

STATUTORY DECLARATION

I, **Dr William Kingswell** of Herston in the State of Queensland, do solemnly and sincerely declare as follows:

I set out below my responses to the Requirement to Give Information in a Written Statement issued by the Commissioner of the Barrett Adolescent Centre Commission of Inquiry on 4 March 2016.

1. **Look at Annexure 4 to your statement dated 21 October 2015. You have given evidence to the Commission, in the context of this Briefing Note, of a *'looming problem with the Barrett Adolescent Centre on the site that it was on and we needed a solution to that'* (T13-19, Lines 13-67).**

- a. **State what the *'looming problem'* was:**

The *'looming problem'* was that the Extended Forensic Treatment and Rehabilitation Unit (EFTRU) at The Park Centre for Mental Health (**The Park**), was to be opened and would be within the vicinity of the BAC. To my mind this represented a new risk that had not previously existed. While adult forensic patients had been at The Park for many years, they were in very secure facilities. EFTRU was proposed to be far less secure. While it was to house adult forensic patients who it was considered by those treating them as being ready to transition out of high security facilities, nonetheless they would be forensic patients who were either not yet ready to be out in the community or about whom there was some doubt about their readiness.

Even through the chances of some adverse incident occurring might have been relatively low with supervision, to my mind the consequences of something adverse happening may well be catastrophic, meaning that it was a risk that should not be taken.

- b. **State the duration of the *'looming problem'*, including details of the circumstances in which it arose/was identified (including by whom and by what means):**

The problem arose following the proposal in the Queensland Plan for Mental Health 2007-2017 (QPMH) to develop the EFTRU at The Park. I do not now recall exactly what the timetable for opening of EFTRU was as at May 2012, but I was aware that it was then likely to be scheduled to open in early 2013, which was well before there was any realistic likelihood of Redlands being available.

- c. **State what steps you took (if any) in respect of the *'looming problem'*, and when:**

I provided policy advice to West Moreton Hospital and Health Service (WMHHS) and the Department of Health to the effect that I recommended that alternative care arrangements should be formulated for BAC patients. I also took steps to support the provision of funding for alternative care arrangements for certain BAC patients.

2. **The Commission understands that from approximately December 2012:**
- a. **The services then provided by the Barrett Adolescent Centre (the BAC) were under review and alternative models of service were to be developed to replace those services; and**
 - b. **The opening of the Extended Forensic Treatment and Rehabilitation Unit (the EFTRU) at The Park – Centre for Mental Health (the Park), was proposed for early 2013.**

Please state whether that is correct and, if not, why not:

Points (a) and (b) are correct.

If (a) and (b) are correct, then state:

- c. **whether any person/s within the Mental Health Alcohol and Other Drugs Branch (MHAODB) or any other part of Queensland Health (QH), or West Moreton Hospital and Health Service (WMHHS) and/or West Moreton Hospital and Health Board (WMHHS) were responsible for co-ordinating the replacement of the BAC and the opening of EFTRU and, if so, identify those persons and details of their work, any reports they produced or any advice they gave (and on what occasion and to whom);**

The operator of the facilities at The Park, which included both the Barrett Adolescent Centre and the proposed EFTRU, was WMHHS. It was responsible for putting in place the appropriate steps to transition the BAC patients and as to the scheduling of the opening of EFTRU and the admission of patients to that unit.

Those matters were not within the control of MHAODB or QH. To the best of my knowledge, there was no individual within either MHAODB or QH who was responsible for co-ordinating the replacement of the BAC and the opening of the EFTRU.

I am not aware whether there was any member of the board of WMHHS who would have had that role.

My understanding was and is that there were persons employed by WMHHS who would have had that responsibility. I assume they would have been responsible for that work to the Chief Executive of the WMHHS, but I do not know their identities, the details of their work, the reports they produced or the advice they gave.

- d. **whether any person/s within MHAODB or any other part of QH, or WMHHS or WMHHS was responsible for identifying and/or managing the risks associated with the opening of EFTRU and, if so, identify those persons and details of their work, any reports they produced or any advice they gave (and on what occasion and to whom);**

For the reasons identified above, to the best of my knowledge, there was no individual within either MHAODB or QH who was responsible for identifying and/or managing the risks associated with the opening of the EFTRU.

As mentioned in my answer to question 1(a) above, I had in fact formed the view that there was a risk associated with the opening of EFTRU and gave advice to that effect, as mentioned in my answer to question 1(c) above.

I am also not aware whether there was any member of the board of WMHBB who would have had that role.

