

In the matter of the *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No.4) 2015
Barrett Adolescent Centre Commission of Inquiry

AFFIDAVIT

Judith Krause of 199 Grey Street, South Brisbane, Divisional Director, states on oath:

1. I have received a Requirement to Give Information in a Written Statement dated 19 October 2015. **Exhibit A** to this affidavit is a copy of this notice.
2. I am currently employed as the Divisional Director (HES2), Child and Youth Mental Health Service, Children's Health Queensland Hospital and Health Service (Children's Health Queensland); a role I have held since March 2014. **Exhibit B** to this affidavit is a copy of my current role description. **Exhibit C** to this affidavit is a copy of my letter of appointment dated 2 April 2014.
3. From December 2009 I acted in the role of Executive Director, Child and Youth Mental Health Service, Children's Health Queensland and was formally appointed to the role in October 2011. I remained in this role until February 2014 and was appointed to the role of Divisional Director in March 2014 as outlined above.
4. In the role of Executive Director my key responsibilities were to:
 - (a) fulfil the responsibilities of the role in accordance with Queensland Health's core values of caring for people, leadership, respect and integrity;
 - (b) represent Queensland Health at a senior level as required, including active contribution to the Royal Children's Hospital Executive Team,

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Deponent

A J.P., G. Dec., Solicitor

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On behalf of the State of Queensland

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- working collaboratively to manage and govern the mental health service Division within Children's Health Services;
- (c) lead the management of the integrated Child and Youth Mental Health Service through effective planning, managing and monitoring of resources (financial, physical, technological, people) to achieve the desired outcomes of the service in alignment with National and State Mental Health Plans, Queensland Health, Children's Health Services strategic direction and goals;
 - (d) lead the development of innovative child and youth mental health services across the continuum of care from promotion, prevention and early intervention, through to treatment services for identified high risk and acute client populations, within a change environment;
 - (e) provide leadership in quality improvement and risk management for the Child and Youth Mental Health Service including oversight and monitoring of legislative requirements, workforce development, staff education, evidence based research initiatives, and the provision of consultancy and advice on clinical governance matters;
 - (f) lead an effective and cohesive management team that provides the leadership and management required for the service to effectively manage the day to day operations within as well as achieving the seamless transition into Children's Health Services including the effective and efficient merging of operations and staff of the Royal Children's Hospital with the Mater Children's Hospital, creating the new Queensland Children's Hospital;
 - (g) critically analyse service delivery and lead the development of strategies to address key service gaps, high level risks, performance gaps and performance targets;
 - (h) provide high level expert advice to the Chief Operating Officer and Chief Executive Officer Children's Health Services on contemporary mental health issues;
 - (i) provide high level leadership and influence for Child and Adolescent issues within Mental Health Services within Queensland Health and the broader health community, including liaising with Queensland Health Corporate Office, Mental Health Directorate staff, other Districts, non-

- government and private sector agencies and the tertiary education sector;
- (j) actively contribute in high level forums and committees where leadership, direction and negotiation is required to formulate strategic policy, set organisational direction and implement the Children's Health Services' agendas and priorities on transitioning into the Queensland Children's Hospital;
 - (k) proactively lead, engage and contribute to the development of contemporary human resource management practices including employment equity, anti-discrimination, workplace health and safety, ethical behaviours, recruitment, performance management and development practice;
 - (l) report directly to the Chief Operating Officer, Royal Children's Hospital, Children's Health Services;
 - (m) manage a multidisciplinary workforce of approximately 150 full-time equivalent staff and have responsibility for an annual operating budget of \$18.3 million (Commonwealth and State funds).
5. **Exhibit D** to this affidavit is a copy of the role description for the Executive Director position. **Exhibit E** to this affidavit is a copy of my letter of appointment dated 24 October 2011.
6. **Exhibit F** to this affidavit is a copy of my current resume which outlines my qualifications and professional memberships.
7. I had no operational or clinical governance role with the Barrett Adolescent Centre in my position with Child and Youth Mental Health Service. In previous clinical roles, prior to 2009, I had referred clients to Barrett Adolescent Centre and had clients admitted to the Barrett Adolescent Centre program. I had also attended the Barrett Adolescent Centre for clinical review meetings. In 1995 as part of my student psychiatric nurse training I undertook a student rotation at the Barrett Adolescent Centre.

8. In 2002 I had some contact with Barrett Adolescent Centre in my role as Child and Youth Educator, Southern Zone Mental Health Education Service. This role covered 11 Health Districts situated in the southern zone of Queensland. I have been the Chair of the State-wide Child and Youth Mental Health Advisory Group, now known as the State-wide Child and Youth Mental Health Drug and Alcohol Clinical Group, since 2009. In this role, I was requested by Metro South Mental Health Service to arrange for the review of the model of service delivery for the Barrett Adolescent Centre when it was scheduled to relocate to the Redlands site in 2010. I was involved in the review of the model of service delivery with a small group of state-wide experts. I recall that document was submitted to Dr David Crompton and Ms Shirley Wigan (see paragraphs 60 - 66 of this affidavit and **Exhibit Y**).

The Closure Decision

9. I had no involvement in the decision to close the Barrett Adolescent Centre. I was part of a Committee where discussion occurred about the future of the Barrett Adolescent Centre which I believe occurred after the relocation to Redlands had not gone ahead. I recall that group decided that there ought to be an expert clinical reference group. I cannot recall the name of that group. I recall that there were representatives from the Mental Health Directorate, as it was known then, and representatives from other Child and Youth Mental Health Services across the state, including the Mater Child and Youth Mental Health Service. I do not recall how many times we met. I do not recall if there were any agendas or minutes for any meetings of that group. I do not have any documents relating to this group. I recall that this group discussed issues with Barrett Adolescent Centre including its possible closure.
10. I do not know who made the decision to close the Barrett Adolescent Centre.
11. I was made aware of the announcement of the decision to close the Barrett Adolescent Centre when provided with copies of the media reports on the Minister's announcement made in August 2013. I had previously been made aware at a Barrett Adolescent Strategy meeting on 23 July 2013 that the

closure of the Barrett Adolescent Centre was likely to be on 31 December 2013 but that there had been no public announcements at that time. **Exhibit G** to this affidavit is a copy of the minutes of the Barrett Adolescent Strategy meeting on 23 July 2013.

12. I was aware there were a number of reasons supporting the closure of the Barrett Adolescent Centre:
- (a) There had been several reviews of the Barrett Adolescent Centre which identified that the model of care was not contemporary and lacked appropriate governance structures.
 - (b) The Park Centre for Mental Health (The Park) was expanding its adult only forensic footprint and this was deemed an inappropriate environment for 13 to 18 year old adolescent mental health patients.
 - (c) A past Australian Council of Healthcare Standards review had highlighted issues with the facility and the building had been identified as being outdated with significant structural and layout issues that were unable to be rectified and presented safety concerns.
 - (d) It was an isolated facility and not integrated or properly aligned with any other Child and Youth Mental Health service.
 - (e) The Redlands project had fallen through due to environmental concerns. I was aware of that fact as I sat on a facility management project group which was put on hold. I don't recall how I became aware that the funding allocated to that project had been re-directed, however, I have located a memorandum from West Moreton in my records which formally advised of the cancellation of the project. **Exhibit H** to this affidavit is a copy of this memorandum dated 28 August 2012.
 - (f) Discharge planning at Barrett Adolescent Centre was problematic leading to long lengths of stay for the young patients. I recall from my experience in reviewing the Barrett Adolescent Centre model of service delivery in 2010 that the model of care at Barrett Adolescent Centre had led to a level of institutionalisation which was not healthy or helpful for those young patients or their families. Discussion with the group who reviewed the model of service delivery, including Dr Sadler, found that

discharge planning was problematic and that contributed to the longer than average lengths of stay at Barrett Adolescent Centre.

(g) In the past there was a lack of services to discharge these young people to.

13. I had no concerns regarding the appropriateness of the decision to close the Barrett Adolescent Centre. I believed that it was a reasonable decision given the range of issues that had faced the Barrett Adolescent Centre up to that time.
14. I was not consulted prior to the decision to close the Barrett Adolescent Centre. I had previously been made aware at a Barrett Adolescent Strategy meeting on 23 July 2013 that the Barrett Adolescent Centre was to be closed as referred to in paragraph 11 of this affidavit.
15. In my role in 2013 as Executive Director, Children's Health Queensland, Child and Youth Mental Health Service I communicated the information provided in the media releases to Children's Health Queensland, Child and Youth Mental Health Service Operational Management Team (as it was formally known). This information was also shared at state-wide and cluster based committees, the details of which are outlined in paragraph 37 of this affidavit.
16. I was not involved in any meetings regarding the decision to close the Barrett Adolescent Centre. I was involved in a range of committees where information was shared and I refer to paragraph 15 of this affidavit.
17. I attended the Barrett Adolescent Strategy meeting by teleconference on 23 July 2013. According to the minutes this meeting was convened by Lesley Dwyer, Chief Executive of West Moreton Hospital and Health Service (**Exhibit G**).
18. I am aware that my role in this meeting was as part of the senior staff representation from Children's Health Queensland. My input was limited and during this meeting I was advised of the progress of the planning related to the

recommendations of the expert clinical reference group, from the Barrett Adolescent Strategy group. This included the information that the Barrett Adolescent Centre was planning to close on 31 December 2013 and discussion about possible replacement services. At this meeting I was advised that Children's Health Queensland would be tasked with implementing the recommendations from the expert clinical reference group and was required to form an Implementation Steering Committee.

19. The role of other members was to provide an update on progress of the planning around the recommendations of the expert clinical reference group and outline possible replacement services.
20. The outcome of the meeting was to further progress the Barrett Adolescent Strategy to the implementation phase including exploration of potential replacement services, such as the Y-PARC (Youth Prevention and Recovery Care) model, the need to develop a robust communication and media strategy and for West Moreton Hospital and Health Service (West Moreton) to continue to develop transition planning for the current clients from the Barrett Adolescent Centre.
21. I have no recollection of the Barrett Adolescent Stakeholder Meeting during the week of 11 to 15 November 2013. I am not aware of that group or that meeting.
22. I was Co-Chair of the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee (Steering Committee). This Steering Committee was tasked with the development of new services but had no input into the closure decision and had no clinical transitional responsibility. **Exhibit I** to this affidavit is a copy of the Steering Committee Terms of Reference.
23. On 4 November 2013 [REDACTED] and [REDACTED] I attended as Barrett Adolescent Centre consumer parents to present their lived experience view at the meeting and to hear the progress of the replacement services being developed. My recollection is that they were formally invited via the secretariat,

Ingrid Adamson, [REDACTED]
[REDACTED]

24. My input at the meeting is outlined in the minutes. **Exhibit J** to this affidavit is a copy of the agenda and minutes of the Steering Committee meeting on 4 November 2013.
25. The role of others at this meeting was to provide information to the group and to be advised of progress and updates on the de-commissioning process, the transition of clients and the development of replacement services.
26. [REDACTED]
[REDACTED] the safety aspect of this element, the importance of on-site schooling opportunities and the therapeutic care that their children had had. All issues raised by the invited guests are included in the replacement services or were available in existing services at that time. I noted that the [REDACTED]
[REDACTED] chose to not be physically present to protect [REDACTED] anonymity during the [REDACTED] presentation and linked by teleconference so as not to be identified.
27. The Steering Committee met from August 2013 to December 2014. **Exhibit K** to this affidavit are all agendas and minutes of the meetings of the Steering Committee.
28. This Steering Committee had oversight of the implementation of the project plan guiding the development of the Adolescent Mental Health Extended Treatment Initiative. The Steering Committee was formed in August 2013 after the ministerial announcement of the decision to close the Barrett Adolescent Centre (refer to **Exhibit I**).
29. The development of new services was undertaken by:

- (a) reviewing the existing literature on adolescent extended treatment and rehabilitation;
- (b) visiting sites, such as the Walker Unit and Rivendell in NSW and Y-PARC (Youth Prevention and Recovery Care) and residential rehabilitation units in Victoria;
- (c) visiting and inviting national experts, such as Dr. Sandra Radovini, former Victorian Chief Child and Adolescent Psychiatrist, who outlined the model of care for the Intensive Mobile Youth Outreach Services which operate across Victoria to speak with her about the model and to present to the State-Wide Child and Youth Mental Health Clinical Group. Dr Radovini's visit to Brisbane occurred on 10 and 11 December 2013. **Exhibit L** to this affidavit is a copy of the draft proposed schedule for this visit;
- (d) extensive consultation with stakeholders from Child and Youth Mental Health Services across Queensland and consumers and [REDACTED]

30. The clinical responsibility for the clients of the Barrett Adolescent Centre always remained with West Moreton.
31. I also attended one meeting of the Chief Executive and Department of Health Oversight Committee on 22 January 2014 as a proxy for Dr Stathis. **Exhibit M** is a copy of the Agenda and minutes of the meeting of the Chief Executive and Department of Health Oversight Committee on 22 January 2014.
32. I had no involvement in developing, implementing, or directing processes for the communication of the decision to close the Barrett Adolescent Centre to Barrett Adolescent Centre patients, families, carers or staff. I was involved in responding to correspondence received from the 'Save the Barrett' group and family members of Barrett Adolescent Centre patients. My involvement in that process was usually to review the draft response prepared by Ingrid Adamson. I believe that was after the Barrett Adolescent Centre had closed in January 2014 and Children's Health Queensland had taken over the management of the correspondence. **Exhibit N** to this affidavit is a bundle of documents, identified

in my records, prepared in relation to this correspondence from family members.

