

Item No	Topic	Action	Committee member	Due date
	Committee			
6.4	<b>Risk Management</b> <ul style="list-style-type: none"> <li>Nil risks to note</li> </ul>			
6.5	<b>Progress of key milestones and deliverables</b> <ul style="list-style-type: none"> <li>An update on progress will be provided through the Project Gantt Chart at future meetings – still under development</li> </ul>			
6.6	<b>Other Business</b> <ul style="list-style-type: none"> <li>Nil</li> </ul>			
<b>7.</b>	<b>Matters for Noting</b>			
7.1	<b>Major correspondence</b> <ul style="list-style-type: none"> <li>Noted that several interviews have been held with ABC-World Today, including two with parents, one with SS on Wednesday 30<sup>th</sup> and one with Sharon Kelly on Friday 1<sup>st</sup></li> </ul>			
<b>8.</b>	<b>For Information</b>			
8.1	<ul style="list-style-type: none"> <li>It was noted that Sandra Radovini's visit will now take place in mid-December.</li> </ul>			
<b>Next meeting: Monday 18<sup>th</sup> November 2013, 9am – 11am, CYMHS Spring Hill.</b>				

ENDORSED BY:

Signature:

Date: /09/13

Name:

Position:

# Meeting Agenda

## State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

<b>Date:</b>	18 <sup>th</sup> November 2013
<b>Time:</b>	9am – 10.30am
<b>Venue:</b>	Seminar Room, CYMHS, Cnr Roger and Water Streets Spring Hill (parking via Roger St entrance)
<b>Video/ Teleconference Details:</b>	Details will be provided on request <b><u>** Please advise secretariat if you want to dial in**</u></b>

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

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

### 1. Presentations

Item no Item

Action Officer

1.0 • Nil

<b>2. Meeting Opening</b>		
<b>Item no</b>	<b>Item</b>	<b>Action Officer</b>
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting ( <i>attached</i> )	Chair
2.4	Statement of achievements	Chair
<b>3. Business Arising from previous minutes</b>		
<b>Item no</b>	<b>Item</b>	<b>Action Officer</b>
3.1	• Nil	
<b>4. Matters for Decision</b>		
<b>Item no</b>	<b>Item</b>	<b>Action Officer</b>
4.1	• SW AETRS Communications Plan	IA
<b>5. Matters for Discussion</b>		
<b>Item no</b>	<b>Item</b>	<b>Action Officer</b>
5.1	• Draft Service Model	SS
<b>6. Standard Agenda Items</b>		
<b>Item no</b>	<b>Item</b>	<b>Action Officer</b>
6.1	<b>Service Options Working Group Update</b>	
	• Status Update	SS
	• Case Scenario Summary	
6.2	<b>Clinical Care Transition Panels Update</b>	
	• Status Update	LG
6.3	<b>Financial and Workforce Planning Working group Update</b>	
	• Status Update	LG / IA
	• Seeking direction regarding Purpose and Terms of Reference	
6.4	<b>Risk Management</b>	
	• Nil changes to the Risk Register	IA
6.5	<b>Progress of key milestones and deliverables</b>	
	• Refer progress against Project Gantt	IA
6.6	<b>Other business</b>	
<b>7. Matters for Noting</b>		
<b>Item no</b>	<b>Item</b>	<b>Action Officer</b>
7.1	<b>Major correspondence</b>	
		SS
<b>8. For Information (papers only)</b>		
<b>Item no</b>	<b>Item</b>	<b>Action Officer</b>
8.1	Sandra Radovini's visit, from Victoria, is proposed for 10 <sup>th</sup> /11 <sup>th</sup> December. An agenda for her visit is under development.	LG

**Next Meeting**

**Date:** Monday 2<sup>nd</sup> December 2013

**Time:** 9am – 10.30am

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



## Children's Health Queensland Hospital and Health Service

**Children's Health Queensland Hospital and Health Service  
Statewide Adolescent Extended Treatment & Rehabilitation Implementation  
Steering Committee Action Item Register**