My understanding was and is that there were persons employed by WMHHS who would have had that responsibility. I assume they would have been responsible for that work to the Chief Executive of the WMHHS, but I do not know their identities, the details of their work, the reports they produced or the advice they gave.

- e. **whether any person/s within MHAODB or any other part of QH, or WMHHS or WMHBB was responsible for identifying and/or managing the risks associated with the opening of EFTRU in the vicinity of BAC and, if so, identify those persons and details of their work, any reports they produced or any advice they gave (and on what occasion and to whom).**

For the reasons identified above, to the best of my knowledge, there was no individual within either MHAODB or QH who was responsible for identifying and/or managing the risks associated with the opening of the EFTRU in the vicinity of BAC.

As mentioned in my answer to question 1(a) above, I had in fact formed the view that there was a risk associated with the opening of EFTRU and gave advice to that effect, as mentioned in my answer to question 1(c) above.

I am also not aware whether there was any member of the board of WMHBB who would have had that role.

My understanding was and is that there were persons employed by WMHHS who would have had that responsibility. I assume they would have been responsible for that work to the Chief Executive of the WMHHS, but I do not know their identities, the details of their work, the reports they produced or the advice they gave.

3. **Look at the document entitled 'Queensland Government Funded Services For Young People' (attached and marked QHD.006.002.8602).**

- a. **State whether this document was ever submitted on behalf of the Department of Health (and if so, on what date, by whom and to whom);**

The document provided by the Commission marked QHD.006.002.8602 is an early version of a document that was eventually cleared by me on 19 June 2013. A true and correct copy of the version of the document cleared by me is Annexure 1 to this statutory declaration. This document was provided to Deputy Director-General, Dr Michael Cleary, under the cover of a briefing note dated 19 June 2013. A true and correct copy of that briefing note is Annexure 2 to this statutory declaration.

I am unaware whether the document cleared by me was ever submitted on behalf of the Department of Health.

b. With respect to BAC and EFTRU services referred to in that document, state whether as at June 2013:

i. the services then provided by the BAC were under review, and if yes, the date when alternative models of service were to be developed to replace the services then provided by BAC; and

The services at BAC were under review as at June 2013.

Replacement services were intended to be developed ahead of the opening of the EFTRU.

ii. the opening of the EFTRU was proposed for June, July or August 2013.

I understand that this is correct.

If (i) or (ii) is not correct, why not? If correct, then state:

c. whether any person/s within MHAODB or any other part of QH, or WMHHS or WMHHB was responsible for co-ordinating the replacement of the BAC and the opening of EFTRU and, if so, identify those persons and details of their work, any reports they produced or any advice they gave (and on what occasion and to whom);

For the reasons identified above, to the best of my knowledge, there was no individual within either MHAODB or QH who was responsible for coordinating the replacement of the BAC and the opening of the EFTRU in the vicinity of BAC.

I am also not aware whether there was any member of the board of WMHHB who would have had that role.

My understanding was and is that there were persons employed by WMHHS who would have had that responsibility. I assume they would have been responsible for that work to the Chief Executive of the WMHHS, but I do not know their identities, the details of their work, the reports they produced or the advice they gave.

d. whether any person/s within MHAODB or any other part of QH, or WMHHS or WMHHB was responsible for identifying and/or managing the risks associated with the opening of EFTRU and, if so, identify those persons and details of their work, any reports they produced or any advice they gave (and on what occasion and to whom);

For the reasons identified above, to the best of my knowledge, there was no individual within either MHAODB or QH who was responsible for identifying and/or managing the risks associated with the opening of the EFTRU.

As mentioned in my answer to question 1(a) above, I had in fact formed the view that there was a risk associated with the opening of EFTRU and gave advice to that effect, as mentioned in my answer to question 1(c) above.

I am not aware whether there was any member of the board of WMHHB who would have had that role.

My understanding was and is that there were persons employed by WMHHS who would have had that responsibility. I assume they would have been responsible for that work to the Chief Executive of the WMHHS, but I do not know their identities, the details of their work, the reports they produced or the advice they gave.

- e. **whether any person/s within MHAODB or any other part of QH, or WMHHS or WMHHB was responsible for identifying and/or managing the risks associated with the opening of EFTRU in the vicinity of BAC and, if so, identify those persons and details of their work, any reports they produced or any advice they gave (and on what occasion and to whom).**

For the reasons identified above, to the best of my knowledge, there was no individual within either MHAODB or QH who was responsible for identifying and/or managing the risks associated with the opening of the EFTRU in the vicinity of BAC.