33. I had no input into the decision that the closure date for the Barrett Adolescent Centre was to be early 2014. During Steering Committee meetings, as reflected in the meeting minutes exhibited above at paragraph 27, updates on the transition plans and the closure dates were given by West Moreton.
34. I am not sure who chose the closure date. I am aware that there was a decision to close the Barrett Adolescent Centre and that the date for closure was January 2014 but I believe that there was always flexibility regarding the date based on the safe transition of all patients. I am aware that a date was chosen but as far as I was aware that date was not a deadline. The date was always a 'soft' date and the unit would not be closed until appropriate arrangements had been made for all remaining clients. The safety of the transition clients and the effectiveness and quality of the transition plans was always paramount.
35. I recall that following the closure announcement a number of Barrett Adolescent Centre staff sought alternative employment and began to leave.
36. I do not recall any actual fixed closure date.
37. I do not recall any meetings with experts or stakeholders concerning the closure date. I was not directly involved with the expert group meetings. I recall receiving updates from West Moreton at the Steering Committee meetings as reflected in the Steering Committee minutes exhibited above (**Exhibit K**).
38. I was aware of the recommendations of the Expert Clinical Reference Group, those recommendations having been previously provided to the Steering Committee and also as a result of my involvement with the Barrett Adolescent Strategy Group. **Exhibit O** is a copy of the Expert Clinical Reference Group recommendations dated July 2013.

39. Regular updates provided at the Steering Committee meetings reflected that the closure date was dependent upon the safe and appropriate transition of current Barrett Adolescent Centre clients to other services.
40. I am not aware of any formal or informal requests being made for extensions to the closure date.
41. I provided regular updates to both the Central Cluster Mental Health Committee (of which I am a member) and the State-wide Child and Youth Mental Health, Alcohol and Other Drugs Clinical Group (which I Chair) primarily in relation to the progress towards the replacement services and the imminent closure of Barrett Adolescent Centre. **Exhibit P** to this affidavit is a copy of the Central Mental Health Clinical Cluster Terms of Reference and membership list. **Exhibit Q** to this affidavit are copies of the minutes of Central Mental Health Clinical Cluster meetings on 20 August 2013 and 19 November 2013.
42. **Exhibit R** to this affidavit is a copy of the State-wide Child and Youth Mental Health Alcohol and Other Drugs Clinical Group Terms of Reference and membership list. **Exhibit S** to this affidavit are minutes of meetings of the State-wide Child and Youth Mental Health Alcohol and Other Drugs Clinical Group where the progress of the Barrett Adolescent Centre closure and transition were discussed.
43. I had no concerns about the closure date as it appeared flexible and I was aware that extensive consideration and consultation had gone into the transition planning by West Moreton staff and I believed that the transition of patients was being done in a thoughtful and appropriate way.
44. As previously stated, during the Steering Committee meetings updates on the transition plans and the closure dates were given by West Moreton. On 16 December 2013, the minutes reflect that West Moreton were still working towards an end of January closure date. A file/meeting note of the Barrett Adolescent Clinical Oversight meeting on 12 December 2013 outlines a closing date of 26 January 2014. **Exhibit T** to this affidavit is a copy of the file/meeting

note of the Barrett Adolescent Clinical Oversight meeting on 12 December 2013.

45. Updates provided at the Steering Committee meetings, were that the closure date was determined by the safe transition of clients to alternative services.
46. My understanding is that the date was always a "soft" date and there was flexibility to extend this date if appropriate arrangements had not been finalised for the remaining clients to safely transition to appropriate services.
47. I did not have any concerns about the proposed closure date.
48. I did not have any concerns about the decision to close the Barrett Adolescent Centre. Tier 3 services is a term used in the United Kingdom, it is not commonly used in Australia. I understand that the term was used to denote sub-acute in-patient service beds. I do not agree that there was a lack of Tier 3 services in place. There were two sub-acute beds made available at the Mater Children's Hospital Child and Youth Mental Health Service for sub-acute admissions. These beds were available from March 2014. I am also aware that when the Lady Cilento Children's Hospital opened on 29 November 2014, four sub-acute beds were made available. I am aware that there has been very low occupancy of the sub-acute beds that have been available since the closure of the Barrett Adolescent Centre.
49. I had no input into the decision to cease the onsite integrated education program located at the Barrett Adolescent Centre.
50. In my role as Executive Director, and then Divisional Director of Children's Health Queensland Child and Youth Mental Health Service, I reviewed responses to correspondence from the "Save the Barrett" group which were usually prepared by the Project Manager, Ingrid Adamson. The responsibility for this correspondence was transitioned from West Moreton to Children's Health Queensland in early 2014. As the correspondence from this group was often identical, Children's Health Queensland continued to use the correspondence

templates developed by West Moreton. Individual issues raised by group members or individual community members were addressed accordingly.

51. I did not meet with representatives from this group with the exception of the Steering Committee meeting on 4 November 2013 where [REDACTED] and [REDACTED] were invited as outlined above. My understanding is that [REDACTED] At all times future planning by the Steering Committee took into consideration the recommendations of the Expert Clinical Reference Group and the development of new services were aligned with those recommendations.

Transition Arrangements

52. I had no active involvement in the transition planning for Barrett Adolescent Centre clients and was not a member of the Barrett Adolescent Centre Consumer Transition Working Group. I was asked to nominate senior staff to join panels to assist with transition planning and to suggest service and care options for individual transition clients.
53. On 12 December 2013 at the Barrett Adolescent Centre Clinical Oversight meeting, the allocation of additional transitional funding for a client was discussed and endorsed by West Moreton (**Exhibit T**). The operational funds of the Barrett Adolescent Centre were transferred to Children's Health Queensland upon closure and Dr Stephen Stathis (Medical Director, Children's Health Queensland Child and Youth Mental Health Service), Ingrid Adamson (Project Manager, Adolescent Mental Health Extended Treatment Initiative) and myself were tasked with oversight of these funds. It is a component of my position that I have the necessary delegation and accountability for the release of those funds. We were informed of any requests for additional funds for the ongoing support of former Barrett Adolescent Centre clients from their new home service. I recall being copied into emails about additional funding requests. **Exhibit U** to this affidavit is a bundle of documents, identified in my records, regarding additional funding requests.

54. I understand that Mental Health and Other Drugs Branch also held funds in addition to the operational funds transferred to Children's Health Queensland and those funds were also available to additionally support the transitioning Barrett Adolescent Centre clients.
55. In my role as co-Chair of the Steering Committee meetings I was also aware of updates regarding the Barrett Adolescent Centre client waiting list. These updates were provided by West Moreton. I had no direct involvement in the clinical management of these waiting list clients. I did provide some assistance to Dr Stephen Stathis who communicated with some young people who were on the waiting list to enquire about their welfare but I believe that West Moreton was managing this process. I took no notes of those interactions with Dr Stathis. I recall having a number of brief conversations with him around service options for these young people.
56. I was invited to attend the Barrett Adolescent Centre Clinical Oversight meeting on 12 December 2013 as plans were underway for the operational funds of the Barrett Adolescent Centre to be transferred to Children's Health Queensland upon closure (**Exhibit T**).
57. The purpose of the Barrett Adolescent Centre Clinical Oversight meeting was to advise of the transition plans for the Barrett Adolescent Centre clients and to advise us that the operational funds from the Barrett Adolescent Centre would be transferred to Children's Health Queensland upon the closure of the Barrett Adolescent Centre. Within my position I hold the relevant delegation and accountability for release of those funds.
58. As I recall I had limited input into the meeting.
59. I do not recall attending any further meetings specifically dealing with the transition of clients from the Barrett Adolescent Centre.

Committees and Panels***Child and Youth Mental Health State-wide Advisory Group (now known as Child and Youth Mental Health Alcohol and Other Drug Clinical Group)***

60. I was the Chair of the former Child and Youth Mental Health State-wide Advisory Group. In that role, on 27 January 2010, I was requested by Dr David Crompton (Executive Director, Clinical Services, Metro South Mental Health Service) and Dr Aaron Groves (then Director of Mental Health) and various representatives from the Mental Health Directorate, Mental Health Plan Implementation Team to review the care of the adolescent extended treatment service in Redlands and to review the Model of Service Delivery for the Barrett Adolescent Centre. **Exhibit V** to this affidavit is a copy of the minutes of the Facility Project Team Meeting on 4 February 2010.
61. The Model of Service Delivery was required to guide the redevelopment of the Barrett Adolescent Centre services by the Mental Health Capital Works Program – Facility Project Team of which I was also a member. The timeframe was four weeks as the Model of Service Delivery was required to enable the project team to progress.
62. On 10 February I convened a working group of child and youth mental health experts from across Queensland to undertake this task. These individuals were:
- (a) Dr Trevor Sadler - Clinical Director of Barrett Adolescent Centre;
 - (b) Dr Penny Brassey - Clinical Director Townsville Child and Youth Mental Health Service;
 - (c) Dr Brett McDermott - Executive Director Mater Child and Youth Mental Health Service;
 - (d) Erica Lee - Manager Mater Child and Youth Mental Health Service;
 - (e) Dr James Scott - Child Psychiatrist, Royal Children's Hospital Child and Youth Mental Health Service;
 - (f) Dr Michael Daubney - Clinical Director Logan Child and Youth Mental Health Service; and

(g) Fiona Cameron, State-wide Principal Project Officer Child and Youth Mental Health Service who provided secretariat support.

63. **Exhibit W** to this affidavit is are copies of the minutes of the meetings to Review Model of Service Delivery and summary of issues to consider when reviewing the Model of Service Delivery for the Barrett Adolescent Centre.
64. The Model of Service Delivery was developed to provide a framework for operations of the replacement for the Barrett Adolescent Centre. Models of Service Delivery were being developed for all components of mental health services and Adolescent Extended Treatment and Rehabilitation was one of these components. The working group was asked to review the existing Model of Service Delivery, which had not yet been endorsed by the Director of Mental Health. The working group was further advised to take into consideration recommendations from previous clinical reviews which had been conducted by external reviewers on the Barrett Adolescent Centre.
65. I was provided with the 2009 Review of the Barrett Adolescent Centre (final report) in confidence and summarised the issues raised from this and previous reviews as outlined in the 2009 final report for the working group. **Exhibit X** to this affidavit is a copy of Queensland Health brief for noting, dated 17 November 2009, attaching the 2009 review of the Barrett Adolescent Centre. **Exhibit Y** to this affidavit is a letter to David Crompton on 4 March 2010 attaching the draft Model of Service Delivery for the Adolescent Extended Treatment and Rehabilitation Centre.
66. The meeting dates of the working group were 10 February 2010 and 19 February 2010. Most work was done via email and out of session as finding times for the working group to meet proved difficult. All members contributed to the final Model of Service Delivery document. This document was sent to Dr David Crompton and Shirley Wigan, Executive Manager Mental Health West Moreton on 4 March 2010.

67. This working group was not involved in the decision to relocate the Barrett Adolescent Centre as the plans to relocate to Redlands were well established.

The Steering Committee

68. The purpose of the Steering Committee was to:
- (a) monitor and oversee the implementation of the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Project Plan (Project Plan) to ensure that project milestones and key deliverables were met in the required timeframes and that all accountabilities were fulfilled;
 - (b) review and submit any proposed amendments of the Project Plan to the Chief Executive and Department of Health Oversight Committee for approval;
 - (c) establish, monitor and oversee the three working groups and their associated processes and outputs;
 - (d) provide a decision-making, guidance and leadership role with respect to mental health service planning, models of care, staffing issues, financial management and consumer transition associated with the project;
 - (e) provide governance of the project risk management process and associated mitigation strategies and escalate in a timely manner matters to the Chief Executive and Department of Health Oversight Committee;
 - (f) 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; and
 - (g) prepare a communication plan for endorsement by the Chief Executive and Department of Health Oversight Committee.
69. **Exhibit Z** to this affidavit is a copy of the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Project Plan.
70. The Steering Committee was responsible for the implementation of the replacement services for the Adolescent Mental Health Extended Treatment

Initiative. The Steering Committee was informed of progress in transition arrangements but it did not have a role in determining transition plans for Barrett Adolescent Centre clients with that clinical governance being the responsibility of West Moreton.

71. [REDACTED]
[REDACTED] and their input and suggestions aligned with the recommendations of the Expert Clinical Reference Group (**Exhibit J**). These recommendations were the foundation of the Steering Committee's redevelopment of replacement services. This Committee did not have direct input into transition plans and [REDACTED] were not asked to comment on this.

