster at The Park.

The goals of Tom's placement at CFTU are to supplement the learning experiences he had at BAC with a broader developmental perspective across the child and youth age range, and to further develop his skills in the initial assessment, formulation, case planning and ongoing management of children and young people and their families. Tom's time at CFTU will provide opportunities to increase his knowledge and skills in child and youth mental health in a variety of specialised settings including Eating Disorders Clinic, CL and Early Years Mental Health.

If there are any questions or concerns about the changes to Tom's placement, then please don't hesitate to contact me.

With kind regards

Elisabeth

Elisabeth Hoehn
Program Director - Child Psychiatrist
Early Intervention Specialist Programs
Child and Youth Mental Health Service

Children's Health Queensland Hospital and Health Service
QueenslandHealth

31-33 Robinson Road, Nundah, QLD 4012

P Please consider the environment before printing this email

From: Terry Stedman
To: Elisabeth Hoehn
Date: 12/18/2013 4:00 pm
Subject: RE: Leave for Tom over holiday period

Any leave is fine from our point of view. The only complication is getting the necessary no of weeks of experience and supervision and maybe the right amount of child exposure.

Regards

terry

Dr Terry Stedman
Director of Clinical Services
The Park: Centre for Mental Health
Cnr Ellerton Drive and Wolston Park Rd
Wacol Q 4076

www.health.qld.gov.au/the_park

SEE WEBSITE FOR CHANGED ROAD ACCESS

>>> Elisabeth Hoehn 12/18/2013 10:08 am >>>

Hello all

My understanding from Tom i that he has accumulated ADOs over his placemnet at BAC and will need to take these at some time. In addition, he wouls like to take some leave over the holiday period.

I understand from Tom that he has consulted with Sam Catania (Consultant overseeing CFTU placement) and has liaised with the other CFTU registrars to share time off over the holiday period as well as ensuring adequate medical cover for the ward.

The following is Tom's request for leave, that will require WMHHS approval:

Dec 23 - work at CFTU

Dec 24 - ADO

Dec 25 - Public Holiday - off

Dec 26 - Public Holiday - off

Dec 27 - Concessional Day - off

Dec 30 - ADO

Dec 31 - ADO

Jan 1 - Duty Doctor, The Park

Jan 2 - ADO

Jan 3 - work at CFTU

Tom will then have an additional ADO, which he will have to take at some time before the end of the placement.

Terry and Leanne, can you please confirm approval for these leave arrangements.

Thanks Elisabeth

From: Thomas Pettet
To: Elisabeth Hoehn
Date: 12/19/2013 9:07 am
Subject: RE: Planned Leave

Hi Elizabeth

The forms went off yesterday and have already been signed by Terry Steadman and submitted. Thanks for suggesting the time off as a option. I'm looking forward to relaxing over the break. See you in the new year
Tom.

>>> Elisabeth Hoehn 12/18/2013 4:45 pm >>>

Hi Tom

Can you please send your leave form with days as discussed to Caroline Furlong for signing. Enjoy the break and I wish you a Happy Christmas.
Thanks Elisabeth

Terms of Reference

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee

1. Purpose and Functions

The purpose of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee (Steering Committee) is to:

- Monitor and oversee the implementation of the Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Project Plan (Project Plan) to ensure that project milestones and key deliverables are met in the required timeframes, and that all accountabilities are fulfilled.
- Review and submit any proposed amendments of the Project Plan to the Chief Executive (CE) and Department of Health (DoH) Oversight Committee for approval.
- Establish, monitor and oversee the three Working Groups and their associated processes and outputs.
- Provide a decision-making, guidance and leadership role with respect to mental health service planning, models of care, staffing transition, financial management and consumer transition associated with the project.
- Provide governance of the project risk management process and associated mitigation strategies, and escalate in a timely manner to the CE and DoH Oversight Committee.
- Identify roles and responsibilities within the key stakeholder groups regarding information collection and reporting, transition of consumers, re-allocation of funding, including the identification of overlap and related roles.
- Prepare a communication plan for endorsement by the CE and DoH Oversight Committee.
- To facilitate expert discussion from key clinician and consumer stakeholder groups around planning and implementation activity associated with the Project Plan.
- Preparation and provision of update reports to the Executive Management Team, and Hospital and Health Service Board as required.
- To oversee the management of strategic risks.
- To monitor overall budget and financial management associated with the Project Plan.
- Provide an escalation point for the resolution of issues and barriers associated with implementation of the Project Plan.