As mentioned in my answer to question 1(a) above, I had in fact formed the view that there was a risk associated with the opening of EFTRU and gave advice to that effect, as mentioned in my answer to question 1(c) above.

I am also not aware whether there was any member of the board of WMHHB who would have had that role.

My understanding was and is that there were persons employed by WMHHS who would have had that responsibility. I assume they would have been responsible for that work to the Chief Executive of the WMHHS, but I do not know their identities, the details of their work, the reports they produced or the advice they gave.

- 4. **Identify and exhibit all documents in your custody or control that are referred to in your witness statement.**

Annexure 1 – Queensland Government Funded Services For Young People

Annexure 2 – Briefing Note, Mapping of Queensland Government Services for Young People

And I make this solemn declaration conscientiously believing same to be true and by virtue of the provisions of the *Oaths Act 1867*.

DR WILLIAM KINGSWELL

Signed and declared by the declarant at)
 Brisbane in the State of Queensland)
 this 22 day of March 2016)
 before me)

Justice of the Peace/Solicitor



QUEENSLAND GOVERNMENT FUNDED SERVICES FOR YOUNG PEOPLE

Department/Agency	Department of Health
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About this response

Queensland's publicly funded mental health system comprises clinical and non-clinical services delivered by government and non-government service providers. Government operated mental health services include a range of inpatient and community based mental health services that provide clinical assessment and treatment services, including crisis response and acute, non-acute and continuing treatment services.

Queensland government operated health services are delivered by 17 Hospital and Health Services (HHS) under individual service agreements with the Department of Health. The Department of Health funds HHS to meet identified health care needs within the Queensland community. Decisions about how those needs are met are made by independent HHS, based on their assessment of local priorities. In many instances, the reader is advised to make direct contact with HHS for detailed information regarding expenditure on specific services by HSS, eligibility criteria for entry to services, service locations and catchments. Further information on Queensland HHS can be found at: <http://www.health.qld.gov.au/maps/default.asp>

Queensland public health services generally view children and young people as falling between 0 and 18 years old. People aged over 18 have access to adult public mental health services. For this reason, service and program descriptions have been prepared for both child and youth mental health and alcohol and other drug services and adult mental health and alcohol and other drug services. Please note that children and young people can access any alcohol and drug service in Queensland, but in recognition of their developmental needs, some alcohol and drug services are dedicated to working only with young people.

Government operated mental health services are complemented by a range of non-government organisations that are funded to provide non-clinical services to support people with a mental illness to live well and participate in their community. These programs are:

- Mental Health Program (General)
- Transition from Correctional Facilities
- Resident Recovery Program
- Transitional Recovery Program
- Consumer Operated Services
- Court Diversion Support Program
- Housing and Support Program
- Group for Women With Advanced Breast Cancer
- Queensland Centre for Intellectual and Developmental Disability.

This response does not provide program overviews for Queensland community mental health programs. At this point in time, all community mental health funded programs will be funded for 12 months until 30 June 2013. Further funding will be dependent on a review of community mental health programs.

Response overview

Child and youth mental health programs and services

- Community child and youth mental health services
- Acute inpatient adolescent mental health services
- Extended inpatient adolescent mental health service
- Evolve Therapeutic Services
- Child and youth forensic mental health services
- Early psychosis services
- The Queensland Ed-LinQ Program
- Aboriginal and Torres Strait Islander Child and Youth Care Co-ordination.

Child and youth drug and alcohol programs and services

- Ice-Breaker Initiative
- Dovetail
- Adolescent Drug and Alcohol Withdrawal Service

- Youth community team (Hot House)
- Regional Indigenous Youth Alcohol and Other Drug Treatment Services Network.

Adult mental health programs and services

- Acute care teams
- Community care teams
- Adult acute inpatient mental health services
- Extended inpatient adult mental health services – Secure Mental Health Rehabilitation Units
- Extended inpatient adult mental health services – Community Care Units
- Extended inpatient adult mental health services – Mental Health Acquired Brain Injury Units
- Prison mental health services
- Court liaison services
- High Secure Inpatient Service
- Extended Forensic Treatment and Rehabilitation Unit.

Adult alcohol and drug programs and services

- Alcohol, Tobacco and Other Drugs Services
- Mirikai Therapeutic Community
- Adult residential rehabilitation services
- Queensland Illicit Drug Diversion Initiative
- Queensland Courts Referral
- Queensland Magistrates Early Referral into Treatment Program.