Clinical Care Transition Panel

72. I do not recall, and am unable to find any record of, being a member of the Clinical Care Transition Panel.

Young People's Extended Treatment and Rehabilitation Initiative Governance Committee

73. The purpose of the Young People's Extended Treatment and Rehabilitation Initiative Governance Committee was to:
- (a) develop a pilot service model of residential rehabilitation for young people aged 16 to 18 years with mental health problems who may benefit from extended mental health treatment care in a community setting;
 - (b) contribute as relevant to the preparation of a contractual service agreement between service partners of Young People's Extended Treatment and Rehabilitation Initiative House;
 - (c) provide strategic and operational governance for the ongoing delivery of services through Young People's Extended Treatment and Rehabilitation Initiative House during the pilot period from February to December 2014 to ensure that milestones and key deliverables of the

initiative were met in the required timeframes and that all accountabilities were fulfilled;

- (d) establish a multidisciplinary Referral Panel that would receive and triage state-wide referrals into Young People's Extended Treatment and Rehabilitation Initiative House;
- (e) provide governance to the risk management process and associated mitigation strategies of the pilot initiative and escalate in a timely manner to the Steering Committee and/or Chief Executives of Children's Health Queensland and Aftercare;
- (f) prepare and provide update reports to the Adolescent Mental Health Extended Treatment and Rehabilitation Initiative Steering Committee and the Chief Executives of Children's Health Queensland and Aftercare as required;
- (g) provide an escalation point for the resolution of issues and barriers associated with the delivery of services by the Young People's Extended Treatment and Rehabilitation Initiative House; and
- (h) prepare an evaluation of the pilot program following its conclusion in December 2014.

74. **Exhibit AA** to this affidavit is a copy of the Terms of Reference for the Young People's Extended Treatment and Rehabilitation Initiative Governance Committee.

75. This Young People's Extended Treatment and Rehabilitation Initiative Governance Committee had involvement in the transition of young people from the Barrett Adolescent Centre only if a referral was made relating to a former Barrett Adolescent Centre client. [REDACTED]

76. I was a member of the Young People's Extended Treatment and Rehabilitation Initiative Governance Committee but did not actively attend regular meetings

as it was determined that Children's Health Queensland had adequate representation from Dr Stathis and Ingrid Adamson as secretariat. I would attend meetings in Dr Stathis' absence and my role was to contribute to the decision making in relation to appropriate referrals to the Young Person's Extended Treatment and Rehabilitation Initiative House and to address any contractual issues in relation to the operations of the house program by Aftercare. **Exhibit BB** is a copy of the agendas and minutes of the meetings of the Young People's Extended Treatment and Rehabilitation Initiative Governance Committee which I attended.

The Chief Executive, Department of Health Oversight Committee

77. The functions and objectives of the Chief Executive, Department of Health Oversight Committee included:
- (a) provision of executive leadership, strategic advice and advocacy in the implementation of State-wide Adolescent Extended Treatment and Rehabilitation service options;
 - (b) to identify the priorities and objectives associated with the development and implementation of Statewide Adolescent Extended Treatment and Rehabilitation services and to endorse plans and actions to achieve these objectives;
 - (c) to oversee the development of a contemporary model of care for Statewide Adolescent Extended Treatment and Rehabilitation services within the allocated budget;
 - (d) to provide a strategic forum to drive a focus on outcomes and achievement of the transition of Statewide Adolescent Extended Treatment and Rehabilitation services to Children's Health Queensland;
 - (e) to facilitate expert discussion from key executives around planning, development and implementation of Statewide Adolescent Extended Treatment and Rehabilitation services;
 - (f) to oversee the management of strategic risks;
 - (g) to monitor overall financial management of the transition of Statewide Adolescent Extended Treatment and Rehabilitation from West Moreton to Children's Health Queensland;

- (h) provision of guidance and oversight for communication and stakeholder planning;
- (i) provide an escalation point for the resolution of issues and barriers associated with implementation of the Statewide Adolescent Extended Treatment and Rehabilitation services.

78. **Exhibit CC** to this affidavit is a copy of the Chief Executive and Department of Health Oversight Committee Terms of Reference.
79. I was not a member of the Chief Executive and Department of Health Oversight Committee, I attended one meeting as proxy for Dr Stephen Stathis on 22 January 2014 (**Exhibit M**).
80. I am unable to comment on the nature of the Chief Executive and Department of Health Oversight Committee's involvement in decisions relating to the Barrett Adolescent Centre including transition issues.
81. The Steering Committee reported to the Chief Executive and Department of Health Oversight Committee. It endorsed the Adolescent Mental Health Extended Treatment and Rehabilitation Initiative. The Steering Committee endorsed the work prepared by the group members on replacement services, those endorsed recommendations then went to the Oversight Committee for final endorsement.

Communication

82. I do not recall the details of the correspondence for Dr Lesley van Schobroek, Mental Health Commissioner explaining reasons "why we do not want kids to go to school at a psychiatric inpatient unit" and I am unable to find any record of this correspondence. I do recall that all outgoing correspondence was aligned with the recommendations of the Expert Clinical Reference Group.
83. In my role of Executive Director and then Divisional Director of the Children's Health Queensland Child and Youth Mental Health Service, I reviewed and at

times contributed to responses to correspondence from the "Save the Barrett" and other concerned citizens which were usually prepared by the Project Manager, Ingrid Adamson. The responsibility for this correspondence was transitioned to Children's Health Queensland in early 2014. Prior to this time West Moreton was providing responses (**Exhibit N**).

Post-closure

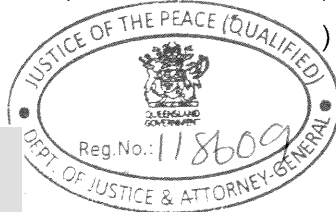
84. I did not have any direct responsibility for the patients of the Barrett Adolescent Centre with the exception of the oversight of elements of the funding as referred to in paragraph 53 of this affidavit [REDACTED]
85. There were new or replacement adolescent mental health services established in Queensland immediately following the closure of the Barrett Adolescent Centre. Residential Rehabilitation (Youth Resi) was commissioned at Greenslopes and was made operational in January 2014. There were also two sub-acute beds made available at the Mater Child and Youth Mental Health Service in March 2014. Four beds were then made available at the Lady Cilento Children's Hospital from 29 November 2014 and I refer to paragraph 48 of this affidavit.
86. Former Barrett Adolescent Centre clients over the age of 18 years of age were eligible to access adult mental health services. [REDACTED]
87. A discussion paper outlining current national and international evidence on the efficacy of longer term sub-acute inpatient facilities is being developed by Children's Health Queensland Child and Youth Mental Health Service. This paper is currently being finalised and will be forwarded to the Commission of

Inquiry once completed. This discussion paper will guide the development of the model of care for any proposed future sub-acute inpatient beds.

All the facts sworn to in this affidavit are true to my knowledge and belief except as stated otherwise.

Sworn by Judith Krause on 26 November)

2015 at Brisbane in the presence of:)



A Justice of the Peace, C.Dec., Solicitor—

In the matter of the *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No.4) 2015
Barrett Adolescent Centre Commission of Inquiry

CERTIFICATE OF EXHIBIT

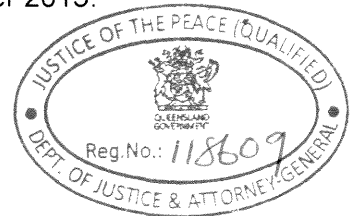
Exhibit A – CC to the affidavit of Judith Krause sworn on 26 November 2015.

Deponent

[Redacted Signature]

A J.P., C.Dec., Solicitor

[Redacted Signature]



In the matter of the *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No.4) 2015
Barrett Adolescent Centre Commission of Inquiry

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BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950
Section 5(1)(d)

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Ms Judi Krause

Of: c/- Crown Solicitor, by email to [REDACTED]

I, the Honourable MARGARET WILSON QC, Commissioner, appointed pursuant to Commissions of Inquiry Order (No. 4) 2015 to inquire into certain matters pertaining to the Barrett Adolescent Centre ("the Commission") require you to give a written statement to the Commission pursuant to sections 5(1)(d) of the *Commissions of Inquiry Act 1950* in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission before **Monday 2 November 2015**, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at mail@barrettinquiry.qld.gov.au (in the subject line please include "Requirement for Written Statement"); or via the Commission's website at www.barrettinquiry.qld.gov.au (confidential information should be provided via the Commission's secure website).

If you believe that you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2)(b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 19th day of October 2015

[REDACTED]
The Hon Margaret Wilson QC
Commissioner
Barrett Adolescent Centre Commission of Inquiry

SCHEDULE

1. What are Ms Krause's current professional role/s and experience, qualifications and memberships? Please provide a copy of Ms Krause's most recent curriculum vitae.
2. The Commission understands that Ms Krause has held the role of Divisional Director, Child and Youth Mental Health Service (**CYMHS**) since December 2009. If so, please outline and explain:
 - a. what Ms Krause's key responsibilities are/were in this position; and
 - b. the nature of Ms Krause's employment/appointment and provide copies of her job description and employment contract/appointment documentation.
3. Explain Ms Krause's role and involvement with respect to the Barrett Adolescent Centre (the **BAC**), including, but not limited to, her position with CYMHS.

The Closure Decision

4. Explain the details and extent of Ms Krause's involvement and/or input (if any) into the decision to close the BAC.
5. In the event that Ms Krause had direct involvement and/or input into the decision to close the BAC, provide details as to:
 - a. the date when the decision to close the BAC was made;
 - b. the name and position of those other persons involved in making the decision;
 - c. the reasons for the decision to close the BAC;
 - d. any consultation by or with Ms Krause, or others involved in making the decision (to Ms Krause's knowledge), with experts and/or stakeholders (and when), and the date(s) and details of the consultation;
 - e. what advice/views were given by those experts and/or stakeholders prior to the decision being made, and how influential was each of the advice/views/perspectives to the decision-making;
 - f. all alternative options and/or service models considered in making and/or having input into the decision to close the BAC, and the reasoning for decisions made in respect of each; and

- g. whether an alternative Tier 3 service ever formed part of the decision-making process with respect to the closure of the BAC (and if so, when), and the reason(s) why an alternative Tier 3 service was not established.
6. In the event that Ms Krause did not have any direct involvement or input into the decision to close the BAC, please explain:
- a. Ms Krause's knowledge as to who made the decision to close the BAC;
 - b. on what date, how and from whom, Ms Krause became aware of the decision to close the BAC;
 - c. the reason(s) for the decision to close the BAC;
 - d. any concerns Ms Krause had regarding the appropriateness of the decision to close the BAC, and, if so, whether Ms Krause voiced those concerns and, if so, how, when and to whom;
 - e. whether Ms Krause was consulted prior to her becoming aware of the decision to close the BAC, and if so by whom, when and for what purpose;
 - f. what steps Ms Krause took upon hearing of the decision to close the BAC, including how, when and to whom, Ms Krause communicated the decision as to the closure of the BAC and for what purpose; and
 - g. what meetings Ms Krause convened/attended (and on what date and with whom and for what purpose) regarding the closure of the BAC.
7. The Commission understands that Ms Krause attended a Barrett Adolescent Strategy meeting on 23 July 2013. Please explain:
- a. how this meeting came to be arranged, when and at whose initiative;
 - b. Ms Krause's role and input at this meeting;
 - c. The role and input of others at this meeting; and
 - d. the purpose and outcome of this meeting.
8. The Commission understands that Ms Krause attended a Barrett Adolescent Centre Stakeholder Meeting during the working week of 11 to 15 November 2013. Please explain:
- a. how this meeting came to be arranged, when and at whose initiative;
 - b. Ms Krause's role and input at this meeting;

- c. the role and input of others at this meeting; and
 - d. the purpose and outcome of this meeting.
9. Did Ms Krause facilitate or attend any other meetings regarding the closure of the BAC and, if so, with whom, on what date(s), and for what purpose? What was the outcome of these meetings and the details of Ms Krause's input?
10. Explain the extent and details of Ms Krause's involvement (if any) in developing/implementing/directing any processes for communicating the closure of the BAC to BAC patients, their families and carers and the BAC staff? How were these processes carried out, when and by whom were they developed and what did they involve?
11. Explain Ms Krause's involvement and/or input (if any) into the decision that the closure date for the BAC was to be early 2014 or January 2014. In particular, please explain:
- a. the details and nature of Ms Krause's involvement and input into the decision (and when) and the name and position of those other persons involved in making that decision;
 - b. the reasons as to why early 2014 or January 2014 was decided upon as the date for the closure of BAC;
 - c. on what date and by whom the decision as to the closure date was made;
 - d. any meetings or consultations with experts and/or stakeholders concerning the closure date, and the nature of the consultation and when it occurred;
 - e. what advice/views were given by those experts and/or stakeholders prior to the decision concerning the closure date, and how influential was each of the advice/views/perspectives to the decision;
 - f. the existence of any flexibility with respect to the early 2014 or January 2014 closure date, once set, or any review mechanisms;
 - g. any requests received for an extension to the closure date (and when) and any decisions made with respect to any such requests (and the reasons for those decisions);
 - h. how, when and to whom, Ms Krause communicated the decision as to the closure date (if she did so) and for what purpose; and
 - i. any concerns Ms Krause had regarding the early 2014 or January 2014 closure date, and, if so, whether Ms Krause voiced those concerns and, if so, how, when and to whom.