(Status Indicators: Red = Significant delay, Amber = Slight delay, Green = On Track and Blue = Completed)

Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
09/09/13	3.3	Working Group Membership	Contact each working group to establish membership and convene meetings	Leanne Geppert	23/09/13	First meeting 22/10/13 - Steering Committee direction required	
09/10/13	3.1	Working Group Update	Establish web page for SW AETR Initiative - part of CHQ Communications Strategy	Ingrid Adamson	31/10/13		
09/10/13	3.4	Correspondence	CHQ to finalise communications strategy	Ingrid Adamson	21/10/13	Underway	
09/10/13	5.1	Victorian Visit	Confirm travel dates with Sandra Radovini	Leanne Geppert	31/10/13	Underway	
21/10/13	6.1	Service Options Working Group	Present findings from Case Scenario responses	Stephen Stathis	04/11/13	Ran out of time at meeting on 4/11	
21/10/13	6.5	Project Milestones	Present completed Gantt Chart	Ingrid Adamson	04/11/13	Underway	
04/11/13	1.1	Parent Presentation	Distribute handouts provided by parents	Ingrid Adamson	08/11/13	Completed	
04/11/13	5.1	Matters for Discussion	Add Lesley van Schoubroeck to BAC distribution list	Leanne Geppert	08/11/13		
04/11/13	5.1	NSW Visit	Distribute NSW Site Visit Report	Ingrid Adamson	18/11/13		
04/11/13	5.1	NSW Visit	Seek further information regarding NSW spectrum of services	Stephen Stathis	18/11/13	Completed - included in Site Visit Report	
04/11/13	6.3	Financial & Workforce Working Group	Distribute Terms of Reference with tracked changes and WG minutes to Steering Committee for review and comment	Ingrid Adamson	08/11/13	Completed	

# Minutes

## State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

<b>Date:</b>	18/11/2013	<b>Time:</b>	09:00am	<b>Venue:</b>	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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<b>Chair:</b>	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
<b>Secretariat:</b>	SW AETR Project Manager (IA)
<b>Attendees</b> Teleconference	SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Director Queensland Centre for Perinatal and Infant Mental Health (EH) [REDACTED] [REDACTED]
Teleconference Videoconference	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
<b>Apologies</b>	State Manager Headspace (AC) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Director of Psychology, CHQ HHS (JS) A/Director Planning & Partnership Unit MHAODB (MK) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH)
<b>Observers/ Guests:</b>	

Item No	Topic	Action	Comm'ee member	Due date
<b>1.</b>	<b>Presentations</b>			
	Nil			
<b>2.</b>	<b>Meeting opening</b>			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LG, LJ	
2.4	Statement of achievements	Covered below	Chair	
	<b>Business</b>			
<b>3.</b>	<b>Business Arising from Previous Meetings</b>			
3.1	<ul style="list-style-type: none"> <li>JK responded to RH's query regarding NSW's service offering. It was noted that they have a strong consultation liaison model supporting their paediatric services via their CAMHS service, although not many day programs, step up / step down, or residential units. Information about their service options is provided in the Site Visit Report to be distributed to the Committee.</li> </ul>	Distribute NSW Site Visit Report	IA	22/11
<b>4.</b>	<b>Matters for Decision</b>			
4.1	<ul style="list-style-type: none"> <li>JK has provided her feedback by email. Specifically, noted that it would be appropriate to add JK as a spokesperson in light of the updates</li> </ul>	Incorporate changes into Communications	IA	18/11