Child and youth mental health programs and services

Service type	Community child and youth mental health services (CCYMHS)
Total funding	Contact HHS
Funding source	Department of Health
Purpose of funding	CCYMHS aim to provide a comprehensive response to the different and varying needs of infants, children and young people with mental health problems or mental disorders and their families/ carers in the community.
Service model description	<p>CCYMHS have a recovery-oriented approach that emphasises individual strengths, resilience and enhancement of opportunities for social inclusion. The key functions of CCYMHS are to:</p> <ul style="list-style-type: none"> • Provide specialist expertise in the initial intake (advice, information and screening/triage), forward referral, assessment, diagnosis, monitoring, treatment, evaluation and recovery of infants, children and young people and their families/carers. • Ensure ease of access, in a timely manner to specialist mental health services. • Arrange, co-ordinate and support access to a range of services for infants, children and young people and their families/ carers, to ensure seamless service provision. • Facilitate transition to adult services as required. • Please note that e-CYMHS is provided by the Royal Children's Hospital and Mater CCYMHS to support CCYMHS teams in rural and remote locations.
Target group	Infants, children and young people 0 to 18 years who have moderate to severe and complex mental health disorders, and their families/carers. The families and carers of young people play a significant role in the mental health care process.
Eligibility criteria	<ul style="list-style-type: none"> • A clinical decision is made at intake regarding the most appropriate services (CCYMHS and/or other) to meet the needs of the infant/child/young person and family/carers. This decision takes into account: <ul style="list-style-type: none"> - the nature of the problem - the acuity and severity of the disturbance - the complexity of the condition (including co- morbidity) - the extent of functional impairment - the level of distress experienced by the infant/ child/young person and/or family/carers - the availability of other appropriate services. • For young people 18 years and over or 16 years and over, if living independently, a referral to adult mental health services may be negotiated with the local adult mental health service. Decisions to refer will take into account relevant developmental issues, and the availability of services and supports appropriate to the young person and their family/carers through CCYMHS and adult mental health services.
Service locations and catchments (LGA or SLA if possible)	All 17 Hospital and Health Services provide dedicated CCYMHS. Services range from single child and youth mental health practitioner to large multi-disciplinary teams. Contact HHS for exact location and coverage of services.
Is the program/initiative currently under review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the program/initiative likely to be expanded in the future?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Service type	Acute inpatient adolescent mental health units (AIAMHU)
Total funding	Contact HHS
Funding source	Department of Health
Purpose of funding	AIAMHU provide assessment and short-term intensive treatment, as part of the continuum of care, for children and adolescents experiencing acute episodes of mental illness that cannot be treated more appropriately in community settings.
Service model description	Inpatient units provide 24 hour treatment during an acute episode of mental illness, in a structured environment, as part of a longer-term treatment plan. Admissions occur when the presenting behaviour cannot be safely managed in the community, or when treatment cannot be provided at a less intensive level. The key principle is that young people are treated in the least restrictive environment possible, which recognises the need for safety and cultural sensitivity, with the minimum possible disruption to their family, educational, social and community networks.
Target group	Children and young people that have acute mental health needs (age range varies depending on unit – see below).
Eligibility criteria	Children and young people who have acute mental health needs. Access to Queensland public mental health services is based on assessment of mental health need.
Service locations (including catchments)	<p>AIAMHU are located in:</p> <ul style="list-style-type: none"> • Gold Coast HHS (Robina) – 8 beds, (0-17 years) • Metro South HHS (Logan Hospital) – 10 beds, (13-17 years) • Metro North HHS (Royal Brisbane and Women’s Hospital) – 12 beds, (14 -18) • Mater Hospital – 12 beds + day program (0-17 years) • Royal Children’s Hospital (Brisbane) – 10 beds + day program (0-13 years) • Darling Downs HHS (Toowoomba Hospital) – 8 beds + day program (13-18 years) • Townsville HHS (Kirwan) – 6 beds + day program (Scheduled for operation in 2013) (12-17). <p>Under the <i>Queensland Plan for Mental Health 2007-2017</i>, funding was provided for two additional adolescent acute mental health inpatient units and day programs located at Toowoomba (completed and operational), and Townsville (scheduled to be operational by July 2013). Depending on location, referral is generally made from within the Queensland public health system.</p>
Is the program/initiative currently under review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the program/initiative likely to be expanded in the future?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Service type	Extended inpatient adolescent mental health service
Total funding	Contact West-Moreton HHS
Funding source	Department of Health
Purpose of funding	Queensland’s Adolescent Extended Treatment and Rehabilitation Centre (Also known as the Barrett Adolescent Centre (BAC), is a state-wide service providing specialist multidisciplinary assessment and integrated treatment and rehabilitation to adolescents between 13 and 17 years of age with severe, persistent mental illness/es.
Service model description	A range of treatment and recovery focused rehabilitation, psychosocial, educational and vocational programs tailored to the adolescent’s assessed clinical and rehabilitation needs is facilitated in collaboration with a range of service providers. This enables the adolescents to build on their strengths, progress in their development, and promote recovery focused outcomes upon discharge. Education programs provided by the dedicated school provide essential