12. In the event that Ms Krause did not have any direct involvement and/or input into the decision that the BAC's closure date was to be early 2014 or January 2014, please explain:
- on what date, how and from whom, Ms Krause became aware of the decision that the closure date would be early 2014 or January 2014;
 - the reasons communicated to Ms Krause for the decision made regarding the closure date (if any) , and from whom, by what means, when and for what purpose those reasons were communicated;
 - the extent to which Ms Krause was aware (and when) of the existence of any flexibility with respect to the closure date for the BAC, or any review mechanisms; and
 - any concerns Ms Krause had regarding the early 2014 or January 2014 closure date, and, if so, whether Ms Krause voiced those concerns and, if so, how, when and to whom.
13. Identify any concerns Ms Krause had regarding the decision to close the BAC without putting a replacement Tier 3 service in place. If Ms Krause had concerns, did she voice them? If so, how and to whom?
14. Explain Ms Krause's involvement (if any) in the decision to cease the on-site integrated education program located at the BAC and any meetings or correspondence with the Department of Education and Training.
15. Provide details of any meetings and correspondence Ms Krause had with 'Save the Barrett', families and friends of BAC patients and relevant stakeholders, and state the nature of the consultation (i.e. meetings, submissions considered etc), when they occurred, for what purpose, and the relevance of that consultation to the decision-making.

Transition Arrangements

16. Explain Ms Krause's involvement (if any) in developing, managing and implementing transition plans for BAC patients who transitioned to alternative care arrangements in association with the closure (**transition patients**), including, but not limited to, identifying, assessing and planning for care, support, service quality and safety risks for the transition patients (**transition arrangements**).
17. Explain Ms Krause's involvement (if any) with respect to funding for the transition patients.

18. Explain Ms Krause's involvement (if any) in identifying, developing, managing and implementing arrangements for adolescents on the BAC waiting list who would otherwise have been admitted to the BAC.
19. The Commission understands that Ms Krause attended a Barrett Adolescent Centre Clinical Oversight Meeting at 4pm on 12 December 2013 where transition arrangements were discussed. If so, please explain:
- how this meeting came to be arranged, when and at whose initiative;
 - the purpose and outcome of this meeting;
 - Ms Krause's input at this meeting; and
 - whether Ms Krause facilitated or attended any other meetings regarding transition arrangements and, if so, provide details as to those meetings, including but not limited to the attendees, date(s), purpose and outcomes.

Committees and Panels

20. The Commission understands that Ms Krause was the Chair of Meetings to Review Model of Service Delivery for Adolescent Integrated Treatment and Rehabilitation Centre (formerly known as Barrett Adolescent Centre) (**MOSD BAC**), which commenced on 10 February 2010. If so, please explain:
- how MOSD BAC was formed and constituted, by whom and when;
 - the purpose and role of MOSD BAC;
 - the date(s) of meetings;
 - the extent of the Committee's involvement in decisions relating to the BAC, including, but not limited to, proposals to relocate or close BAC.
21. The Commission understands that Ms Krause was a Co-Chair of the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy Steering Committee. If so:
- Explain the purpose and role of this Committee;
 - Explain the extent of the Committee's involvement in decisions relating to the BAC, including, but not limited to, the transition arrangements;
 - The Commission understands that the Committee invited the families of BAC patients to make submissions in relation to the development of service options.

Were these submissions considered, evaluated and incorporated by the Committee in the transition arrangements, and if so, how, by whom and when?

22. The Commission understands that Ms Krause was a member of the Clinical Care Transition Panel. If so, please explain:
- how this Panel was formed and constituted, by whom and when;
 - the function and objectives of the Panel;
 - the activities undertaken by the Panel;
 - how often the Panel met, for what purpose and what records of meetings were kept; and
 - Ms Krause's role in the Panel and the period for which she was a member of the Panel.
23. The Commission understands that Ms Krause was a member of the Young Person's Extended Treatment and Rehabilitation Initiative Governance Committee, which met weekly from November 2013. If so, please explain:
- the purpose and role of this Committee;
 - the nature of the Committee's involvement in decisions relating to the BAC, including, but not limited to, the transition arrangements; and
 - Ms Krause's role on the Committee and the period for which she was a member.
24. The Commission understands that Ms Krause was a member of the Chief Executive and Department of Health Oversight Committee, which provided guidance in relation to the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy (**SW AETRIS**). If so, please explain:
- the purpose and role of the Oversight Committee;
 - the nature of the Oversight Committee's involvement in decisions relating to the BAC, including, but not limited to, the transition arrangements;
 - the relationship between the SW AETRIS Steering Committee and the Oversight Committee;
 - any guidance provided by the Oversight Committee (and by whom, when and for what purpose) in relation to the SW AETRIS; and
 - Ms Krause's role on the Committee and the period for which she was a member.

Communication

25. The Commission understands that on 6 November 2013 Ms Krause drafted a response for Dr Lesley van Schoubroek, Mental Health Commissioner, to explain the reasons “why we do not want kids to go to school at a psychiatric inpatient unit”. If so, please explain:
- a. the circumstances in which Ms Krause was asked to draft this response, including, but not limited to, when and for what purpose;
 - b. the approach Ms Krause took to drafting this response, including, but not limited to, her consultation process (if any), any direction given (and by whom), and the source/basis of the position outlined.
26. Was Ms Krause involved in drafting other responses in relation to the BAC? If so, provide details regarding these responses, including, but not limited to, the content of the responses, the circumstances in which she was asked to draft the responses (and when), and the approach taken to drafting the responses (including, but not limited to, her consultation process and any direction given).

Post-closure

27. Did Ms Krause have any responsibilities in relation to patients of the BAC once they were discharged from the BAC? If so, what were these responsibilities, what did they involve and for what period of time?
28. To Ms Krause’s knowledge, were any new or replacement adolescent mental health services established in Queensland immediately following/in the course of the closure of BAC? If so, did any BAC patients benefit from these new or replacement services and how?
29. Outline and elaborate upon any other information and knowledge (and the source of that knowledge) Ms Krause has relevant to the Commission’s Terms of Reference.
30. Identify and exhibit all documents in Ms Krause’s custody or control that are referred to in her witness statement.



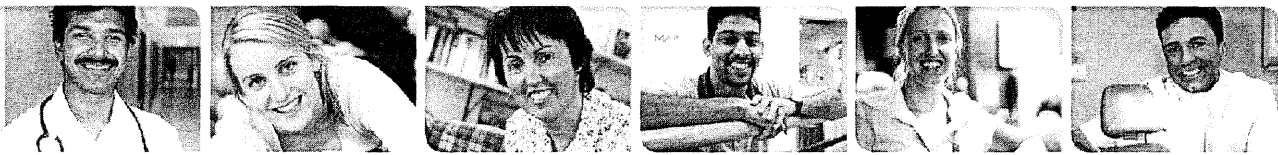
Queensland
Government

"B"

Children's Health Queensland

Queensland Health

www.health.qld.gov.au/workforus



Job ad reference:

Role title:

Divisional Director, Child and Youth Mental Health

Status:

Permanent Full Time

Unit/Branch:

Division of Child and Youth Mental Health

Hospital and Health Service:

Children's Health Queensland HHS

Location:

Brisbane

Note: Please refer to 'About CHQ HHS' section of this document for further information regarding the location of this role.

Classification level:

DSO1

Salary level:

*Note: In accordance with the **Queensland Government Blueprint for Better Health Care**, industrial awards covering senior roles will change to with the introduction of employment contracts. Communication on these changes will occur at the time they are introduced.*

Closing date:

Contact:

Sue McKee

Telephone:

Online applications:

www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au

Fax application:

Post application:

Deliver application:

About our organisation

Queensland Health's purpose is to provide safe, sustainable, efficient, quality and responsive health services for all Queenslanders. Children's Health Queensland Hospital and Health Service (CHQ HHS) has adopted the **five core values** that guide our behaviour:

- **Caring for People:** We will show due regard for the contribution and diversity of all staff and treat all patients and consumers, carers and their families with professionalism and respect.
- **Leadership:** We will exercise leadership in the delivery of health services and in the broader health system by communicating vision, aligning strategy with delivering outcomes, taking responsibility, supporting appropriate governance and demonstrating commitment and consideration for people.
- **Partnership:** Working collaboratively and respectfully with other service providers and partners is fundamental to our success.
- **Accountability, efficiency and effectiveness:** We will measure and communicate our performance to the community and governments. We will use this information to inform ways to improve our services and manage public resources effectively, efficiently and economically.
- **Innovation:** We value creativity. We are open to new ideas and different approaches and seek to continually improve our services through our contributions to, and support of, evidence, innovation and research.

Purpose

The Divisional Director will provide high level, effective strategic and operational leadership for the Division of Child and Youth Mental Health Services (CYMHS) to ensure the provision of quality, safe, effective and timely child and family centred care in alignment with the state and national strategic directions for mental health service planning and clinical reform initiatives.

Your key responsibilities

You will lead a Divisional management team to fulfil the accountabilities of this role in accordance with CHQ HHS key performance indicators and Queensland Health's core values, as outlined above.

PEOPLE

- Lead and manage the implementation of contemporary human resource practices in the Division including performance management framework and staff education, training and development aligned to service needs.
- Develop and lead a high performance integrated management team for the Division which facilitates participatory management, appropriate decentralisation of decision making, responsibility and accountability to all cost centre managers and teamwork in the provision of clinical services.
- Develop a positive culture within the Division which encourages and recognises high performance, builds leadership capabilities and supports staff to maximise their health and wellbeing.
- Establish the multi-disciplinary, multi-specialist clinical workforce required for the Queensland Children's Hospital CYMHS and lead the clinical service integration of twenty teams within a contemporary change management framework.

SERVICE

- Lead the development of innovative child and youth mental health services across the continuum of care from promotion, prevention and early intervention, through to treatment services for identified high risk and acute client populations.
- Develop and lead an integrated service delivery model within the Division of CYMHS for Children's Health Queensland and also for the new Queensland Children's Hospital.
- Lead the development and implementation of strategic and operational Divisional and Service Line plans aligned to the CHQ HHS strategic priorities and in alignment with the National and State Mental Health plans.
- Lead the establishment, reporting and evaluation of key performance indicators in conjunction with CHQ, Mental Health Alcohol and Other Drugs Branch (MHAODB) and divisional strategic plans.
- Provide high level leadership, negotiating with influence for CYMHS initiatives and activities within the Department of Health (DoH) and the broader health community. This includes liaising with and providing authoritative counsel to DoH, (MHAODB), the Queensland Mental Health Commission, other HHS, non-government and private sector agencies and the tertiary education sector.

SAFETY & QUALITY

- Lead and manage high quality, safe and effective clinical service delivery which is aligned to the health service and mental health strategic planning frameworks and compliant with National Standards for Mental Health Services.
- Lead and sponsor evaluation and redesign of clinical services in the Division to ensure that they are evidence based contemporary and designed to give young people and families choice and align with CHQ family centred values.
- Measure and benchmark Divisional service safety and quality focusing on the six domains of quality identified by the Institute of Healthcare Improvement: safety, efficiency, effectiveness, appropriateness, access/equity and patient centricity.
- Identify and manage Divisional clinical and non clinical risks and prioritise improvement efforts towards the areas of highest risk within an integrated risk management framework.

- Lead and manage the efficient and effective use of human and material resources in the Division, consistent with the output based funding model and relevant State and National clinical and operational benchmarking.
- Negotiate annual service agreement with the General Manager Operations, with agreed activity, budget and quality measures and be accountable for performance against this agreement including the taking of action to remedy unacceptable variation.

RESEARCH & INNOVATION

- Lead the development of a learning and research culture within the Division, including negotiating and establishing partnerships with universities and other academic facilities at a local, national and international level.
- Establish and continually develop a strategic research agenda which reflects service, state and national mental health priorities and drives innovation.

OTHER DUTIES

- Develop and drive service-wide improvement initiatives for matters which cross Divisional boundaries such as patient flow improvement.
- Actively contribute to the executive management and strategic leadership of the CHQ HHS and represent the organisation as required at local, statewide and national forums and high level committees.
- Contribute to the development and implementation of CHQ vision, strategic direction change agenda, corporate goals and be accountable for the achievement of objectives and agreed outcomes, as well as providing high level professional advice to the Executive Management Team and the HHS Board.
- Provide high level authoritative advice to the General Manager Operations and Chief Executive on all matters relating to Divisional services including escalation of unresolved risks.