Item No	Topic	Action	Comm'ee member	Due date
	<p>being provided at the various forums she attends. IA to add JK to the spokesperson list.</p> <ul style="list-style-type: none"> <li>EH noted that the Background section states that the BAC will close 31 January. Agreed to change this to close at the end of January 2014, noting that this is a flexible date and responsive to the needs of the consumer group.</li> <li>Nil other comments regarding the CHQ Communications Plan.</li> </ul>	Plan		
<b>5.</b>	<b>Matters for Discussion</b>			
<b>5.1</b>	<p><b>Draft Service Model</b></p> <ul style="list-style-type: none"> <li>SS took the Committee through the elements of the proposed model of care.</li> <li>It was noted that the age range needs to be extended above 17yo. Moving forward, half of Grade 12 students will be 18yo. The majority of mental health consumers also typically repeat a year, extending them to 19yo. SS noted that the CE Oversight Committee was sympathetic to this.</li> <li>LG advised that Bill Kingswell was also very supportive of extending the age range for adolescent services. They did not, however, discuss how this would be funded.</li> <li>JK noted that this is an existing gap in the sector and it wouldn't be appropriate to seek funds from the adult mental health service but rather seek new funding to provide for this age group.</li> <li>EH queried whether Redcliffe and Caboolture could access the north Brisbane day program. SS confirmed this was the intent of a north Brisbane unit, and it could even accommodate the Sunshine Coast if families were willing to travel. Likewise, the south Brisbane day program could accommodate clients further south and west.</li> <li>EH noted that access to transport should be considered when determining the geographic placement of services, such as proximity to trains, etc.</li> <li>It was agreed that flexibility is needed so consumers can access day programs that are closest to them rather than within the specific HHS catchment they reside.</li> <li>One option proposed, to ensure this flexibility, is to highlight a cluster approach in service level agreements (versus a strictly HHS catchment-based approach).</li> <li>It was noted that the structure of service level agreements will be critical in ensuring funds are allocated to adolescent services once established. Need to give further consideration as to how this will be done.</li> <li>When discussing the Resi Rehab option, it was noted that NGO capability needs to be developed to provide this service and this will take time.</li> <li>JK noted that the Mental Health Plan is being re-written so queried whether the FTE planning targets are relevant. LG felt the targets were still relevant to include as a reference, as the MH plan has not</li> </ul>			

Item No	Topic	Action	Comm'ee member	Due date
	<p>been re-written yet. However, it should be noted that the model needs to be an outputs-based model moving forward.</p> <ul style="list-style-type: none"> <li>SS advised that the projected funding requirements (\$17m) exceed current funds available and therefore proposed services cannot be implemented immediately, but rather will be rolled out over a period of time.</li> <li>JK noted, as a point of interest, that the Department of Communities pays Qld Health \$19m per annum for the Evolve program, which focuses on a reduced cohort as compared with the SW AETR target population.</li> </ul>			
<b>6.</b>	<b>Standard Agenda Items</b>			
<b>6.1</b>	<p><b>Service Options WG Update</b></p> <ul style="list-style-type: none"> <li>SS briefly covered the Case Scenarios and noted that the responses provided by WG1 participants informed the model of care.</li> <li>█ noted that there was a gap in the preventive side of service; however, there was a positive correlation between consumers/carers' responses and the clinicians' responses.</li> </ul>			
<b>6.2</b>	<p><b>Clinical Care Transition Panels Update</b></p> <ul style="list-style-type: none"> <li>LJ noted that the care panels are progressing – they are undertaking significant intensive work across the districts to develop individualised transition plans.</li> <li>BAC is now down to 4 inpatients – three of which are complex cases and the fourth requires disability support.</li> <li>Approximately six to seven day patients will finish at the end of the school term.</li> <li>It was noted that a day program or rehab activity is important to help current consumers become more independent.</li> <li>School finishes on the 13<sup>th</sup> December, which will be a significant milestone for the centre. This will be an end point for education at the BAC building. EH noted that farewell activities were underway and also planned for the 13<sup>th</sup>.</li> <li>There is no education input over the school holidays.</li> <li>The BAC Education staff are going to stay together as a group, and are currently looking for a new facility (with Yeronga as an option). They intend to continue to support the existing BAC cohort going forward (and other mental health students identified). They are retaining the name <i>Barrett Adolescent School</i>.</li> </ul>			
<b>6.3</b>	<p><b>Financial and Workforce Planning WG Update</b></p> <ul style="list-style-type: none"> <li>Noted that agreement was not reached between WM HHS and CHQ HHS regarding the purpose and ToR for the WG.</li> <li>JK was unclear as to whether the WG members were the most appropriate to comment on workforce needs for future service options as there</li> </ul>			