	components of rehabilitation programs and restoration of developmental tasks. The BAC is a 15 bed facility and provides a day program service.
Target group	The majority of adolescents present with severe psychosocial impairment as a result of their mental illness/es which are often complicated by developmental co-morbidities. For those young people who have not been able to remediate with multidisciplinary community day programs or acute inpatient treatment.
Eligibility criteria	Adolescents between 13 and 17 years of age with severe, persistent mental illness/es. Referrals are received from within the Queensland public mental health system.
Service locations (including catchments)	State-wide service based at the Park, Centre for Mental Health, Wacol.
Is the program/initiative currently under review?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
Is the program/initiative likely to be expanded in the future?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain
Other comments	*Note that the replacement services for the BAC extended inpatient adolescent mental health service are currently under consideration. The current site (which is being transitioned to an exclusively adult, forensic mental health service site) and building that houses the BAC is no longer fit for purpose.

Program/initiative	Evolve Therapeutic Services (ETS)
Total funding	Contact the Department of Communities, Child Safety and Disability Services (DCCSDS) for funding provided to HHS to provide ETS.
Funding source	DCCSDS
Purpose of funding	The Evolve Interagency Services (EIS) program was developed as a response to the 2004 <i>Crime and Misconduct Commission Protecting Children: An Inquiry Into Abuse of Children in Foster Care</i> recommendation 7.5. ETS is the health component of EIS. ETS provide specialist, intensive mental health therapeutic interventions for children/ young people in interim or finalised child protection orders in out of home care, with severe and complex mental health support needs.
Service model description	ETS works within the overarching interagency model to provide specialist intensive mental health therapeutic interventions for children/young people on interim or finalised child protection orders in out-of-home care, with severe psychological and behavioural problems.
Target group	The target population for EIS was defined as the 43% of children and young people in care (in 2004) categorised by the then Department of Families as having high, complex or extreme needs. The most immediate priority being the 17% that fall within the complex (13%) or extreme (4%) categories.
Eligibility criteria	Referrals to EIS can only be made by DCCSDS. Referrals to ETS are submitted through a local EIS panel who determine if the child or young person is eligible for service. The child/young person must meet the following eligibility criteria: <ul style="list-style-type: none"> • under 18 years of age • presents with severe and complex psychological and/or behavioural problems • is in out-of-home care and subject to an interim or finalised Child Protection Order granting custody or guardianship to the chief executive of the DCCSDS. Each eligible referral is also assessed against the following prioritisation criteria for ETS: <p>The child/young person is experiencing:</p> <ul style="list-style-type: none"> • the presence of multiple, intense and persistent emotional and/or behavioural problems • a high level of risk, to themselves and others • severe functional impairment across a variety of domains • the presence of additional risk factors. Resulting in the need for:

	<ul style="list-style-type: none"> • a collaborative interagency service response; • a specialist assessment and understanding of the psychological and behavioural impact of child abuse and neglect; and • an intensive mental health therapeutic intervention. 	
Service locations (including catchments)	ETS teams operate in the following locations:	
	HHS	Catchment based on Child Safety Service Centre
	Cairns and Hinterland HHS	<ul style="list-style-type: none"> • Cairns North • Cairns South Edmonton • Atherton • Innisfail • Cape York North and Torres Strait Island and Cape York South – an Evolve service will be provided to children or young people who are case managed by these two Child Safety Service Centres (CSSC) whilst they are a resident within the Cairns and Hinterland HHS catchment area (considered an 'out of scope' referral). A consultancy service will also be provided where capacity exists.
	Townsville HHS	<ul style="list-style-type: none"> • Townsville • Aitkenvale • Thuringowa.
	Mackay HHS	<ul style="list-style-type: none"> • Mackay • Bowen.
	Mt Isa HHS	<ul style="list-style-type: none"> • Mt Isa • A service will be provided to children and young people who are case managed by the Gulf CSSC whilst they are a resident within the Mt Isa HHS catchment area. A consultancy service will also be provided where capacity exists.
	Central Queensland HHS	<ul style="list-style-type: none"> • Rockhampton North • Rockhampton South • Gladstone • Emerald.
	Wide Bay HHS	<ul style="list-style-type: none"> • Maryborough • Bundaberg.
	Sunshine Coast	<ul style="list-style-type: none"> • Sunshine Coast • Maroochydore • Caloundra • Gympie • Kingaroy • Murgon.
	Children's Health Queensland HHS (Brisbane North)	<ul style="list-style-type: none"> • Fortitude Valley • Chermside • Alderley • Strathpine • Redcliffe • Caboolture.
Children's Health Queensland HHS in partnership with Mater Health Services (Brisbane South)	<ul style="list-style-type: none"> • Mount Gravatt • Stones Corner • Cleveland • Wynnum • Inala • Forest Lakes • Goodna Therapeutic Residential Care Service. 	
West Moreton HHS	<ul style="list-style-type: none"> • Ipswich North • Ipswich South 	

		<ul style="list-style-type: none"> Springfield.
	Darling Downs HHS	<ul style="list-style-type: none"> Toowoomba North Toowoomba South A service will be provided to children and young people who are case managed by the Roma and Charleville CSSC whilst they are a resident within the Darling Downs HHS catchment area (considered an 'out of scope' referral). A consultancy service will also be provided where capacity exists. A consultancy service will be provided where required.
	Metro South HHS	<ul style="list-style-type: none"> Logan Central Loganlea Woodridge Browns Plains Beenleigh Beaudesert.
	Gold Coast HHS	<ul style="list-style-type: none"> Mermaid Nerang Labrador.
Is the program/initiative currently under review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the program/initiative likely to be expanded in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Uncertain	
Other comments	<p>Programs and services that respond to children and young people involved with the child protection system, including ETS may be affected by recommendations made by the Queensland Child Protection Commission of Inquiry.</p>	

Service type	Child and youth forensic mental health services (CYFMHS)
Total funding	Contact Children's Health Queensland HHS and Townsville HHS regarding funding to provide CYFMHS.
Funding source	Department of Health
Purpose of funding	<p>CYFMHS provide mental health services for children and young people involved with the youth justice system or who are at risk of involvement with the youth justice system.</p> <p>CYFMHS aim to provide clinical interventions that are equal in range, quality, multidisciplinary approach, and degree of consumer participation to those provided by CCYMHS.</p>
Service model description	<p>In the southern/central are of Queensland, CYFMHS are delivered by two separate services. The Mental Health, Alcohol, Tobacco and Other Drug Service (MHATODS) delivers a detention centre based service and the Child and Youth Forensic Outreach Service (CYFOS) provides a community based service. In northern Queensland, CYFMHS are provided by the North Queensland Adolescent Forensic Mental Health Service (NQAFMHS), across both the detention centre and community based settings.</p> <p>CYFMHS provided to children and young people in Queensland detention centres CYFMHS are provided to children and young people, aged 10-18 years (upper age range is flexible, as young people may be held in youth detention beyond the age of 18, depending on their sentence) with mental health and substance use issues in Queensland youth detention centres [at the Brisbane Youth Detention Centre (BYDC) at Wacol and the Cleveland Youth Detention Centre (CYDC) in Townsville]. Integrated drug and alcohol and mental health treatments are provided in recognition of the high rate of co-occurring mental health and drug and alcohol problems for young people in detention. CYFMHS also provide input into</p>

	interdepartmental care planning for young people at the centre. CYFMHS provided to children and young people in the community CYFMHS in the community provide an integrated consultation-liaison, mobile assessment and intervention service. CYFMHS provide information, advice, support and education to stakeholders who work with children and young people with mental health problems who are involved with, or are at risk of involvement with, the youth justice system (mostly Youth Justice Services and CCYMHS). CYFMHS also provide a court liaison service for sittings of the Children's Court where possible. Court liaison services aim to facilitate early identification and intervention and increase access to appropriate mental health support services for children and young appearing before court.
Target group	CYFMHS are provided to children and young people, under 18 years of age, in Queensland youth detention centres and those living in the community who are involved with, or are at risk of involvement with the youth justice system. Referrals to the community component of CYFMHS are received from CCYMHS and Queensland Youth Justice Services.
Eligibility criteria	Contact CYFMHS within HHS for details regarding eligibility criteria.
Service locations (including catchments)	The MHATODS provides mental health services to young people located at BYDC only. CYFOS provides mental health services to children and young people involved with, or at risk of involvement with the youth justice system and who are living in the community in central and southern areas of Queensland. The NQAFMHS provides mental health services to young people located at CYDC in Townsville and young people involved with the youth justice system, in northern areas of Queensland (hub in Townsville and spoke site in Cairns. Please contact CYFMHS in Townsville and Children's Health Queensland HHS for detailed information regarding catchment areas.
Is the program/initiative currently under review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the program/initiative likely to be expanded in the future?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