Position Reports To

The Divisional Director:

- Reports directly to the General Manager Operations, CHQ HHS.

Staffing and Budgetary Responsibilities

The Divisional Director:

- Will have direct line management responsibility for all staff of the Division through an agreed organisational structure approximately 300 FTE/ 20 multi-specialist teams (see attached);
- Is directly accountable for the Divisional workforce and annual operating budget of approximately \$44 million.
- Will have delegations in accordance with the CHQ HHS Delegations Manual for financial and human resources.

Qualifications/ Professional registration/ Other requirements

- Qualifications in a management and relevant recognised mental health discipline would be highly regarded.
- Appointment to this position requires proof of qualifications and current registration with the appropriate registration authority, including any necessary endorsements, to be provided prior to commencement of duty.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Leadership

- You will have the ability to provide strategic direction, lead innovation and clinical redesign of a large integrated child and youth mental health service with measureable improvement in alignment with evidence based practice frameworks.

- You will have a high level ability to convey strategic initiatives to, and work in partnership with, a range of colleagues from multiple disciplines, external stakeholders and health consumers.
- You will have an ability to influence other sectors and Divisions to achieve across service enhancements and to provide authoritative advice to the CHQ Board, HSCE and the Executive Management team.

Management

- You will have the ability to provide strategic and operational management of a tertiary, multidisciplinary child and youth mental health service.
- You will have comprehensive understanding of State and National mental health strategic directions, service priorities and clinical reform agendas.

How to apply

Please provide the following information to the panel to assess your suitability:

- Your current CV or resume, including two referees that can attest to your performance and conduct in the workplace. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- A short response of no more than two (2) pages addressing your ability to meet the requirements of the role listed under “Are you the right person for the job” in the context of the “key responsibilities” for the role.

Additional Information for Applicants

- All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or youth has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to Child Safety Services, Department of Communities.
- Pre-employment screening, including criminal history and disciplinary history checks, may be undertaken on persons recommended for employment. Roles providing health, counselling and support services mainly to children will require a Blue Card.
- A minimum probation period of three (3) months may apply for permanent appointments.
- All newly appointed applicants who have been employed as a lobbyist in the previous two (2) years are required to provide a disclosure to the Director-General within one (1) month of taking up the appointment in accordance with the Disclosure of Previous Employment as a Lobbyist policy.
- Travel may be a requirement.
- Applications will remain current for twelve (12) months and may be considered for other vacancies which may include an alternative employment basis (temporary, full time, part time).

About Children’s Health Queensland

Children’s Health Queensland provides:

- Paediatric services to its local community
- Tertiary paediatric services at the Royal Children’s Hospital (Brisbane)
- Child and Youth Mental Health Services
- Community Child, Youth and Family Health Service
- Outreach children’s specialist services across Queensland
- Implementation and support for new and enhanced emergency, inpatient and ambulatory children’s services in Greater Metropolitan Brisbane
- Paediatric education and research

As part of CHQ HHS, a new purpose-designed Queensland Children’s Hospital (www.health.qld.gov.au/childrenshospital) is being built at South Brisbane and is expected to open in late 2014. The hospital will bring together existing specialist paediatric services of the Royal

EXHIBIT 72
Children's Hospital and the Mater Children's Hospital (www.mater.org.au) and will be the central point of a statewide paediatric network, designed to cater for the future health care needs of children and youth. JKR 900.001.0040

The position of Divisional Director, Child and Youth Mental Health Services may officially relocate to the new Queensland Children's Hospital when the new children's hospital is commissioned, which is expected to occur late 2014.

Want to know more?

- For details regarding salary information, leave entitlements, flexible working arrangements and other benefits please refer to the attached Queensland Health Information Package for Applicants or visit the Queensland Health website at: www.health.qld.gov.au
- For further information about the Queensland Children's Hospital please visit: www.health.qld.gov.au/childrenshospital
- For further information about Children's Health Queensland please visit: www.health.qld.gov.au/rch/

106505

RCI

Queensland
GovernmentChildren's Health Queensland
Hospital and Health Service

Enquiries To:

Dianne Woolley
Executive Director
People and Culture
Children's Health QueenslandTelephone:
File Number:

Ms Judith D Krause

Dear Ms Krause

Pos 32020316

The purpose of this letter is to offer you appointment to the role of Divisional Director, Child and Youth Mental Health Service, Division of Child and Youth Mental Health, Children's Health Queensland Hospital and Health Service. Your contract of employment will be for a period of three (3) years from 3 March 2014 with the possibility of an extension of employment for an additional term of up to two (2) years.

Your remuneration will be at Health Executive Service (HES) level 2, pay point 1 as follows:

Superannuable Salary	\$ 141 234 (\$5 413.50 per fortnight)
Motor Vehicle	\$ 25 500
Superannuation (Employer Contribution -12.75%)	\$ 18 007
Recreation Leave Loading (17.5%)	\$ 1 895
TOTAL REMUNERATION	\$ 186 636

The following documents are enclosed:

- Contract of Employment (2 copies);
- Superannuation Form (2 copies);
- Directive No. 13/13 – *Executive Remuneration Package – Motor Vehicles and Allowances*;
- Health Executive Service (HES) Terms and Conditions of Employment;
- Code of Conduct; and
- Declaration of Interests and Deed of Confidentiality.

Contract of Employment

Your contract of employment will be for a period of three (3) years from 3 March 2014, with the possibility of an extension of employment for an additional term of up to two (2) years.

Should you decide to accept this appointment, please sign and date the two copies of the contract enclosed. Both copies of the signed document should be forwarded to Ms Dianne Woolley, Executive Director, People and Culture. Ms Woolley's address details are provided at the end of this letter.

Level 1, North Tower
Royal Children's Hospital
Herston QLD 4029
GPO Box 48, Brisbane Q 4001

ABN 62 254 746 464

Following approval of the contract, one copy will be returned for your records with the second copy to be held on your contract file which is currently being maintained by the Executive Contracts and Remuneration Team, Human Resource Services Branch.

Additional Remuneration Arrangements

A component of your total remuneration package value is an executive motor vehicle allowance of \$25,500 pa. The allowance is paid as a fortnightly amount, with salary. The allowance is not recognised for the purpose of calculating superannuation and annual leave loading or service and separation payments under the contract, (excluding the payout of accrued recreation leave or long service leave). A copy of Directive No. 13/13 – *Executive Remuneration Package – Motor Vehicles and Allowances*, which applies to your employment as a health executive is included with the enclosed documents for your reference.

The information included on the superannuation form is as per your current superannuation contribution arrangement. Should you wish to make changes to the details provided (eg additional voluntary contributions) please amend both copies of the form, initial and date the change. Further information regarding superannuation can be accessed on the QSuper website (www.qsuper.qld.gov.au).

Both copies of the superannuation form need to be signed and returned to Ms Woolley. As with your contract of employment, one copy will be returned for your records, with the second copy to be held on your contract file.

It should be noted that in addition to the above components able to be salary sacrificed under the terms and conditions of your employment as a HES employee you may be entitled to package other benefits through Remuneration Services (Qld) Pty Ltd or 'RemServ' (the company appointed to manage the bureau service for salary packaging for Queensland Health employees). It is strongly suggested you seek independent financial advice prior to entering into salary sacrificing arrangements as there may be fringe benefit tax (FBT) implications.

Health Executive Service Terms and Conditions

The Health Executive Service Terms and Conditions of Employment document provides detailed information related to your employment as a Health Executive. You will need to familiarise yourself with and comply with the contents of this document.

Code of Conduct

The Code of Conduct for the Queensland Public Service applies to all Queensland Health employees. Employees are responsible for ensuring their behaviour reflects the standards of conduct in the Code and building a positive workplace culture. The Code reflects the principles of integrity and impartiality, promoting the public good, commitment to the system of government, accountability and transparency.

Senior leaders have a responsibility to visibly demonstrate and uphold the principles and values of the *Public Sector Ethics Act 1994* and demonstrate their conscious commitment to ethics by communicating the importance of ethical decision-making in the workplace, and promoting ethical behaviour in day-to-day actions.

Senior Leaders must also ensure employees have access to training in the operation of this Code and in ethical decision making more broadly, making the Code meaningful to all employees.

Declaration of Interests and Deed of Confidentiality

Directive 3/10 - Declaration of Interests: Public Service Employees (other than Chief Executives) has been administratively applied to your conditions of employment.

It is necessary for the Declaration of Interests and the Deed of Confidentiality to be completed and signed by you and returned with your contract of employment and superannuation form to Ms Woolley. The particular section regarding the management of conflicts of interest within the Code of Conduct for the Queensland Public Service must be read and understood before completing the Declaration of Interests.

A copy of the Declaration of Interests and the Deed of Confidentiality will be returned for your records, with the original copy to be retained confidentially on your contract file by the Executive Contracts and Remuneration Team.

Should there be a need to revise the information you provide in the Declaration of Interests at any time, please contact Ms Woolley via the contact details provided in this letter.

Please ensure all required completed documents are returned to Ms Dianne Woolley, Executive Director, People and Culture, Children's Health Queensland Hospital and Health Service, Level 1, North Tower Royal Children's Hospital, Herston Road, Herston, Qld 4029.

Should you have any questions regarding the appointment documents provided with this letter or any general queries relating to executive employment and policy please contact Ms Cathie Franks, Program Manager, Executive Contracts and Remuneration Team, Workforce Advisory and Remuneration, Human Resource Services Branch on telephone [REDACTED] or email [REDACTED]

Yours sincerely



Dr Peter Steer
Health Service Chief Executive
Children's Health Queensland Hospital and Health Service
21/12/2014

Children's Health Services

Queensland Health

www.health.qld.gov.au/workforus



Job ad reference: H11RCH06299
Role title: Executive Director
Status: Permanent full time
Unit/Branch: Division of Child and Youth Mental Health Service
Division/District: Children's Health Services
Location: Brisbane
Note: Please refer to About the Children's Health Services section of this document for further information regarding the location of this role.
Classification level: DSO1
Salary level: \$122 541 - \$128 157 per annum
Closing date: Monday, 8 August 2011
 Applications will remain current for 12 months
Contact: Linda Hardy
Telephone: [REDACTED]
Online applications: www.health.qld.gov.au/workforus or www.smartjobs.qld.gov.au
Fax application: [REDACTED]
Post application: Recruitment Services – Metro North
 Locked Mail Bag 7004
 Chermside Centre
 Chermside QLD 4034

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues. Queensland Health applies the National Health Service (NHS) Leadership Qualities Framework.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose

- Provide high level, effective strategic and operational leadership for the management and planning of the Child and Youth Mental Health Service (CYMHS) of Children's Health Services (CHS) to ensure the provision of quality, safe, effective and timely child, youth and family-centred care in alignment with the state and national strategic directions for mental health service planning and clinical reform initiatives.
- Actively drive and co-ordinate child and youth mental health service operations and continuous improvements through monitoring and analysing service delivery and outcomes.

Your key responsibilities

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.

- Represent Queensland Health at a senior level as required, including active contribution to the Royal Children's Hospital Executive Team, working collaboratively to manage and govern the mental health service Division within Children's Health Services.
- Lead the management of the integrated CYMHS through effective planning, managing and monitoring of resources (financial, physical, technological, people) to achieve the desired outcomes of the service in alignment with National and State Mental Health Plans, Queensland Health, CHS strategic direction and goals.
- Lead the development of innovative child and youth mental health services across the continuum of care from promotion, prevention and early intervention, through to treatment services for identified high risk and acute client populations, within a change environment.
- Provide leadership in quality improvement and risk management for the CYMHS service including oversight and monitoring of legislative requirements, workforce development, staff education, evidence based research initiatives, and the provision of consultancy and advice on clinical governance matters.
- Lead an effective and cohesive management team that provides the leadership and management required for the service to effectively manage the day to day operations within as well as achieving the seamless transition into CHS including the effective and efficient merging of operations and staff of the Royal Children's Hospital (RCH) with the Mater Children's Hospital (MCH), creating the new Queensland Children's Hospital (QCH).
- Critically analyse service delivery and lead the development of strategies to address key service gaps, high level risks, performance gaps and performance targets.
- Provide high level expert advice to the Chief Operating Officer and Chief Executive Officer CHS on contemporary mental health issues.
- Provide high-level leadership and influence for Child & Adolescent issues within Mental Health services within Queensland Health and the broader health community. This includes liaising with Queensland Health Corporate Office, Mental Health Directorate staff, other Districts, non-government and private sector agencies and the tertiary education sector.
- Actively contribute in high level forums and committees where leadership, direction and negotiation is required to formulate strategic policy, set organisational direction and implement the CHS 's agendas and priorities on transitioning into the QCH.
- Proactively lead, engage and contribute to the development of contemporary human resource management practices including employment equity, anti-discrimination, workplace health and safety, ethical behaviours, recruitment, performance management and development practice.
- The position reports directly to the Chief Operating Officer (COO) Royal Children's Hospital, Children's Health Services.
- The position manages a multidisciplinary workforce of approximately 150 full time equivalent staff and has responsibility for an annual operating budget of \$18.3 million (Commonwealth and State funds).