Item No	Topic	Action	Comm'ee member	Due date
	<p>were no mental health representatives.</p> <ul style="list-style-type: none"> <li>• LG agreed with [redacted] and reiterated that WM HHS will retain governance over the BAC workforce.</li> <li>• LG noted that WM HHS will be handing over the BAC operational budget. IA commented that CHQ are still waiting on figures. LG agreed to follow up Ian Wright to have these sent through to CHQ.</li> <li>• It was agreed that the financial element of the WG is still important but representation for the workforce elements is no longer appropriate.</li> <li>• [redacted] and SS proposed that the WG is no longer required. LG agreed with this position.</li> </ul> <p><b>Recommended</b></p> <ul style="list-style-type: none"> <li>• It was agreed to disband the Working Group, with separate work to be undertaken on workforce and financial elements on an as-needs-basis, with progress reported back to the Steering Committee.</li> </ul>	<p>Follow up BAC operational budget.</p>     <p>Advise Working Group representatives of Committee decision</p>	<p>LG</p>     <p>IA</p>	<p>22/11</p>     <p>22/11</p>
4	<p><b>Risk Management</b></p> <ul style="list-style-type: none"> <li>• Following the CE Oversight Committee on Friday 17<sup>th</sup> Nov, a new risk has been added to the risk register: <i>Availability of skilled workforce for future service options.</i></li> </ul>			
5	<p><b>Progress of key milestones and deliverables</b></p> <ul style="list-style-type: none"> <li>• IA noted work is still underway on the Project Gantt and will be circulated out of session.</li> </ul>	Circulate Project Gantt out of session	IA	02/12
6	<p><b>Other Business</b></p> <ul style="list-style-type: none"> <li>• Due to the time frames regarding new service options, WM HHS is proposing to develop a transition plan of services and retain governance for these services until such time as consumers and new service options are ready for transition to occur.</li> <li>• The first element is a time-limited, activity-based holiday program at the Park in December 2013 / January 2014.</li> <li>• As of the beginning of February 2014, WM HHS proposes to establish a pilot day program and pilot community outreach team, and, if feasible, a supported accommodation option. All of which will be located in the WM HHS catchment.</li> <li>• The intention is to ensure there is no gap in services provided to consumers.</li> <li>• WM HHS presented the proposal to the CE Oversight Committee and it was agreed action needed to be taken.</li> <li>• This work will align with the proposed service models.</li> <li>• The target group will predominantly be current BAC consumers, and it is not intended that these services will interfere with the transition plans under development.</li> <li>• LG noted that WM HHS needed to carefully consider the partnership with Education Qld for services provided moving forward – there will be</li> </ul>			

