

Meeting Attendance Register

Statewide Adolescent Extended Treatment & Rehabilitation Implementation Steering Committee

Name	Position
Date: 26/08/13	
Paul Letters	A/Divisional Director CYMHS CHQ HHS
Stephen Stathis	Clinical Director CYMHS CHQ HHS
Jaimee Keating	ESO, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Trevor Sadler	Director Barrett Adolescent Centre, The Park Centre for MH
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Date: 09/09/13	
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Jaimee Keating	ESO, CYMHS CHQ HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Trevor Sadler	Director Barrett Adolescent Centre, The Park Centre for MH
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Paul Letters	A/Divisional Director CYMHS CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Date: 23/09/13	
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Laura Johnson	Project Officer, WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Paul Letters	A/Divisional Director CYMHS CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Amelia Callaghan	State Manager Headspace
Janelle Bowra (Proxy for R. Ho)	Nurse Unit Manager, Mental Health, Metro South HHS

Children's Health Queensland Hospital and Health Service

Name	Position
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Marie Kelly (Conf Call)	A/Director Planning & Partnership Unit MHAODB
Date: 09/10/13	
Judi Krause	Divisional Director, CYMHS CHQ HHS
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, WM HHS
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Laura Johnson	SW AETR Project Officer, WM HHS
	Consumer Representative
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
Date: 21/10/13	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Laura Johnson	SW AETR Project Officer, WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Consumer Representative
	Carer Representative
Amelia Callaghan	State Manager Headspace
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
Date: 04/11/13	
Judi Krause	Divisional Director, CYMHS CHQ HHS

Children's Health Queensland Hospital and Health Service

Name	Position
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Amelia Callaghan	State Manager Headspace
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Laura Johnson	SW AETR Project Officer, WM HHS
	Consumer Representative
Date: 18/11/13	
Judi Krause	Divisional Director, CYMHS CHQ HHS
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Laura Johnson	SW AETR Project Officer, WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
	Consumer Representative
	Carer Representative
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
Date: 02/12/13	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Josie Sorban	Director of Psychology, CHQ HHS
	Carer Representative
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Laura Johnson	SW AETR Project Officer, WM HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Cara McCormack	Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health,

Children's Health Queensland Hospital and Health Service

Name	Position
	Mental Health Service Group, Townsville Hospital and Health Service
Date: 16/12/13	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Laura Johnson	SW AETR Project Officer, WM HHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Amelia Callaghan	State Manager Headspace
Date: 13/01/14	
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Ingrid Adamson	SW AETR Project Manager, CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Laura Johnson	SW AETR Project Officer, WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Kristen Breed for Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Carer Representative
	Consumer Representative
Date: 28/01/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Elisabeth Hoehn	Program Director, Early Intervention Specialist Programs, CYMHS
Josie Sorban	Director of Psychology, CHQ HHS
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
	Carer Representative
	Consumer Representative
Date: 10/02/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Josie Sorban	Director of Psychology, CHQ HHS

Children's Health Queensland Hospital and Health Service

Name	Position
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
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
Amelia Callaghan	State Manager Headspace
	Carer Representative
Date: 10/03/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Josie Sorban	Director of Psychology, CHQ HHS
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
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
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Amelia Callaghan	State Manager Headspace
	Carer Representative
	Consumer Representative
Date: 07/04/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
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
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Amelia Callaghan	State Manager Headspace
Date: 02/06/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Judi Krause	Divisional Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS

Children's Health Queensland Hospital and Health Service

Name	Position
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Josie Sorban	Director of Psychology, CHQ HHS
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
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
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
	Carer Representative
Date: 30/06/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Ingrid Adamson	AMHETI Project Manager, CHQ HHS
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
Marie Kelly	A/Director Planning & Partnership Unit MHAODB
Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
Date: 04/08/14	
Stephen Stathis	Clinical Director, CYMHS CHQ HHS
Susan Hunt	AMHETI Project Officer, CYMHS CHQ HHS
Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Josie Sorban	Director of Psychology, CHQ HHS
Raymond Ho	Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service
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
	Carer Representative
Amelia Callaghan	State Manager Headspace