Qualifications/Professional registration/Other requirements

- Appropriate and relevant formal tertiary and/or clinical qualifications in a recognised mental health profession are desirable and will be highly regarded.
- Appointment to this position requires proof of qualification and registration or membership with the appropriate registration authority or association. Certified copies of the required information must be provided to the appropriate supervisor/ manager prior to the commencement of the clinical duties.

Licence to Operate Vehicles: This position requires the incumbent to operate a C class motor vehicle, and an appropriate licence endorsement to operate this type of vehicle is required. Proof of this endorsement must be provided before commencement of duty.

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- Demonstrated senior leadership in the development, implementation, management and evaluation of innovative contemporary child and youth mental health service delivery models.
- Demonstrated ability to apply an expert level of knowledge and skills in contemporary child and youth mental health service development at a district level and in a strategic State-wide or National capacity.

- EXHIBIT 72 JKR 900.001.0046
- Comprehensive understanding of state and national mental health strategic directions, service priorities and clinical reform initiatives.
 - Demonstrated ability to lead complex multidisciplinary service improvement and change at a service-wide level including fostering a work environment and teams that value performance, improvement, innovation and results.
 - Highly developed communication, negotiation and influencing skills.
 - Highly developed skills and commitment to the principles of family centred care and service excellence.

How to apply

Please provide the following information to the panel to assess your suitability:

- **Your current CV or resume, including referees.** Applicants must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. Please note: your referees may be contacted at any time during the recruitment process. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **A maximum 3 page response** on how your experience, abilities, knowledge and personal qualities are relevant for the role, taking into account 'Are you the right person for the job' and Your Key Responsibilities.

About Children's Health Services

South East Queensland is Australia's fastest-growing region, attracting an average of 55,000 new residents each year over the past two decades. As population grows, so too does the demand for health services. The development of Children's Health Services is responding to this increasing demand by providing a statewide network of children's services.

Children's Health Services provides:

- paediatric services to its local community
- tertiary paediatric services at the Royal Children's Hospital (Brisbane)
- Child and Youth Mental Health Services
- Community Child Health Service
- outreach children's specialist services across Queensland
- implementation and support for new and enhanced emergency, inpatient and ambulatory children's services in Greater Metropolitan Brisbane
- paediatric education and research

As part of Children's Health Services, a new purpose-designed Queensland Children's Hospital (www.health.qld.gov.au/childrenshospital) is being built at South Brisbane and is expected to open in late 2014. The hospital will bring together existing specialist paediatric services of the Royal Children's Hospital and the Mater Children's Hospital (www.mater.org.au) and will be the central point of a statewide paediatric network, designed to cater for the future health care needs of children and youth.

The position of Executive Director, Child and Youth Mental Health Service will remain a Queensland Health position and may officially relocate to the new Queensland Children's Hospital when the new children's hospital is commissioned, which is expected to occur late 2014.

For further information about Children's Health Services please visit

<http://www.health.qld.gov.au/rch/>

Child and Youth Mental Health Service

The integrated Child and Youth Mental Health Service (CYMHS) of the Children's Health Services (CHS) provide complex secondary and tertiary level health care. CYMHS offers specialised mental health services for families with children and young people (0-18years) who are, or at risk of, experiencing severe and complex mental health problems, and where their needs cannot be met by other services.

CYMHS provides a comprehensive, recovery-orientated mental health care service that aims to improve the mental health and wellbeing of children and young people and their carer networks.

EXHIBIT 72
An extensive range of clinical services have been developed to meet the evolving needs of its clients, locally and state-wide. It combines hospital and community-based facilities, including three community clinics located at Keperra, Nundah, and Pine Rivers; a ten-bed acute in-patient facility for children aged up to 14 years; a consultation liaison service to the Royal Children's Hospital; an access and extended-hours assessment and crisis intervention service; a specialised infant and early intervention program (0-3years); two forensic child and youth mental health teams, a telepsychiatry service (e-CYMHS) that aims to enhance the quality of care and access to specialist mental health care for service providers in rural and remote areas in Central and Northern Queensland; the Evolve Therapeutic Service; and a number of early intervention programs that target specific identified client needs.

Child and Youth Focused Family-Centred Care

At the heart of the philosophy for Children's Health Services is the recognition that the family is the constant in a child or youth's life. The concept of family-centred care has been embraced. Family-centred care is about building partnerships between families and health professionals. This partnership trusts and values the role families play in ensuring the health and well being of the child or youth and that emotional, social and developmental support are integral components of care.

Children's Health Services is committed to building and supporting a leadership team committed to influencing a culture of safety, accountability, performance and organisational learning. The Royal Children's Hospital Executive Team operates in an environment of collaborative problem solving and shared governance professional respect and courtesy, mutual support, innovation and strengths based leadership and teamwork.

Pre-employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment.

Health professional roles involving delivery of health services to children and young people

All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or young person has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to the Department of Child Safety.

All relevant health professionals are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at

<http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>

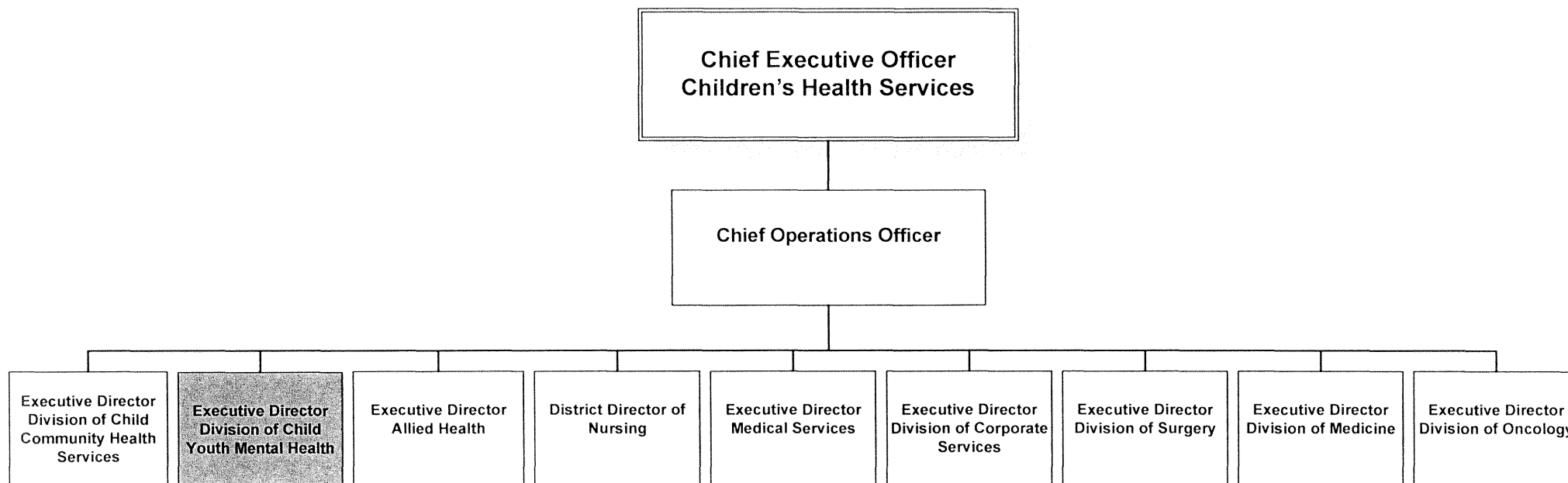
Probation

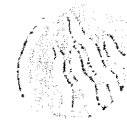
Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf

Organisational Chart

Children's Health Service

Organisational Structure





**Queensland
Government**

Queensland Health

Enquiries to: Jillian Casey
Date Prepared: 21 October 2011
Telephone: [REDACTED]
File Ref: H111RC1106299

Ms Judi Krause
[REDACTED]

Dear Ms Krause,

I welcome your continued contribution to Queensland Health and am pleased to inform you that approval has been given to offer you employment in the following position:

Position Details

Position Number:	30470530
Position Title:	Executive Director
Unit/Department/Division:	Division of Child and Youth Mental Health Service Children's Health Services
Location:	Brisbane
Classification:	DSO1.1
Award:	District Health Services Employees' Award – State 2003

Employment Details

Employment Status:	Permanent Full Time
Hours per fortnight:	76
Gross Salary:	\$122 541 per annum

Period of Employment

Commencement Date	3 October 2011
End Date	Not Applicable

I have enclosed for your information the DSO Terms and Conditions document which provides detailed information relating to your employment as a District Senior Officer. You will need to familiarise yourself with, and comply with the contents of this document.

Also enclosed are two copies of a draft remuneration agreement for your consideration. As a District Senior Officer you may elect to take advantage of salary sacrifice provisions available to you.

The information provided on the superannuation form within the Agreement is as per your existing superannuation contribution arrangements or is as per the superannuation contribution arrangements for new employees to Queensland Government. Should you wish to make changes to the details provided (eg. increase / nominate a voluntary salary sacrifice contributions) please amend the two copies of the form, initial and date the changes. Both copies of the Agreement need to be signed. One copy should be retained for your personal records.

Queensland Health is building a new purpose-designed Queensland Children's Hospital at South Brisbane for children, young people and their families and is expected to open late 2014. The position of Executive Director will remain a Queensland Health position and may officially relocate to the new Queensland Children's Hospital when this facility is commissioned.

As a consequence, please be aware that when Division of Child and Youth Mental Health Service physically relocates to the new Queensland Children's Hospital, the position may also be relocated, and the work may be required at the new Queensland Children's Hospital from the date of relocation. You should take this matter into your deliberations when considering this offer of employment.

Acceptance of this will be taken as acknowledgement that the position (as outlined above) may relocate to the Queensland Children's Hospital and agreement that your physical work location will change unless otherwise established. Please refer to the Work Location section in the attached Queensland Health General Terms and Conditions of Employment for further details on transfers within Queensland Health and information on the reasonable grounds an employee may refuse a transfer at the time of relocation.


Should you wish to accept this appointment, please sign and return the attached acceptance form with one copy of the signed Remuneration Agreement within **seven (7) days** of receipt of this letter

Please find the Equal Employment Opportunity (EEO) Employee Census Form attached to your Acceptance of Offer. The Queensland Government is committed to actively promoting and providing equal employment opportunities for people who identify with groups that have historically been disadvantaged in employment. It would be appreciated if you would complete the EEO Employee Census Form and return it with your signed Acceptance of Offer.

If you have any questions regarding your appointment, please contact Jennifer Crimmins on [REDACTED]

Congratulations on your appointment. I look forward to your contribution to the delivery of our health services and I hope you find your work enjoyable and rewarding.

Yours sincerely



[REDACTED]
On behalf of
Dr Peter Steer
District Chief Executive Officer
Children's Health Services
24 / 10 / 2011



Acceptance of Offer

H11RCH06299 (JC) 72000715 RCI
To Statewide Recruitment Services
Metro North
Locked Mail Bag 7004
Chermside Centre
CHERMSIDE QLD 4032

I acknowledge your letter dated / / and accept the appointment to the position of Executive Director, Division of Child and Youth Mental Health Service, Children's Health Services.

I confirm my acceptance of the offer of employment is in accordance with the Letter of Offer, DSO Terms and Conditions of Employment and Directive 06/09.

Acceptance of the offer includes:

- my acknowledgement that the position may relocate to the Queensland Children's Hospital located at South Brisbane in late 2014
- my acknowledgement that my physical work location may change when this occurs
- this acknowledgement is consistent with the terms detailed under the **Work Location** section in the Queensland Health General Terms and Conditions of Employment.

I agree to acquaint myself with, and abide by, the *Code of Conduct for the Queensland Public Service* and all policy, regulations, standards, procedures and work practices that operate within Queensland Health at any given time.

Signature: _____

Date: _____

Name: Judi Krause

Judith Krause

**Forward-thinker, innovative,
dedicated, client focused,
strategic vision, motivated,
optimistic, resilient.**

Personal Characteristics

- Highly developed leadership skills with demonstrated capacity to enable, inspire and motivate others.
- Strategic thinker able to translate vision into operational priorities.
- Innovative, flexible and adaptive to change.
- Model personal integrity and drive for excellence.
- Responsive to change with capacity to acquire knowledge rapidly.
- Commitment to client and family centered practices.
- Reliable and highly energetic.
- Vigorous work ethic.
- Optimistic and resilient.
- Excellent interpersonal skills - able to instigate team connectedness and cohesion.
- Outcome focused with commitment to continuous quality improvement.
- Self reflective practitioner.
- Accountable and transparent in decision-making.

Career Objective

To provide innovative and visionary leadership within Child and Youth Mental Health by implementing strategic direction that enables high quality, evidence informed, family focused care to occur within an environment of change.

Future Personal Goals

- Expand university linkages – adjunct lecturer opportunities.
- Expand research interests and increase publication output.
- Commence PhD.