Service type	Early Psychosis Services (EP Services)
Total funding	Contact HHS for funding provided to EP Services.
Funding source	Department of Health
Purpose of funding	EP Services are specialist clinical mental health services that provide early detection and treatment for young people aged 15 to 24 years (Inclusive) who are at risk of, or who are experiencing early psychosis.
Service model description	The key functions of EP Services are to: <ul style="list-style-type: none"> • improve early detection of young people at risk of psychotic illness • facilitate access to age-appropriate assessment for young people with early psychosis • provide meaningful interventions that are based on assertive outreach principles that promote functional recovery • involve families, carers, significant others and peers in care • promote age-specific youth and family friendly acute care settings • ensure comprehensive relapse planning and onward transfer of care from early psychosis services and key workers • develop capacity, capabilities and skills of staff working in the field of early psychosis.
Target group	Young people aged 15 to 24 years (inclusive)
Eligibility criteria	Young people aged between 15 and 24 years who present to a public mental health service and meet the following criteria will be considered eligible for targeted early psychosis care:

	<ul style="list-style-type: none"> the young person has not previously completed a comparable specialist mental health treatment program for established psychotic symptoms and at initial presentation, the following conditions are met: <ul style="list-style-type: none"> the young person meets the diagnostic criteria for their first episode of a psychotic disorder as defined by the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). This includes a psychotic disorder related to substance use (except withdrawal delirium), bipolar disorder, schizoaffective disorder, depressive disorder with psychotic features, post partum psychosis and brief reactive psychosis or the young person displays marked signs indicative of a possible first episode psychosis such as increasing social withdrawal, sustained deterioration in performance at school or at work and increasing unexplained signs of distress or agitation.
Service locations (including catchments)	<ul style="list-style-type: none"> Townsville HHS Gold Coast HHS Metro South HHS. <p>Not all HHS will have a designated EP Service however; all HHS will have a mechanism for providing access to an EP Service or clinician.</p>
Is the program/initiative currently under review?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the program/initiative likely to be expanded in the future?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Other comments	

Program/initiative	The Queensland Ed-LinQ Program
Total funding	Contact HHS
Funding source	Department of Health
Purpose of funding	Ed-LinQ is a state-wide program aimed at supporting CCYMHS, education, the primary care sector and other key human service agencies and programs to work collaboratively to enhance the system of care, and promote the early identification and treatment of mental health problems and disorders affecting school-aged children and young people.
Service model description	There are currently 12 Ed-LinQ Coordinator positions located across Queensland. Ed-LinQ Coordinators work at the local level to improve collaboration and communication between child and youth mental health services and the primary health care and education sector through three key focus areas: building strategic partnerships, enhancing capacity, and the providing clinical guidance.
Target group	Children and young people at school (prep to grad 12).
Eligibility criteria	Not applicable. Ed-LinQ is an inter-sectoral capacity building initiative and does not provide services directly to children and young people.
Service locations (including catchments)	<p>There are 12 Ed-LinQ Coordinator positions established (some are full-time and some are part-time) in the following locations across Queensland:</p> <ul style="list-style-type: none"> Gold Coast HHS Metro South HHS (Logan) West Moreton HHS (Ipswich) HHS Children's Health Queensland HHS (Spring Hill) Metro North HHS (Redcliffe/Caboolture) Sunshine Coast HHS Mackay HHS Townsville HHS Cairns HHS Darling Downs HHS (Toowoomba) Central Queensland HHS (Rockhampton)

	<ul style="list-style-type: none"> • Mater Hospital. <p>Contact HHS to request details regarding service catchments.</p>
Is the program/initiative currently under review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the program/initiative likely to be expanded in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Uncertain