2. Guiding principles

- *The Health Services Act 1991*
- *Fourth National Mental Health Plan*
- *Queensland Plan for Mental Health 2007-2017*
- *Mental Health Act 2000*

3. Authority

Committee members are individually accountable for their delegated responsibility and collectively responsible to contribute to advice provided by the Committee to the Chair in the interests of a whole-of-service position.

The Committee will endorse all deliverables for approval by the Chief Executive and Department of Health (CE DoH) Oversight Committee.

Decision Making:

- Recommendations made by the Steering Committee, to the CE DoH Oversight Committee, will be by majority.
- If there is no group consensus in relation to critical matters the Chair has the right to decide
- Decisions (and required actions) will be recorded in the minutes of the meeting.

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4. Frequency of meetings

Meetings will be held fortnightly on a Monday at 8:30am for 1.5 hours in duration unless otherwise advised.

In addition, the Chair may call additional meetings as necessary to address any matters referred to the committee or in respect of matters the committee wishes to pursue within its Term of Reference.

Attendance can be in-person, or via teleconference mediums.

The Committee is life limited for the duration of development, implementation and evaluation of the **project SW AETR options**. The Chair will advise the Committee members approximately one month prior to the dissolution of the Steering Committee once the service is mainstreamed.

5. Membership

Divisional Director	CYMHS, CHQ HHS	Co Chair
Clinical Director	CYMHS, CHQ HHS	Co Chair
Director of Strategy	MHSS, West Moreton HHS	Member
Director	Planning and Partnership Unit, MHAOD Branch	Member
Senior Representative	Queensland Alliance	Member
Senior Representative	<i>headspace</i>	Member
Senior Representative	Mental Health, Northern Clinical Cluster (or equivalent)	Member
Senior Representative	Mental Health, Central Clinical Cluster (or equivalent)	Member
Senior Representative	Mental Health, Southern Clinical Cluster (or equivalent)	Member
Consumer Representative		Member
Carer Representative		Member
Clinical Director	BAC, MHSS, West Moreton HHS	Member
Senior Representative	Metro South HHS	Member
Executive Director	Office of Strategy Management CHQ HHS	Member

Membership will take into account issues associated with confidentiality and conflicts of interest (including contestability).

Chair:

The Steering Committee will be co chaired by the Divisional Director of CYMHS CHQ and the Clinical Director of CYMHS CHQ, or his/her delegate. The delegate must be suitably briefed prior to the meeting and have the authority to make decisions on behalf of the Chair.

Secretariat:

The Secretariat will be provided by CHQ, who will facilitate the provision of the:

- Venue
- Agenda
- Minutes of previous meetings
- Briefs for any agenda items that require endorsement by the Chair five (5) working days prior to the meeting.

Proxies:

Proxies are not accepted for this Steering Committee, unless special circumstances apply and specific approval is given for each occasion by the Chair.

Other Participants:

The Chair may request external parties to attend a meeting of the committee. However, such persons do not assume membership or participate in any decision-making processes of the committee. (List possible other participants where reasonable).

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6. Quorum

The quorum will be half the number of official committee members plus one.

7. Reporting

The Statewide Adolescent Extended Treatment and Rehabilitation Implementation Steering Committee provides the following:

- Monthly Project Status Reports will be provided by the Steering Committee to the CE and DoH Oversight Committee, Queensland Mental Health Commissioner, Department of Education Training and Employment, and HHS Boards as identified by the CE and DoH Oversight Committee.
- Fortnightly written updates will be provided by each of the Working Groups to the Steering Committee seven (7) days prior to each Committee meeting for discussion as a standing agenda item.

8. Performance and Reporting

Performance will be determined by objectives of the Project Plan being met within the required timeframes.

The Secretariat is to circulate an action register to Steering Committee members within three business days of each Steering Committee meeting.

The Secretariat will coordinate the endorsement of status reports and other related advice to be provided as required to the Executive Management Team and/or the Hospital and Health Service Board. Members are expected to respond to out of session invitations to comment on reports and other advice within the timeframes outlined by the Secretariat. If no comment is received from a member, it will be assumed that the member has no concerns with the report/advice and it will be taken as endorsed.