Professional Profile

AHPRA Nursing & Midwifery Board of Australia

Registered Nurse – Division 1 (General Registration) NMW0001435088

Registered Midwife (General Registration) NMW0001435087

Credentialed Mental Health Nurse

- 25 years experience as a health practitioner, working across multiple diverse settings in general, midwifery and mental health nursing.
- 14 years dedicated to mental health middle and senior management roles within rural, corporate and metropolitan settings.
- Demonstrated executive and divisional leadership skills within Children's Health Queensland, Hospital and Health Service, (CHQ HHS) Child and Youth Mental Health Service (CYMHS).
- High level clinical expertise and credibility within the Queensland mental health sector with well established cross departmental networks.
- Passionate advocate for the mental health and well being of young people and their families.
- Commitment to professional excellence evidenced by successful completion of a Masters in Community Mental Health and graduate

Judith Krause

Forward-thinker, innovative,
dedicated, client focused,
strategic vision, motivated,
optimistic, resilient.

certificates in Health Management and Family Therapy.

Employment Experience

Divisional Director – HES 2

March 2014 - current

CHILD AND YOUTH MENTAL HEALTH SERVICE (CYMHS)

Children's Health Queensland Hospital and Health Service (CHQ HHS)

Responsibilities:

Provision of strategic and operational leadership and management of the amalgamated Child and Youth Mental Health Service (approx. 300 FTE)

Divisional Director – DSO1

December 2009 – February 2014

CHILD AND YOUTH MENTAL HEALTH SERVICE (CYMHS)

Children's Health Queensland Hospital and Health Service (CHQ HHS)

Responsibilities:

Provision of strategic and operational leadership and management of the Child and Youth Mental Health Service (approx. 155 FTE) which provide comprehensive recovery oriented specialist services to children and adolescents and their families with complex mental health issues.

Key Achievements:

- Responsible for the implementation of national and state clinical reform agendas within CHQ HHS CYMHS including developing and implementing models of care for early psychosis, sustainable consumer participation, integration of the National Children of Parents with a Mental Illness (COPMI framework).
- Leading the reduction of seclusion and restraint within the Child and Family Therapy Unit (CFTU) and the establishment of CYMHS specific key performance indicators to reflect CYMHS service models.
- Leading multi-site clinical re-design and quality improvement initiatives including securing funding through Queensland Institute of Clinical Re-design (QuICR) Mental Health Cohort 4 (Choice and Partnership Approach to service transformation) and Clinical and Re-design Unit (CARU) (CYMHS Acute Response Team Project).
- Leading the development of a state-wide model for Adolescent Extended Treatment and Rehabilitation (AETR), Co-chair of the state-wide AETR Steering Committee.
- Leading the development and implementation of CYMHS annual operational planning framework in alignment with CHQ strategic directions and state and national priorities for mental health services.
- CHQ executive/director lead for Standard 2 – Partnering with Consumers – National Safety and Quality Health Service Standards (NSQHSS).
- Leading CYMHS commissioning and clinical service integration to establish the Lady Cilento Children's Hospital (LCCH) and the amalgamation of CHQ and Mater CYMHS (approx. 300 FTE's and 20 teams).

Career Objective

To provide innovative and visionary leadership within Child and Youth Mental Health by implementing strategic direction that enables high quality, evidence informed, family focused care to occur within an environment of change.

Judith Krause

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Career Objective

*To provide innovative and
visionary leadership within
Child and Youth Mental
Health by implementing
strategic direction that
enables high quality,
evidence informed, family
focused care to occur
within an environment of
change.*

- Established formal collaborative partnerships including Headspace (Nundah, Central and Indooroopilly), Queensland Program of Assistance to Survivors of Torture and Trauma, Department of Communities, Child Safety and Disability Services (Evolve programs, Parent Aide Unit & Youth Justice MOU's).
- Led the expansion of CYMHS tele-psychiatry services across eight sites in rural and regional Queensland.
- Chair of the state-wide Child and Youth Mental Health Clinical Group, a subsidiary group to the state-wide Mental Health Clinical Network and CYMHS representative on the Central Cluster Mental Health Network.
- Successful in securing enhanced re-funding from Closing the Gap initiatives for the MHATODS transition team, indigenous resources and a central cluster Indigenous Service Integration Co-ordinator position hosted with CHQ.
- Nursing Workforce re-design & Supervision -establishing the first CYMHS Nurse Practitioner Candidate (NPC) and subsequent CYMHS Nurse Practitioner roles within Queensland, Clinical Supervisor for NPC and establishing a Nursing Director role for CYMHS to support transition to LCCH.
- Established Clinical Academic Fellowship with QUT Department of Social Work joint position for 5 years.
- Management and hosting of the State-wide Evolve Project team, the Queensland Centre for Peri-natal and Infant Mental Health (QCPIMH), State-wide CYMHS Allied Health Professional Leadership & Supervision team.

Team Leader – HP5

November 2004 – November 2009

CHILD AND YOUTH MENTAL HEALTH

Royal Children's Hospital (RCH)

Children's Health Service District (CHSD) North West Clinic

Responsibilities:

Provision of clinical leadership and line management for fourteen multidisciplinary staff within the Child and Youth Mental Health Service (North West Clinic) which is part of the RCH CYMHS providing comprehensive assessment, treatment and case management of young people from 0-17 with complex and serious mental health issues.

Key Achievements:

- Led the NW team through change management process during relocation of service to integrated CHC.
- Co-ordination of the Brisbane Storm Project (NW CYMHS disaster response to The Gap Storms in Nov 2008).
- Led the planning and implementation of Pre-school Mental Health Model of Service Delivery Research Project and foundation Chair of this steering committee.

Judith Krause

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Career Objective

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strategic direction that
enables high quality,
evidence informed, family
focused care to occur
within an environment of
change.*

- Developed and implemented a Practical People Management Quality Project – 'CYMHS community and inpatient referral and discharge pathways'.
- Team Leader representative of Central Area MH Clinical Network and State-wide C&Y MH Network Subgroup.
- Higher Duties - Acting Executive Director RCH CYMHS on approximately 7 occasions during Aug 2006 - Sept 2009.
- Chair/Member of Brisbane North Interagency Forum Steering Committee (across government response to mental health/ Dept of Communities, Child Safety & Education Qld. providing Mental Health awareness training).
- Nominated CYMHS community representative on the former QCH Clinical Reference Group.
- Stakeholder representative on Master of Psychology (Educational and Development) Advisory Committee – Queensland University of Technology.
- North West CYMHS family therapy mentor and member of the RCH family therapy group which incorporated training and Supervision in Attachment Based and Maudesly family therapy models.
- Clinical Supervisor to specialist forensic nurses within CYMHS.

Clinical Nurse – NO2

May 2004 – November 2004

CHILD AND YOUTH FORENSIC OUTREACH TEAM (CYFOS)
CYMHS RCH, Spring Hill

Responsibilities:

Provision of *Consultation Liaison* services to agencies supporting young people at risk of/ or involved with the juvenile justice system.

Educator (Child and Youth) - AO6

May 2003 – May 2004

(Temporary position)

SOUTHERN ZONE MENTAL HEALTH EDUCATION SERVICE
The Park, Wacol

Responsibilities:

The design, development, co-ordination, delivery and evaluation of specialist child and youth mental health training to mental health staff and other stakeholders within the 11 Health Service Districts of the Southern Zone.

Senior Project Officer, Mental Health - A06

September 2002 - May 2003

(Secondment for 8 months)

CENTRAL ZONE MANAGEMENT UNIT
Corporate Office

Responsibilities:

Judith Krause

**Forward-thinker, innovative,
dedicated, client focused,
strategic vision, motivated,
optimistic, resilient.**

Assist with the development, monitoring and review of an annual mental health service plan for the Central Zone, which identified service gaps, District priorities, strategies and resource requirements.

**Team Leader Mental Health
(Child and Youth/Adult) - PO4**
SOUTH BURNETT HEALTH SERVICE

January 2000 – September 2002

Responsibilities:

Provision of leadership, line management and clinical oversight for ten staff within the South Burnett Mental Health Service incorporating Adult, Child and Youth and Indigenous Mental Health Teams.

**Local Mental Health Worker/Clinical Nurse
(Locum)**
SOUTH BURNETT HEALTH SERVICE
COMMUNITY HEALTH, KINGAROO

August 1999 - December 1999

Local Mental Health Worker/Clinical Nurse
ROMA HEALTH DISTRICT
COMMUNITY HEALTH SERVICES
SOUTH WEST MENTAL HEALTH PROGRAM

May 1998 - May 1999

L1 Registered Nurse & Clinical Nurse
Adult IPU & CYMHS
WEST MORETON INTEGRATED MENTAL HEALTH

November 1995 - February 1998

Student Psychiatric Nurse
WOLSTON PARK HOSPITAL

April 1994 - October 1995

18 month psychiatric nursing endorsement (post registration).

Level 1 Registered Midwife
PINDARA PRIVATE HOSPITAL, Benowa

September 1993 - April 1994

Level 1 Registered Midwife
ROCKHAMPTON BASE HOSPITAL
Maternity

May 1992 - Aug 1993

Student Midwife
ROCKHAMPTON BASE HOSPITAL

April 1991 - April 1992

Level 1 Registered Nurse
ROCKHAMPTON BASE HOSPITAL

September 1988 - March 1991

General Nursing Student (3rd year)
ROCKHAMPTON BASE HOSPITAL

September 1987 - September 1988

General Nursing Student (1st & 2nd year)
GOLD COAST HOSPITAL

July 1985 - August 1987

Career Objective

*To provide innovative and
visionary leadership within
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optimistic, resilient.

Academic Credentials

Graduate Certificate of Human Services (Family Therapy) 2007 – 2008
University of Queensland (GPA – 6.5)

Graduate Certificate of Health Management 2005 – 2006
Queensland Health (GPA 6.5)
Queensland University of Technology (QUT)

Master of Mental Health (Community Mental Health) 2001- November 2003
University of Queensland (GPA 6)

Workplace Training Certificate IV 2001
South Queensland Institute of TAFE

Bachelor of Nursing Degree 1990 - 1996
University of Southern Queensland
Awarded Dean's Commendation for Academic Excellence

Psychiatric Nursing Certificate (Post registration) April 1994 - October 1995
Wolston Park Hospital, Wacol

Midwifery Nursing Certificate April 1991 - April 1992
Rockhampton Base Hospital, Rockhampton
Received Academic Merit Award

General Nursing Certificate Sept 1987 - Sept 1988
Rockhampton Base Hospital, Rockhampton
Completed third year

General Nursing Certificate July 1985 - Aug 1987
Gold Coast Hospital, Southport

ADDITIONAL ACHIEVEMENTS:

- Authorised Mental Health Practitioner for Royal Children's Hospital, Children's Health Services (Under Mental Health Act 2000) first appointed 2001.
- Credentialed Mental Health Nurse
- Lean Six Sigma – Yellow Belt.
- External Reviewer for Institute of Healthy Communities Australia (IHCA). Reviews attended.
- North Burnett, (Official Observer) - February 2002.
- Internal Reviewer for South Burnett Mental Health Service Developmental Review - May 2002.
- External Reviewer for Central Australian Services Network (CASN) – Alice Springs NT - September 2002.
- Innisfail Mental Health Service – October 2004.
- Cape York HSD developmental review – February 2008.
- Gold Coast Drug and Alcohol Service – December 2008.
- Cape York HSD accreditation review – November 2009.