Service type	Aboriginal and Torres Strait Islander Child and Youth Care Coordination (ATSI CYCC)
Total funding	Contact HHS (Children's Health Queensland, Toowoomba and Townsville).
Funding source	Funded under the Council of Australian Governments Closing the Gap in Indigenous Health Outcomes National Partnership Agreement.
Purpose of funding	The ATSI CYCC supports Aboriginal and Torres Strait Islander children and young people aged 2 to 18 years who have complex care needs and have a history of mental illness and/or alcohol/other drugs misuse. Care Co-ordinators support Aboriginal and Torres Strait Islander children and young people with severe mental illness and complex care needs to access a range of clinical, community, educational and cultural support services which are tailored to meet individual needs and assists children and young people to live meaningful lives within the community.
Service model description	<p>The Aboriginal and Torres Strait Islander Service Integration Coordinator (SIC) roles facilitate the Aboriginal and Torres Strait Islander child or young person's journey through the mental health system, by coordinating and planning care plan arrangements which recognise, support and promote:</p> <ul style="list-style-type: none"> • Cultural support • Kinship support • Education/employment • Mental health • Health in general • Social inclusion.
Target group	<p>The ATSI CYCC is aimed at individuals who are:</p> <ul style="list-style-type: none"> • of Aboriginal and Torres Strait Islander descent • aged 2 -18 years with a mental health problem, and • have complex care needs (e.g. frequent admission, significant impairment in social functioning, limited support networks).
Eligibility criteria	<p>Access to ATSI CYCC is intended to be prioritised for individuals aged 12 -18 years who have early onset mental illness and who have one or more of the following complex care needs:</p> <ul style="list-style-type: none"> • High risk of relapse. • History of repeated acute mental health inpatient admissions. • Requires intensive case management. • Significant impairment in family, community, personal and occupational functioning. • Require ongoing support from agencies. <p>Access is prioritised for people who need combined clinical and community support. Participation in the program is voluntary.</p>
Service locations (including catchments)	<p>Three positions are funded in the following Queensland HHS:</p> <ul style="list-style-type: none"> • Children's Health Queensland HHS (Spring Hill) • Toowoomba HHS and • Townsville HHS.
Is the program/initiative currently under review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the program/initiative	<input type="checkbox"/> Yes

likely to be expanded in the future?	<input type="checkbox"/> No
	<input checked="" type="checkbox"/> Uncertain

Child and youth drug and alcohol programs and services

Program/initiative	Ice-Breaker Initiative
Total funding	\$1.9 Million to non-government organisations in 2012/2013. Plus, contact Mater Hospital, Metro North HHS and Townsville HHS for funding provided to public health services under this initiative.
Funding source	Department of Health
Purpose of funding	Funding is allocated to ten services within both the Non-Government and Government sector to enable them to enhance services to young people with alcohol and other drug issues.
Service model description	Ten services within both the non-government and government sector have been funded to provide enhanced, integrated, accessible, evidenced-based drug and alcohol treatment services to young people in Queensland.
Target group	Young people aged 12 to 25 years who are concerned about alcohol or other drug use.
Eligibility criteria	Young people presenting to services who are concerned about alcohol or other drug use.
Service locations (including catchments)	Funding is provided to the following services: <ul style="list-style-type: none"> Alcohol and Drug Foundation Queensland (Kingaroy) Hot House Youth Community Team, Metro North HHS (Indooroopilly), ATODS, Townsville HHS (Townsville) Boystown (Ipswich, Kingston, Capalaba, with outreach to surrounding suburbs) Brisbane Youth Service (Brisbane) Gold Coast Drug Council Inc. (Southport or Burleigh) Indigenous Wellbeing Centre (Bundaberg) FOCUS - Sunshine Coast Division of General Practice (Sunshine Coast) Youth Empowered Towards Independence Inc. (Cairns) Adolescent Drug and Alcohol Withdrawal Service (South Brisbane).
Is the program/initiative currently under review?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the program/initiative likely to be expanded in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Uncertain

Program/initiative	Dovetail
Total funding	Contact Metro North HHS for funding details
Funding source	Department of Health
Purpose of funding	Dovetail engages in a range of strategic activities to enhance the drug and alcohol service sector, with the aim of improving treatment outcomes, and improvements in health and wellbeing for all young people affected by alcohol and drug use in Queensland.
Service model description	Dovetail provides free professional support to any worker or service in Queensland who engages with young people affected by alcohol and other drug (AOD) use. Dovetail aims to improve AOD treatment outcomes for young people by identifying and connecting frontline services and equipping them with evidence-informed knowledge, skills, tools and resources. Dovetail achieves these outcomes through the following activities: <ul style="list-style-type: none"> provision of an information clearinghouse function for the youth alcohol and