Item No	Topic	Action	Comm'ee member	Due date
	<p>high level discussions held between the DDG of Health (Michael Cleary) and the DG of Education.</p> <ul style="list-style-type: none"> <li>WM HHS will establish a partnership arrangement with an NGO provider for the supported accommodation. It was noted that they don't have time for a full procurement process and, in lieu of, looked for a provider who had a history of delivering a similar service and experience of working with the cohort. They identified <i>After Care</i> as a preferred provider and are progressing discussions.</li> <li>IA asked how the transition services would be funded. LG advised that WM HHS received a commitment from Bill Kingswell that the Department of Health would provide bridging funds for these transition services.</li> <li>JK queried whether the services would be located in the WM HHS catchment. LG confirmed this is a case, but not on the Park premises. She advised that these services would transition within 12 months' time to where they were needed. LG noted that, due to the tight timeframes and service imperatives, it was not possible to explore another catchment option at this time.</li> <li>LG will send two documents regarding the transitional service plan proposal to IA for circulation to the CE Oversight Committee and Steering Committee.</li> </ul>	Circulate the WM HHS Transitional Service Plan Proposal	IA	18/11
<b>7.</b>	<b>Matters for Noting</b>			
<b>7.1</b>	<b>Major correspondence</b>			
	<ul style="list-style-type: none"> <li>WM HHS has had a resurgence of letters and ministerials since Wednesday last week. Most of the correspondence is seeking a statement regarding the new service model, and whether it will include a Tier 3 inpatient component with onsite education.</li> <li>noted we can't respond with a statement about the new model of care until it has been endorsed by the respective HHS Boards.</li> <li>A recent draft letter in response to a similar enquiry will be circulated to the Steering Committee, and sent to the Mental Health Commissioner for her information.</li> </ul>	<p>Send recent letter to Steering Committee</p> <p>Send copy of letter to Mental Health Commissioner</p>	<p>IA</p> <p>JK</p>	<p>18/11</p> <p>18/11</p>
<b>8.</b>	<b>For Information</b>			
<b>8.1</b>	<ul style="list-style-type: none"> <li>It was noted that Sandra Radovini's visit will now take place on 10<sup>th</sup>/11<sup>th</sup> December.</li> <li>LG provided an overview of the agenda. On the morning of the first day, Sandra will make a presentation to parents and consumers, followed by a presentation to staff in the afternoon. There will be a dinner on the first night, and members of the College of Psychiatry will be invited together with the CEs of WM HHS and CHQ HHS, and Bill Kingswell, MHAODB. The second day provides an opportunity for SS and JK to meet with Sandra to discuss the proposed model of care.</li> </ul>			
<b>Next meeting: Monday 2<sup>nd</sup> December 2013, 9am – 10.30am, CYMHS Spring Hill.</b>				

# Meeting Agenda

## State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

<b>Date:</b>	2 <sup>nd</sup> December 2013
<b>Time:</b>	9am – 10.30am
<b>Venue:</b>	Seminar Room, CYMHS, Cnr Roger and Water Streets Spring Hill (parking via Roger St entrance)
<b>Video/ Teleconference Details:</b>	Details will be provided on request <b>** Please advise secretariat if you want to dial in **</b>

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

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

### 1. Presentations

Item no Item

1.0 • Nil

Action Officer

<b>2. Meeting Opening</b>		
Item no	Item	Action Officer
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting ( <i>attached</i> )	Chair
2.4	Statement of achievements	Chair
<b>3. Business Arising from previous minutes</b>		
Item no	Item	Action Officer
3.1	• Nil	
<b>4. Matters for Decision</b>		
Item no	Item	Action Officer
4.1	• Steering Committee Meetings for 2014	SS
<b>5. Matters for Discussion</b>		
Item no	Item	Action Officer
5.1	• Board feedback on draft SW AETR Model of Care	SS
5.2	• Consumer/Family/Carer Communication Approach re Model of Care	IA
5.3	• WM HHS Transitional Service Plan Update	LG
<b>6. Standard Agenda Items</b>		
Item no	Item	Action Officer
6.1	<b>Service Options Working Group Update</b> • Status Update	SS
6.2	<b>Clinical Care Transition Panels Update</b> • Status Update	LJ
6.3	<b>Risk Management</b> • Nil changes to the Risk Register	IA
6.4	<b>Progress of key milestones and deliverables</b> • SW AETRS Project Status Report (refer progress against Project Gantt)	IA
6.5	<b>Other business</b>	
<b>7. Matters for Noting</b>		
Item no	Item	Action Officer
7.1	<b>Major correspondence</b> • BAC Fast Fact Sheet #10 • Web Content for SW AETRS	LG IA
<b>8. For Information (papers only)</b>		
Item no	Item	Action Officer
8.1		