Meeting Agenda

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	26 August 2013
Time:	9am – 10am
Venue:	Rm 30, CYMHS Cnr Roger & Water Streets Spring Hill
Teleconference Details:	<u>** Please advise secretariat if you are using T/C**</u>

Co-Chair:	Judi Krause	Divisional Director CYMHS CHQ HHS
Co-Chair:	Dr Stephen Stathis	Clinical Director CYMHS CHQ HHS
Secretariat:	Jaimee Keating	ESO, CYMHS CHQ HHS
Attendees:	Dr Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
	Dr Trevor Sadler	Director Barrett Adolescent Centre, The Park Centre for MH
	Josie Sorban	Director of Psychology, CHQ HHS
		Carer Representative
	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
Apologies:	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
	Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Amelia Callaghan	State Manager Headspace
	Richard Nelson	Queensland Alliance
Invitees		

* Attachments accompany this item papers to be tabled if available

1. Presentations			
Item no	Item	Time	Action Officer
1.0			

2. Meeting Opening			
Item no	Item	Time	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 –		Chair
2.4	Statement of achievements		Chair

3. Business Arising from previous minutes			
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Children's Health Queensland Hospital and Health Service

Item no	Item	Time	Action Officer
3.1	Nil.		

4. Matters for Decision			
Item no	Item	Time	Action Officer
4.1	Committee Objectives		
4.2	Committee TOR (meeting frequency/ dates)		
4.3	Committee Action Plan		
4.4	Working Group Membership and Objectives		
4.5	Communication Plan		

5. Matters for Discussion			
Item no	Item	Time	Action Officer
5.1	Overview of Child & Youth Mental Health System and Service Planning in Queensland to-date – presentation		LG
5.2	Overview of Expert Clinical Reference Group Recommendations and Media Announcement		LG

6. Standard Agenda Items			
Item no	Item	Time	Action Officer
6.1	BAC Consumer Transition Working Group update		
6.2	Financial and Workforce Planning Working group update		
6.3	Service Options Working Group update		
6.4	Risk Management		
6.5	Progress of key milestones and deliverables.		
6.6	Other business		

7. Matters for Noting			
Item no	Item	Time	Action Officer
7.1	Major correspondence		
7.2	Minutes of Working Groups		

8. For Information (papers only)			
Item no	Item	Time	Action Officer
8.1			

Next Meeting

Date: TBC

Time:

Venue:

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	26/08/2013	Time:	09:00	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Co-Chair: Divisional Director CYMHS CHQ HHS

Co-Chair: Clinical Director CYMHS CHQ HHS

Secretariat: ESO CYMHS

Attendees: A/Director of Strategy, Mental Health & Specialised Services WM HHS
 Director Barrett Adolescent Centre, The Park Centre for MH
 Director of Psychology, CHQ HHS
 Carer Representative
 A/Executive Director Office of Strategy Management, CHQ
 A/Divisional Director CYMHS CHQ HHS

**Observers/
Guests:** Enter name(s)

Apologies: Operational Manager Alcohol, other Drugs & Campus, Mater
 A/Director Planning & Partnership Unit MHAODB
 State Manager Headspace
 Queensland Alliance

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
	Nil.			
2.	Meeting opening			
2.1	Welcome and apologies		DD CYMHS	
2.2	Statement of Conflict/Interest	Carer Representative advised that they would like anonymity outside of direct group and broader QH membership. Decision to make all correspondence of this group reflect positions and not names of individuals.		
2.3	Confirmation of Minutes	Nil.		
	Business			
3.	Business Arising from Previous Meetings			
	Nil.			
	Recommendation:	Discussion Points:		