Members must acknowledge and act accordingly in their responsibility to maintain confidentiality of all information that is not in the public domain.

9. Risk Management

A proactive approach to risk management will underpin the business of this Steering Committee.

The Committee will:

- Identify risks and mitigation strategies associated with the implementation of the project plan; and
- Implement processes to enable the Committee to identify, monitor and manage critical risks as they relate to the functions of the Committee.

Risks will be identified and documented in the project plan and new risks identified will be escalated to the Steering Committee and reviewed as a standing agenda item.

A Risk Register will be established and reviewed at the Steering Committee meetings.



Children's Health Queensland Hospital and Health Service

Document history

Version	Date	Author	Nature of amendment
1.0	26/08/13	Divisional Director CYMHS CHQ HHS	Initial Draft
1.1	03/09/13	A/Senior Project Officer OSM CHQ HHS	Incorporate CHQ HHS feedback
2.0		A/Director of Strategy, MHSS	Additional comments
2.1	09/09/13	A/Director of Strategy, MHSS	Incorporate SC feedback
3.0	19/09/13	Project Manager, SW AETRS	Edit Authority Section
FINAL	23/09/13	Project Manager, SW AETRS	Endorsed by SW AETR Steering Committee

Previous versions should be recorded and available for audit.



Meeting Agenda

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	21 October 2013
Time:	9am – 10.30am
Venue:	Seminar Room, CYMHS, Cnr Roger and Water Streets Spring Hill (parking via Roger St entrance)
Video/ Teleconference Details:	Details will be provided on request ** Please advise secretariat if you want to dial in**

Chair:	Judi Krause	Divisional Director CYMHS CHQ HHS
	Stephen Stathis	Clinical Director CYMHS CHQ HHS
Secretariat:	Ingrid Adamson	SW AETR Project Manager
Attendees:	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater Hospital
T/C	Amelia Callaghan	State Manager Headspace
T/C	Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service
	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
	Elisabeth Hoehn	A/Clinical Director CYMHS CHQ HHS
	Josie Sorban	Director of Psychology, CHQ HHS
	Laura Johnson	Project Officer, SW AETR, WM HHS
	Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services, WM HHS
T/C	Marie Kelly	A/Director Planning and Partnership Unit, MHAODB
	Raymond Ho	Clinical Services Program Manager, Metro South Addiction and Mental Health Service, Metro South HHS
		Carer Representative
		Consumer Representative
Apologies:		
Observers / Guests:		

* Attachments accompany this item; papers to be tabled if available

1. Presentations		
Item no	Item	Action Officer
1.0	Nil	

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2. Meeting Opening		
Item no	Item	Action Officer
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting (<i>attached</i>)	Chair
2.4	Statement of achievements	Chair
3. Business Arising from previous minutes		
Item no	Item	Action Officer
3.1	Working Group Membership: <ul style="list-style-type: none"> Service Options Working Group – consumer representative identified 	IA
4. Matters for Decision		
Item no	Item	Action Officer
4.1	SW AETR Project Plan	IA
5. Matters for Discussion		
Item no	Item	Action Officer
5.1	Presentation from Parent's re Service Options Submission	SS
6. Standard Agenda Items		
Item no	Item	Action Officer
6.1	Service Options Working Group Update <ul style="list-style-type: none"> Status Update Service Options Overview 	SS
6.2	Clinical Care Transition Panels Update <ul style="list-style-type: none"> Status Update 	LG
6.3	Financial and Workforce Planning Working group Update <ul style="list-style-type: none"> Status Update 	LG / IA
6.4	Risk Management <ul style="list-style-type: none"> Review Risk Register 	IA
6.5	Progress of key milestones and deliverables <ul style="list-style-type: none"> 	
6.6	Other business	
7. Matters for Noting		
Item no	Item	Action Officer
7.1	Major correspondence	
8. For Information (papers only)		
Item no	Item	Action Officer
8.1		

Next Meeting**Date:** Monday 4th November 2013**Time:** 9am – 10.30am**Venue:** Seminar Room, CYMHS Cnr Roger & Water Streets Spring Hill

**Children's Health Queensland Hospital and Health Service
Statewide Adolescent Extended Treatment & Rehabilitation Implementation
Steering Committee Action Item Register**
(Status Indicators: Red = Significant delay, Amber = Slight delay, Green = On Track and Blue = Completed)

Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
09/09/13	3.3	Working Group Membership	Contact each working group to establish membership and convene meetings	Leanne Geppert	23/09/13	Finance and Workforce Working Group yet to convene	
09/09/13	4.2	Committee Action Plan	Finalise Project Plan and develop Risk Register and Comms Plan	Ingrid Adamson	21/10/13	With CE Oversight Committee	
23/09/13	3.1	Working Group Membership	Identify MHAODB representatives - speak to Marie Kelly and Ruth Catchpoole for the Financial and Workforce Planning Working Group	Leanne Geppert	27/09/13	Completed	
23/09/13	3.1	Working Group Membership	Confirm Chair for Financial and Workforce Planning Working Group	Leanne Geppert	27/09/13	Completed	
23/09/13	3.1	Working Group Membership	Identify CHQ HHS nursing lead representative	Ingrid Adamson	27/09/13	Completed	
23/09/13	3.1	Working Group Membership	Identify WM HHS nursing lead representative	Leanne Geppert	27/09/13	Completed	
23/09/13	3.4	Correspondence	Convey CHQ HHS position regarding single point of correspondence to Lesley Dwyer	Leanne Geppert	09/10/13	Completed	
23/09/13	6.1	Service Options WG Update	Circulate data on current BAC consumers to committee	Leanne Geppert	27/09/13	Completed - update circulated with 09/10 minutes	
09/10/13	3.1	Working Group Update	Email consumer scenarios to WG1 representatives for input	Leanne Geppert Stephen Stathis	21/10/13	Underway	
09/10/13	3.1	Working Group Update	Present to the Child and Youth Statewide Advisory Group at the end of the month	Stephen Stathis	31/10/13		
09/10/13	3.1	Working Group Update	Issue briefing note to Mental Health Cluster re forward direction	Ingrid Adamson	31/10/13	Completed - included with BAC brief	
09/10/13	3.1	Working Group Update	Establish web page for SW AETR Initiative - part of CHQ Communications Strategy	Ingrid Adamson	31/10/13		

**Children's Health Queensland Hospital and Health Service
 Statewide Adolescent Extended Treatment & Rehabilitation Implementation
 Steering Committee Action Item Register**
 (Status Indicators: Red = Significant delay, Amber = Slight delay, Green = On Track and Blue = Completed)

Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
09/10/13	3.1	Working Group Update	Meet with consumer representative	Ingrid Adamson	10/10/13	Completed - consumer will be joining Service Options WG	
09/10/13	3.1	Working Group Update	Brief re current BAC position to MH Cluster and CEs	Leanne Geppert	18/10/13	Completed	
09/10/13	3.4	Correspondence	CHQ to finalise communications strategy	Ingrid Adamson	21/10/13	Underway	
09/10/13	4.1	Steering Committee Meetings	Update committee meeting calendar appointments.	Ingrid Adamson	11/10/13	Completed	
09/10/13	4.2	Target Group Definition	Update target group definition	Ingrid Adamson	11/10/13	Completed	
09/10/13	5.1	Victorian Visit	Confirm travel dates with Sandra Radovini	Leanne Geppert	31/10/13		
09/10/13	7.1	Correspondence	Circulate copies of the BAC Fast Fact Sheets to Committee Members	Ingrid Adamson	21/01/13	Completed	

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	21/10/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Clinical Director CYMHS (EH) [REDACTED] [REDACTED]
Teleconferenced	A/Director Planning & Partnership Unit MHAODB (MK)
Teleconferenced	State Manager Headspace (AC)
Teleconferenced	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
Apologies	Divisional Director CYMHS CHQ HHS (JK) Director of Psychology, CHQ HHS (JS)
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
	Nil	Nil		
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	SS	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	Working Group Membership Update <i>Working Group 1 (WG1)</i> <ul style="list-style-type: none"> IA met with a consumer representative who is keen to participate on WG1. This completes membership. 			
4.	Matters for Decision			
4.1	SW AETR Project Plan <ul style="list-style-type: none"> [REDACTED] noted the project plan was easy to understand and the risk management section covered every base, particularly 2.6. No other comments received. 			