**Next Meeting****Date:** Monday 16<sup>th</sup> December 2013**Time:** 9am – 10.30am**Venue:** Seminar Room, CYMHS Cnr Roger & Water Streets Spring Hill

## Children's Health Queensland Hospital and Health Service

**Children's Health Queensland Hospital and Health Service  
Statewide Adolescent Extended Treatment & Rehabilitation Implementation  
Steering Committee Action Item Register**

(Status Indicators: Red = Significant delay, Amber = Slight delay, Green = On Track and Blue = Completed)

Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
09/10/13	3.1	Working Group Update	Establish web page for SW AETR Initiative - part of CHQ Communications Strategy	Ingrid Adamson	31/10/13	Underway	
21/10/13	6.5	Project Milestones	Circulate completed Gantt Chart	Ingrid Adamson	04/11/13	Completed	
04/11/13	5.1	Matters for Discussion	Add Lesley van Schoubroeck to BAC distribution list	Leanne Geppert	08/11/13		
04/11/13	5.1	NSW Visit	Distribute NSW Site Visit Report	Ingrid Adamson	18/11/13	Completed	
18/11/13	4.1	CHQ Comms Plan	Incorporate changes into Communications Plan	Ingrid Adamson	18/11/13	Completed	
18/11/13	6.3	Financial Data	Follow up BAC operational budget figures	Leanne Geppert	22/11/13		
18/11/13	6.3	Working Group	Advise Financial and Workforce Planning Working Group of Steering Committee decision to disband	Ingrid Adamson	22/11/13	Completed	
18/11/13	6.6	Other Business	Circulate WM HHS Transitional Service Plan Proposal to Steering Committee	Ingrid Adamson	18/11/13	Completed	
18/11/13	7.1	Major Correspondence	Circulate recent response letter to Steering Committee for information	Ingrid Adamson	18/11/13	Completed	

# Minutes

## State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

<b>Date:</b>	02/12/2013	<b>Time:</b>	09:00am	<b>Venue:</b>	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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<b>Chair:</b>	Clinical Director CYMHS CHQ HHS (SS)
<b>Secretariat:</b>	SW AETR Project Manager (IA)
<b>Attendees</b>	SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Director Queensland Centre for Perinatal and Infant Mental Health (EH) [REDACTED] Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Director of Psychology, CHQ HHS (JS) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
Teleconference Videoconference	
<b>Apologies</b>	Divisional Director CYMHS CHQ HHS (JK) State Manager Headspace (AC) A/Director Planning & Partnership Unit MHAODB (MK) [REDACTED]
<b>Observers/ Guests:</b>	

Item No	Topic	Action	Comm'ee member	Due date
<b>1.</b>	<b>Presentations</b>			
	Nil			
<b>2.</b>	<b>Meeting opening</b>			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	CW	
2.4	Statement of achievements	Covered below	Chair	
	<b>Business</b>			
<b>3.</b>	<b>Business Arising from Previous Meetings</b>			
3.1	• Nil			
<b>4.</b>	<b>Matters for Decision</b>			
4.1	• It was agreed that the first steering committee meeting for 2014 will be 13 <sup>th</sup> January 2014. The second meeting will be on Tues 28 <sup>th</sup> in lieu of the public holiday on the 27 <sup>th</sup> . Steering committee meetings will be scheduled fortnightly from then.	Circulate 2014 meeting appointments	IA	6/12
<b>5.</b>	<b>Matters for Discussion</b>			
5.1	<b>Draft Model of Care</b> • The CHQ Board has endorsed the model of care as well as the immediate transition service planning work underway.			