Career Objective

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SEMINARS/TRAINING ATTENDED

(in past 7 years)

MANAGEMENT AND LEADERSHIP:

- *Inspiring Leadership Workshop* - November 2006 - 2 day workshop, Brisbane.
- *Practical People Management* – November and December 2007 – 4 day workshop - Brisbane.
- *Managing for Quality – Aligning Organisational Efforts* – April 2008, 2 day workshop - Brisbane.
- *Coaching for Leaders* – June 2009, 1 day workshop - Brisbane.
- *Top 500 Leadership and Management Program* – June 2009 – 1 day workshop / October 2010, 2 day workshop - Brisbane.
- *Mental Health Team Leaders Forum* – October 2009, 2 day workshop - Brisbane.
- *5th Annual Executive Masterclass – Change, Culture and Innovation: Making a Better Decade for Patients and Staff* – ACHS – March 2010, 2 day workshop – Sydney.
- *EQUIP 4 for Mental Health Services* – May 2010, 1 day workshop - Brisbane.
- *Interest Based Bargaining* – June 2010, 1 day workshop - Brisbane.
- *Hardwiring for Excellence* – September 2010, 1 day Studor workshop - Brisbane.
- *6th Executive Masterclass – Teamwork and Communication – What Healthcare can really learn from Aviation* – May 2011, 2 day workshop - Brisbane.
- *Lean Six Sigma – AQQ-Qld* – June 2011 – Yellow Belt 3 day workshop – Brisbane.
- *Performance Management for the Public Sector Senior Executive Masterclass* – July 2011 - 1 day workshop - Brisbane.
- *Patient Centred Care* – July 2011 - 1 day workshop - Brisbane.
- *Risk Management Masterclass* – August 2011, 1 day workshop – Brisbane.
- *Hardwiring for Excellence – 6 day leadership program by the Advisory Board*, various dates in 2012 – Brisbane.
- *Business Skills for Managers* – October 2012, 2 day workshop – Brisbane.
- *The Productive Ward* – Clinical and Redesign Unit – May 2013, 1 day workshop - Brisbane.
- *ACHS – MH National EQUIP standards* – March 2013, 1 day workshop – Brisbane.
- *Queensland Institute of Clinical Redesign – Redesign Champions Action Learning Set Program – Cohort 4 (Mental Health)* – 12 month program May 2013 to May 2014 - Brisbane.
- *Health Roundtable* – 2 day forum – June 2015 - Sydney

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Judith Krause

**Forward-thinker, innovative,
dedicated, client focused,
strategic vision, motivated,
optimistic, resilient.**

Career Objective

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Child and Youth Mental
Health by implementing
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evidence informed, family
focused care to occur
within an environment of
change.***

CLINICAL:

- *Healing Chronic Traumatization: Integrative Treatment & The Theory of Structural Dissociation* – Dr. Ellert Nijenhuis – April 2005, 2 Day workshop – Brisbane.
- *The Brisbane Centre for Psychoanalytic Studies Inc- Working with Difficult Adolescents* (one term of 8 seminars examining current psychoanalytical understanding of adolescent development and its application to youth suicide, eating disorders and violence), Oct–Dec 2005 – Brisbane.
- *Trauma and Resilience: A developmental perspective* – UQ, April 2005 – Brisbane.
- *Interpersonal Therapy for Adolescents* – Paul Rushton – 3 Day workshop June 2005 and twelve months specialist supervision from Paul Rushton.
- *Peer Supervision Workshop* – June 2005, 1 day workshop - Brisbane.
- *CBT for Anxiety* – UQ – August 2005, 1 day workshop - Brisbane.
- *Paolo Bertrando – Systemic Intervention for Families of Adolescents with Borderline Personality Disorder* – August 2005, 2 day workshop - Brisbane.
- *Working with difficult Adolescents Peter Blake* – March 2006, 1 day workshop - Brisbane.
- *Post Milan Systemic Techniques* – August 2006, 2 Day Workshop - Brisbane.
- *Working with Children and Young People with inappropriate sexualised behaviours* – CYFOS – March 2007, 1 day workshop – Brisbane.
- *Difficult Clients, difficult interactions, A guide for therapeutic intervention-* Dr. Paul Gibney, November 2007, 1 day workshop – Brisbane.
- *Attachment Based Family Therapy Introduction* – January 2008, 1 day workshop - Brisbane.
- *Reconsidering Trauma* – Professor John Briere – May 2008, 2 day workshop – Brisbane.
- *Attachment Based Family Therapy Advanced* – January 2009, 2 day workshop - Brisbane and 12 months specialist supervision from Professor Guy Diamond and Dr. Suzanne Levy Philadelphia Hospital, USA.
- *Supervision for Supervisees Workshop* – May 2009, 2 day workshop - Brisbane.
- *Dan Hughes – Attachment based models of care*, December 2009, 2 day workshop - Brisbane.
- *Working with Trauma* – March 2011, 1 day workshop - Brisbane.
- *Childhood Trauma Reactions* – Train the Trainer, June 2011 - Brisbane.
- *Attachment and Infant Mental Health* – Susan McDonnagh, National PIMH forum, August 2013 – Gold Coast.
- *National Seclusion and Restraint Conference* – 2 day forum, November 2013 - Canberra.
- *ANZED Conference* – August 2014, 3 day forum – Fremantle WA
- *ANZED Workshops* – March 2015 – 2 day forum – Barossa Valley SA
- *National Seclusion and Restraint Conference* – May 2015 - 2 day forum - Melbourne

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CONFERENCE & PROFESSIONAL DEVELOPMENT WORKSHOP PRESENTATIONS:

- *Royal Children's Hospital Child and Youth Mental Health Mental Health Week Conference* – Presented 'CYMHS Forensic Mental Health – Systemic Approaches', October 2004.
- *Innovations in Paediatric Nursing Practice Seminar* – Presented session 'Breaking down the Barriers' – *An overview of nursing in a child and youth forensic mental health team* – Royal Children's Hospital, October 2004.
- *TheMHS National Conference* – Poster presentation – *RCH CYMHS Integrated Service*– Silver Award Winner – Townsville, September 2006.
- *29th Australian Family Therapy Conference* – "Putting the Systemic back into the System" – Queensland University - presented an overview of working with models of family therapy within a child and youth mental health team framework, October 2008.
- *Central Cluster Mental Health Network Annual Forum* – 'Disaster Management – The Gap Storm experience' – presented on the process and outcomes of the Brisbane Storm CYMHS interventions, June 2010.
- *Priority One – 3rd Mental Health Promotion, Prevention and Early Intervention from Infancy to Youth Conference* – – Poster presentation– 'Images of a Hero 2012 – A recovery journey', September 2011.
- *Australian College of Mental Health Nurses (ACMHN) Annual Conference* - Gold Coast – Poster presentation – 'Shades of Diversity' – the role of community based nurses within RCH Child and Youth Mental Health Service - October 2011.
- *Trauma in Child and Adolescent Mental Health* – guest presenter, University of Queensland, Masters of Mental Health Course – May 2012.
- *Child and Youth Mental Health – an overview of systemic practice* – annual guest presenter Queensland University of Technology, Masters of Education and Developmental Psychology (since 2005).
- *Child and Youth Mental Health a State-wide over-view* – presentation to Queensland State-wide Mental Health Leadership forum – Brisbane - July 2013.
- *ANZED Conference* – 'Feast of Famine'- August 2014 – Freemantle WA
- *NSW Department of Health – Eating Disorders State-wide Forum* – 'ED Service Development Model' – University of NSW – February 2014
- *National Seclusion and Restraint Conference* – Poster presentation 'Is it Seclusion' May 2015

Professional Memberships

- Australian College of Mental Health Nurses (ACMHN).
- Queensland Association of Family Therapy (QAFT).
- Queensland Nurses Union (QNU).

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Publications

- Wood, J., Stathis, S., Smith, A. & Krause, J. (2012) *E_CYMHS: an expansion of a child and youth telepsychiatry model in Queensland* – Australasian Psychiatry, Journal of the Royal Australian and New Zealand College of Psychiatrists, Vol. 20 No 4, August 2012.
- Pending - *'The Gap Storms – CYMHS role in disaster response'* – Overview of a Child and Youth Mental Health Service local disaster response – processes and outcomes (due mid 2015).
- Pending – *'A Retrospective review of Activity and Success Factors Associated with an E-Child and Youth Mental Health Service in Queensland'* (due mid 2015).

Interests

- Travelling
- Reading/Arts
- Sport
- Pilates

Referees

Ms. Sue McKee
(current Line Manager)

General Manager Operations
Royal Children's Hospital
Children's Health Queensland HHS

Ms. Linda Hardy
(previous Line Manager)

Executive Director, Clinical Services
West Moreton HHS

Dr. Stephen Stathis

Clinical Director
Children's Health Queensland HHS
Child and Youth Mental Health Services

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West Moreton Hospital and Health Service Minutes

Minutes: Barrett Adolescent Strategy

Date: 23 July 2013 Commencement Time: 8:00 am – 9:00 am Location: QHB Level 5

Committee Members

Position	Name	Key	Present	T/Conf	Comment
WM HHS; Chair	Lesley Dwyer	LD	X		
WM HHS	Sharon Kelly	SK	X		
WM HHS	Leanne Geppert	LG	X		
WM HHS; Communications	Naomi Ford	NF	X		
CHQ HHS	Peter Steer	PS	X		
CHQ HHS	Stephen Stathis	SS		X	
CHQ HHS	Judi Krause	JK		X	
CHQ HHS; Communications	Craig Brown	CB	X		
DoH; MHAODB	Bill Kingswell	BK	X		

1.0	Meeting Opening	Responsible Officer
1.1	Nil apologies	
1.2	Nil previous minutes	

2.0 Matters for Decision/Discussion

Item	Title / Item	Action	Key Officer	Due Date
2.1	<p><u>Update on Barrett Adolescent Strategy (LD & SK)</u></p> <ul style="list-style-type: none"> Key stakeholders engaged in communication process and supportive, including Department of Education Training & Employment (DETE). No public announcements to-date regarding future of Barrett Adolescent Centre (BAC). Planning to close BAC 31/12/13. WM HHS will ensure ongoing service provision for BAC consumer group as needed until an alternative service is identified to meet individual need. Majority of current BAC consumer group aged 16y or older with lengths of admission up to 2 yrs. Approx 9 consumers preparing to graduate from high school in December 2013. DETE will develop their future model of service provision independent of (but in consultation with) QH. 			
2.2	<p><u>Update on Department of Health (DoH) Service Planning – Youth Prevention and Recovery Care Model (BK)</u></p> <ul style="list-style-type: none"> DG approval to dedicate \$2M recurrent from the ceased Redlands build towards a YPARC service as a pilot site (new to Qld). YPARC model = 16-25yo age group, inpatient beds delivered by NGO with daily in-reach by mental health clinicians, short term admissions, 6 - 8 beds, delivered on hospital campus. Potential site for the first supra-district YPARC is Metro Sth HHS. Meeting called next week by DoH with ED, Mental Health Metro Sth HHS to discuss. 	a. Conduct meeting with Metro Sth HHS, inviting CHQ HHS, WM HHS.	a. BK	

West Moreton Hospital and Health Service Minutes

- BK has confidence in procurement timeline to open YPARC service by January 2014. Longer term plan will consider a second YPARC site in North Qld - Sector preference for second site to be Townsville. DoH identified Cairns as another potential site.
- Potential to establish Youth Residential Rehab Service in addition to YPARC. Funding source not identified. Domestic build, service model is residential not therapeutic, extended length of stay for target group. BK unable to provide timeline for service establishment -- likely to be second priority to YPARC establishment. Potential for this pilot site also in Metro Sth HHS.

Recommendations:

- Invite CHQ HHS and WM HHS to meeting with Metro Sth HHS and DoH. Include Chief Executives.
- In addition to YPARC, Youth Residential Rehab Service identified as important component of service continuum if BAC closes. A portion of existing BAC operational funds could be utilised to fund this service type.
- Statewide service provision an essential factor for consideration.

Next Steps (all)

- Communication and media plan high priority.
- Discussion regarding ongoing referrals to BAC, and risks associated with transition from current BAC clinical model to new YPARC clinical model in Dec/Jan.

Recommendations:

- Joint communication plan is essential between key stakeholders attending today -- consistent clear messages, and clear governance over Strategy.
- Barrett Adolescent Strategy will now move into the Implementation Phase.
- CHQ HHS will lead the implementation phase of the Barrett Adolescent Strategy moving forward. WM HHS and DoH will remain key stakeholders. Other HHSs and Departments will be included as relevant.
- Implementation Steering Committee to be formed to drive next phase of Strategy. Sub groups will be invited to advise/support the Implementation Steering Committee as required.
- Consider the potential to transition current BAC staff to services being established.
- Continue to admit to BAC as required, but ensure that admissions align with criteria suited to the new clinical model (ie., YPARC).

- a. Draft Project Plan to be submitted to this group in next 2 wks
- b. Propose Implementation Steering Committee membership for approval.

- a. SK, LG, SS, JK
- b. SK, LG, SS, JK

- a. 6/8/13
- b. 6/8/13

2.3

3.0 Attachments

Item


3.1

Expert Clinical Reference Group: Proposed Service Model Elements -- Adolescent Extended Treatment and Rehabilitation Services



F:\WM HHS\BAC\
Proposed Service Mo

West Moreton Hospital and Health Service Minutes

3.2	Briefing Note (copy as sent to Queensland Mental Health Commissioner 18 July 2013): Barrett Adolescent Strategy	 F:\WM HHS\BAC\ Briefing Note QMHC 1
4.0	Matters for Noting	
Item	Noted	
4.1	Written and verbal updates have been provided to the Minister for Health, DoH, the Queensland Mental Health Commissioner, CHQ HHS, and the DETE.	
4.2	Support to proceed with the closure of BAC has been received from all parties noted in 4.1 above. Closure of the BAC is reliant on adequate services being available for the target adolescent consumer group – there should be no gap in service provision.	
4.3	No public announcement has been made regarding the closure of BAC.	
4.4	Implementation and communications from this point forward will ensure key stakeholder involvement – WM HHS, CHQ HHS, Department of Health/MHAODB, and as relevant Metro Sth HHS.	
5.0	Meeting Finalisation	
Item		
5.1	Next meeting details to be confirmed, following submission of draft Project Plan to this group by Tuesday 6 August 2013.	
5.2	The meeting closed at 9:00 am.	

Minutes authorised by Chair as an accurate record of proceedings

Lesley Dwyer
Chief Executive, WM HHS

/ /

Date