Item No	Topic	Action	Committee member	Due date
	Recommended <ul style="list-style-type: none"> Endorse project plan 			
5.	Matters for Discussion			
5.1	Presentation of Parent's Submission <ul style="list-style-type: none"> Noted that parents of current BAC inpatients have been invited to present their submission to the Steering Committee. The purpose of the presentation is to provide parents an opportunity to speak to their submission. RH asked for a copy of the submission before the presentation. noted that will join the Committee meeting after the parent submission. SS suggested that could teleconference in, if preferred. noted that is happy to be present IA will draft up a consumer engagement framework to provide to parents regarding the format and purpose of the presentation. AT asked whether we need to make someone available to debrief with parents after the session due to the emotion associated with this. LG suggested that further consideration is needed to determine the most appropriate person. EH noted that the parents will present their submission well but it will be important to provide them sufficient time to discuss their concerns. AT noted that the Steering Committee also needed to be clear about their role in the presentation. LG noted that Lesley Dwyer will formally respond to the parent enquiring about the opportunity to present, and will advise of the next steps. Recommended <ul style="list-style-type: none"> Parents will present at the next Steering Committee, from 9.15am, for half an hour with time for discussion afterwards. Next Committee Meeting is extended half an hour to address standard agenda items after the Parent Presentation. 	<p>Circulate Parent Submission to Committee members</p> <p>Draft consumer engagement framework</p> <p>CHQ have put forward Stephen Stathis – supported by Co-Chair</p> <p>Prepare guidelines for Steering Committee</p>	<p>IA</p> <p>IA</p> <p>IA</p>	<p>30/10</p> <p>25/10</p> <p>30/10</p>
6.	Standard Agenda Items			
6.1	Service Options WG Update <ul style="list-style-type: none"> It was noted that case scenarios have been circulated to WG1 Representatives for feedback and comment The Parent Submission received will contribute to the thinking around service options WM HHS are also sending a request for input to parents of consumers on the waitlist. Service Options Update Brief <ul style="list-style-type: none"> noted the length of stay – that rehabilitation 	<p>Present findings from scenario work back to Committee</p>	<p>SS</p>	<p>04/11</p>

Item No	Topic	Action	Committee member	Due date
	<p>takes time; each consumer is different; and we need to be careful not to enforce strict timeframes on length of stay.</p> <ul style="list-style-type: none"> also noted that after hour support is absolutely vital to families and carers. Committee noted that the WG raised the need for services for the 18 to 25 years and that it now needs addressing. More clarity regarding how to transition adolescents into adult mental health services is also needed SS noted if we push the age limit up from 17 to 25yo, then we need to advocate for funding for those services. MK agreed, noting Victoria runs services from 16 to 25yo and it is about applying for funding to support services across this age range. EH noted that the model could consider some flexibility around age range as it does with length of stay. noted a new model could make it easier to transition to adult services. RH and both noted that it is not so much about the age as much as it is about the transition to other services. RH notes that the design of the service is important. EH notes that adult MH and CYMH need to discuss this topic further. 	Include Adult MH in service model discussions	SS	Ongoing
6.2	<p>Clinical Care Transition Panels Update</p> <ul style="list-style-type: none"> Panels are identifying plans for each individual and, although there have been challenges the panels are working through these. <p>Recommendation:</p> <ul style="list-style-type: none"> Monthly status update for inclusion in the SW AETR Project Status Report 	Provide status update for monthly report	LJ	31/10
6.3	<p>Financial and Workforce Planning WG Update</p> <ul style="list-style-type: none"> Good representation across WM and CHQ HHS This group is meeting tomorrow (22nd) and the majority of people are able to attend The group will be reviewing the Terms of Reference 			
6.4	<p>Risk Management</p> <ul style="list-style-type: none"> Risk Register will be developed from the Project Plan. Working Groups are invited to propose risks for inclusion, where needed The Committee will be notified of any risks that change in status to high or extreme; or any risks that eventuate 			
6.5	<p>Progress of key milestones and deliverables</p> <ul style="list-style-type: none"> An update on progress will be provided through the Project Gantt Chart at future meetings 	Complete Gantt Chart for next meeting	IA	04/11

Item No	Topic	Action	Committee member	Due date
6.6	Other Business • Nil	Nil		
7.	Matters for Noting			
7.1	Major correspondence • Nil			
8.	For Information			
8.1	• It was noted that the dates of 14th and 15th November have been tentatively set for Sandra Radovini's visit from Victoria. More information is to come on this visit.			