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> <li>• CHQ is now proposing to distribute the proposed model to networks, with funding sections removed.</li> <li>• AT raised concerns with the risk of releasing the full model in the event it is misinterpreted by staff.</li> <li>• EH suggested a fact sheet instead.</li> <li>• DM noted that the areas/locations for services are where we know the need is however they will only be implemented if funding is secured, so the model could be provided with these sections removed. DM noted Peter Steer is keen to get the detail out to people, with qualifiers, rather than providing less information.</li> <li>• EH suggested changing on-site education to in-reach otherwise it may confuse the Department of Education messages regarding their approach going forward. LG advised that Education is looking at a decentralised service model.</li> <li>• DM suggested meeting with Education regarding the model, to see reach agreement, before circulating more broadly.</li> <li>• DM agreed that the concerns regarding location are valid and perhaps we the detail could be reduced to areas rather than specific locations.</li> <li>• DM advised that Peter Steer and the CHQ Board Chair are meeting with the Minister today to present the proposed model. It is hoped that early indications of what is possible might come to light.</li> <li>• SS noted the interim subacute inpatient unit being discussed with the Mater. It is hoped that it will be in place until the Mater Unit closes in November 2014.</li> <li>• LG advised the 4-bed Resi accommodation will be for 16 to 21yo.</li> <li>• SS noted that the smaller unit is more manageable while this service is piloted. Next step is to determine how consumers are referred in. BAC consumers will have first preference, rolling out beds to other consumers as needed.</li> <li>• SS then discussed the proposed ACTS teams, to be supported by psychiatric positions. This service element still requires further work, with further decisions regarding the role of the psychiatrists.</li> <li>• JS raised some concerns about the size of the ACTS and the ability to recruit for them. EH noted that they are part of a continuum and it should be noted that there wouldn't be a sole reliance on these teams. Other services would support their work.</li> <li>• AT noted that the Mater has an extended hours team and they feel the next step would be to move them to an ACTS team, to address youth that don't attend their appointments.</li> <li>• SS advised that the model of care is broad and HHSs should be able to mould elements to suit their requirements.</li> <li>• RH noted that HHSs should aim to modify services into a spectrum that will appropriately service their consumers.</li> </ul>			

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	<ul style="list-style-type: none"> <li>EH discussed the National Perinatal Depression Initiative and suggested a similar approach, regarding the parameters of services, could be taken with the SW AETRS.</li> <li>DM discussed the budget cycle process and stated that we won't know what new funding will be provided until the next funding cycle mid-2014.</li> <li>AT asked about the Step Up / Step Down Units. SS advised that they would be the last service option to roll out, if we can get funding.</li> </ul>	Send through information on the NPDI parameters	EH	6/12
5.2	<p><b>Communications Approach</b></p> <ul style="list-style-type: none"> <li>IA asked the Committee for guidance in regard to communicating the model of care.</li> <li>EH noted that the age limits and Education approach should be clarified before circulation.</li> <li>AT feels that it should be indicated that the SU/SD won't be implemented until later. There is potential for the model to infer that there are more services available than there really is. This could create false hope amongst consumers and their families.</li> <li>EH suggested we wait and circulate a document outlining the ideal position (A3 diagram) together with the reality in the near future.</li> <li>█ advised that, as a █ thinks the model looks fantastic but as a Steering Committee member understands the reality of implementation. █ cautioned that carers/consumers hold onto anything as hope and there could be massive disappointment if all of the services don't come through. █ agrees that some information needs to be released but finding the right balance will be difficult.</li> <li>It was agreed that the model should include a qualifier that the model will be progressively funded and implemented.</li> <li>RH asked █ what would be the preferred process noting that it doesn't matter what information we release, there will be people who will be unhappy with the information shared.</li> <li>█ thinks transparency is very important but perhaps a refined version of what has been presented to the Steering Committee.</li> <li>DM suggested including a row on patient safety to identify what will happen if all services are not implemented, to communicate how risk will be managed across the service spectrum.</li> <li>SS noted that we could communicate what will be implemented from the \$5.6m operational funding.</li> <li>RH also suggested face-to-face forum for families.</li> <li>SS confirmed a presentation will be made on the 11<sup>th</sup> December to BAC families.</li> <li>AT also noted that something needs to be communicated to the Service Options Working Group Representatives, so they know where developments go to.</li> <li>IA asked about whether to engage other families outside of the BAC. EH suggested a Ministerial</li> </ul>			