Next meeting: Monday 4th November 2013, 9am – 11am, CYMHS Spring Hill.

ENDORSED BY:

Signature:

Date: /09/13

Name:

Position:

Meeting Agenda

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	4 November 2013
Time:	9am – 10.30am
Venue:	Seminar Room, CYMHS, Cnr Roger and Water Streets Spring Hill (parking via Roger St entrance)
Video/ Teleconference Details:	Details will be provided on request ** Please advise secretariat if you want to dial in**

Chair:	Judi Krause	Divisional Director CYMHS CHQ HHS
	Stephen Stathis	Clinical Director CYMHS CHQ HHS
Secretariat:	Ingrid Adamson	SW AETR Project Manager
Attendees:	Amelia Callaghan	State Manager Headspace
T/C (not video)	Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service
	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
	Elisabeth Hoehn	A/Clinical Director CYMHS CHQ HHS
	Josie Sorban	Director of Psychology, CHQ HHS
	Laura Johnson	Project Officer, SW AETR, WM HHS
	Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services, WM HHS
	Marie Kelly	A/Director Planning and Partnership Unit, MHAODB
	Raymond Ho	Clinical Services Program Manager, Metro South Addiction and Mental Health Service, Metro South HHS
T/C		Carer Representative
		Consumer Representative
Apologies:	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater Hospital
Observers / Guests:		representing Submission
		representing Submission
		representing Submission

* Attachments accompany this item; papers to be tabled if available

1. Presentations

Item no	Item	Action Officer
1.0	Submission (9.30am to 10am)	Chair

2. Meeting Opening		
Item no	Item	Action Officer
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting (<i>attached</i>)	Chair
2.4	Statement of achievements	Chair
3. Business Arising from previous minutes		
Item no	Item	Action Officer
3.1	• Nil	
4. Matters for Decision		
Item no	Item	Action Officer
4.1	• Nil	
5. Matters for Discussion		
Item no	Item	Action Officer
5.1	Visit to NSW Walker and Rivendell Units	SS / JK
5.2	Project staffing allocation post January 2014	Chair
6. Standard Agenda Items		
Item no	Item	Action Officer
6.1	Service Options Working Group Update	
	• Status Update	SS
	• Case Scenario Summary	
6.2	Clinical Care Transition Panels Update	
	• Status Update	LG
6.3	Financial and Workforce Planning Working group Update	
	• Status Update	LG / IA
6.4	Risk Management	
	• Nil changes to the Risk Register	IA
6.5	Progress of key milestones and deliverables	
	• Monthly Status Report	IA
6.6	Other business	
7. Matters for Noting		
Item no	Item	Action Officer
7.1	Major correspondence	
	• ABC – World Today Interview	SS
8. For Information (papers only)		
Item no	Item	Action Officer
8.1	Following discussions with Sandra Radovini, from Victoria, her visit is being scheduled for early December. An agenda for her visit is under development.	LG

Next Meeting

Date: Monday 18th November 2013

Time: 9am – 10.30am

Venue: Seminar Room, CYMHS Cnr Roger & Water Streets Spring Hill

Children's Health Queensland Hospital and Health Service Statewide Adolescent Extended Treatment & Rehabilitation Implementation Steering Committee Action Item Register (Status Indicators: Red = Significant delay, Amber = Slight delay, Green = On Track and Blue = Completed)							
Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
09/09/13	3.3	Working Group Membership	Contact each working group to establish membership and convene meetings	Leanne Geppert	23/09/13	First meeting 22/10/13 - CE Oversight Committee direction required	
09/09/13	4.2	Committee Action Plan	Finalise Project Plan; and develop Risk Register and Comms Plan	Ingrid Adamson	21/10/13	Project Plan endorsed and Risk Register developed; Comms Plan still under development	
09/10/13	3.1	Working Group Update	Email consumer scenarios to WG1 representatives for input	Leanne Geppert Stephen Stathis	21/10/13	Completed	
09/10/13	3.1	Working Group Update	Present to the Child and Youth Statewide Advisory Group at the end of the month	Stephen Stathis	31/10/13		
09/10/13	3.1	Working Group Update	Establish web page for SW AETR Initiative - part of CHQ Communications Strategy	Ingrid Adamson	31/10/13		
09/10/13	3.4	Correspondence	CHQ to finalise communications strategy	Ingrid Adamson	21/10/13	Underway	
09/10/13	5.1	Victorian Visit	Confirm travel dates with Sandra Radovini	Leanne Geppert	31/10/13	Underway	
21/10/13	5.1	Parent Submission	Circulate Parent Submission to Committee Members	Ingrid Adamson	30/10/13	Completed	
21/10/13	5.1	Parent Submission	Circulate consumer engagement framework/Committee guidelines	Ingrid Adamson	30/10/13	Completed	
21/10/13	6.1	Service Options Working Group	Present findings from Case Scenario responses	Stephen Stathis	04/11/13	Underway	
21/10/13	6.2	Clinical Care Panel	Provide status update for monthly report	Laura Johnston	31/10/13	Completed	
21/10/13	6.5	Project Milestones	Present completed Gantt Chart	Ingrid Adamson	04/11/13	Underway	

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	04/11/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Clinical Director CYMHS (EH) Director of Psychology, CHQ HHS (JS)
Teleconferenced	[REDACTED] A/Director Planning & Partnership Unit MHAODB (MK) State Manager Headspace (AC)
Apologies	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) Operational Manager Alcohol, other Drugs & Campus, Mater (AT)
Observers/ Guests:	[REDACTED]

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
	Parent Presentation			
	<ul style="list-style-type: none"> [REDACTED] and [REDACTED] presented to the Committee. They also distributed some handouts for the Committee's Information After the [REDACTED] left, LG advised care planning is underway and that there is no imperative to have children out by 13th December. This date is the end of the school term. LG advised that, if at the end of January, they still have consumers then they will keep the BAC doors open to care for them. 	Distribute handouts provided by parents	IA	8/11
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LG, EH	
2.4	Statement of achievements	Covered below	Chair	
	<ul style="list-style-type: none"> LG wanted to acknowledge that the two districts are working well together as issues arise and appreciates the collaboration. 			

Item No	Topic	Action	Committee member	Due date
Business				
3.	Business Arising from Previous Meetings			
3.1	Nil			
4.	Matters for Decision			
4.1	Nil			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> █ has had communication with Lesley van Schoubroek and she advised that she is receiving questions regarding BAC and asked if it would be ok to distribute the BAC Fact Sheets to her. LG agreed to add her to the distribution list so she receives the latest fact sheets as they are produced. <p>Visit to NSW Walker and Rivendell Units</p> <ul style="list-style-type: none"> █ shared information regarding the recent site visit to NSW. A site visit report will be circulated to the steering committee. RH raised the question: what are the resource differences for NSW families compared with QLD? █ stated further information could be collected on this. EH noted that the discharge experience at BAC has been challenging – not in so far as families not engaging but rather getting them involved in the ongoing management of their child post discharge. It was noted that education is a critical element in this and we need to look at how this is done. For example, Mater and RCH schools are identified as leaders nationally – need to look at what they are doing well. Also need to look at how Education complements the mental health service. <p>Project Staffing Allocation</p> <ul style="list-style-type: none"> Due to time constraints this item was not discussed. 	<p>Add Lesley to distribution list</p> <p>Distribute site visit report</p> <p>Seek further information regarding NSW services</p> <p>Explore education elements as part of service model</p>	<p>LG</p> <p>IA</p> <p>JK/SS</p> <p>SS</p>	<p>8/11</p> <p>18/11</p> <p>18/11</p> <p>Ongoing</p>
6.	Standard Agenda Items			
6.1	<p>Service Options WG Update</p> <ul style="list-style-type: none"> Due to time constraints this item, and the Case Scenario Responses, were not discussed 			
6.2	<p>Clinical Care Transition Panels Update</p> <ul style="list-style-type: none"> LJ briefly covered the Panel Status Report provided to the Committee 			
6.3	<p>Financial and Workforce Planning WG Update</p> <ul style="list-style-type: none"> Noted that agreement was not reached between WM HHS and CHQ HHS regarding the purpose and ToR for the WG. DM noted both HHSs needed to work together to collate current financial information and to inform workforce and financial requirements for future service options. Direction is now sought from the Steering 	<p>Distribute Terms of Reference with comments and WG Minutes to Steering Committee for review</p>	<p>IA</p>	<p>8/11</p>