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	<p>announcement regarding what is under development and what will be implemented in early 2014.</p> <ul style="list-style-type: none"> <li>DM will ask Peter Steer to suggest a ministerial announcement at his meeting with the Minister today.</li> </ul> <p><b>Resolution</b> Agreement was reached to:</p> <ul style="list-style-type: none"> <li>Hold off communicating the model of care to families and staff until further clarification reached.</li> <li>Circulate the service elements to the Service Options Working Group for review/comment.</li> </ul>	<p>Raise the idea of a ministerial announcement in late December</p> <p>Circulate model of care and service elements to WG1</p>	<p>DM</p> <p>IA</p>	<p>02/12</p> <p>06/12</p>
5.3	<p><b>WM HHS Transitional Service Plan Update</b></p> <ul style="list-style-type: none"> <li>LG provided an update on the Transitional Service Plan.</li> <li>WM HHS has submitted the plan to the DG for approval.</li> <li>The plan proposes 3 phases: 1. activity-based holiday program run at the BAC; 2. beginning February, to roll out a day program and supported accommodation; and 3. transition consumers into long term services.</li> <li>The key focus is to ensure there are no gaps to service delivery, including for consumers on the waitlist.</li> <li>This will involve partnering with an NGO – After Care</li> <li>After Care have been chosen because they are a local NGO who have a significant foot hold in HHSs around the state; have experience in residential programs (e.g. TOHI); and are the lead agency in a number of consortia regarding headspace. It was felt that they could hit the ground running in a short time frame.</li> <li>The transition services were presented to WM HHS Board and subsequently endorsed.</li> <li>As the service is new to Queensland, governance is of key consideration. WM HHS would like to pull together a panel to consider clinical, strategic and operational issues. It is proposed that the core panel involve WM HHS, MHAODB, and CHQ, which will meet weekly.</li> <li>LG confirmed that the panel could report back to the Steering Committee, as it is an evolving panel and concept.</li> <li>SS supported the idea of the panel reporting back to the Steering Committee given the risks involved.</li> <li>The panel is meeting weekly on Wednesday afternoons.</li> </ul>			
<b>6.</b>	<b>Standard Agenda Items</b>			
6.1	<p><b>Service Options WG, including finance and workforce, Update</b></p> <ul style="list-style-type: none"> <li>Refer above.</li> </ul>			
6.2	<p><b>Clinical Care Transition Panels Update</b></p> <ul style="list-style-type: none"> <li>Status Report will be sent out of session</li> </ul>			



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6.3	<b>Risk Management</b> <ul style="list-style-type: none"> <li>There are no new risks or risks for escalation.</li> </ul>			
6.4	<b>Progress of key milestones and deliverables</b> <ul style="list-style-type: none"> <li>Committee is asked to note the SW AETRS Project Status Report and progress against the Project Gantt.</li> </ul>			
6.5	<b>Other Business</b> <ul style="list-style-type: none"> <li>Nil</li> </ul>			
<b>7.</b>	<b>Matters for Noting</b>			
7.1	<b>Major correspondence</b> <ul style="list-style-type: none"> <li>Committee has received a copy of BAC Fast Fact Sheet #10.</li> <li>Regarding the CHQ web content proposed for SW AETRS, IA noted the inclusion of the 4 tiers of service. Committee supported the information being presented.</li> </ul>			
<b>8.</b>	<b>For Information</b>			
8.1	<ul style="list-style-type: none"> <li>Nil</li> </ul>			
Next meeting: Monday 16 <sup>th</sup> December 2013, 9am – 10.30am, CYMHS Spring Hill.				