Children's Health Queensland Hospital and Health Service

4.	Matters for Decision			
4.1	Committee objectives Recommendation: <ul style="list-style-type: none"> ▪ 	Discussion Points: Not discussed.		
4.2	Committee TOR Recommendation: <ul style="list-style-type: none"> ▪ Changes to TOR. 	Discussion Points: Include in TOR. <ul style="list-style-type: none"> • Purpose: include oversight of development and adaptation of relevant Models of Service to fit Queensland's requirements for AET&R services. • Authority: Chair has the authority to make final decisions if consensus is not reached. • Member: include inviting experts in the field/ key stakeholders to provide guidance and direction where deemed necessary as ex officio members of the group. • Meeting dates will be fortnightly, Mondays at 8.30am – 10am secretariat will send electronic appointments. 	Chair	9/9
4.3	Committee Action Plan Recommendation: <ul style="list-style-type: none"> ▪ Nil. 	Discussion Points: <ul style="list-style-type: none"> • The draft project plan will be tabled and discussed at the next meeting. • The branch is providing project funding for both CHQ and WM HHS's. CHQ have tentatively secured a project leader and the Clinical Director CYMHS will contribute .2 FTE. Update given next meeting. • WM HHS will also host a project officer. 	Chair	9/9
4.4	Working Group Membership and Objectives Recommendation: <ul style="list-style-type: none"> ▪ Carer/Consumer reps to be included in W.G for Consumer Transition and Service Options Implementation 	Discussion Points: <ul style="list-style-type: none"> • Discussed membership of working groups – draft membership to be disseminated to group for feedback. This is to include a brief outline of the purpose of each W.G. • The TOR of W.G's are to articulate the role of each member, particularly cluster reps. • Group requested the Expert Clinical Reference Group Recommendations (preamble) be circulated – this will be distributed individually in hard copy – not for further distribution 	Secretariat / A.Dir. Strategy WM HHS	9/9 9/9 9/9

Children's Health Queensland Hospital and Health Service

			A/Dir. of Strategy, Mental Health & Specialised Services WM HHS	
4.5	<p>Communication Plan</p> <p>Recommendation:</p> <ul style="list-style-type: none"> ▪ All communication is via the Co-chairs. ▪ All correspondence is confidential. 	<p>Discussion Points:</p> <ul style="list-style-type: none"> • All correspondence is confidential and not for further distribution. • All media/ community sector communication is via the co-chairs who will liaise with CHQ & WM Communication & Engagement teams. 		
5.	Matters for Discussion			
5.1	<p>Overview of Child & Youth Mental Health System and Service Planning in Queensland to-date – presentation by LG attached</p> <p>Recommendation:</p> <ul style="list-style-type: none"> ▪ New service options need to consider implications of ABF and other funding criteria. 	<p>Discussion Points:</p> <ul style="list-style-type: none"> • Presentation ppt will be disseminated to the group. • Any recommendations on alternative models of care for AET&R need to be in scope for Activity Based Funding to be eligible for Commonwealth growth funding. • Send National Mental Health Service Planning Framework / Project Communiqué with minutes. 	Secretariat	Completed. Sent with minutes 30.8.13
5.2	<p>Overview of Expert Clinical Reference Group Recommendations and Media Announcement – presentation by LG combined with previous agenda item</p>	<p>Discussion Points:</p> <ul style="list-style-type: none"> • Send Recommendations/ Ministerial media announcement with minutes. 	Secretariat	Completed. Sent with minutes 30.8.13
6.	Standard Agenda Items			
6.1	Service Options Working Group update	<p>Discussion Points:</p> <p>Nil.</p>		
6.2	BAC Consumer Transition Working Group update	<p>Discussion Points:</p> <p>Nil.</p>		
6.3	Financial and Workforce Planning Working group update	<p>Discussion Points:</p> <p>Nil.</p>		
6.4	Risk Management	<p>Discussion Points:</p> <p>Nil.</p>		
6.5	Progress of key milestones and deliverables.	<p>Discussion Points:</p> <p>Nil.</p>		
6.6	Other business	<p>Discussion Points:</p>		

Children's Health Queensland Hospital and Health Service

		Nil.		
7.	Matters for Noting			
7.1	Major Correspondence	Nil.		
7.2	Minutes of Working Groups	Nil.		
8.	For Information			
8.1	YPARC Model	<ul style="list-style-type: none"> A recent site visit was conducted to Victoria to review the YPARC model of service and other contemporary models within the continuum of care for adolescent ET&R A brief description of the Y-PARC model will be disseminated with the minutes. A full report of the Victorian Site visits will be finalised today and forwarded to the CHQ CE and recommendations and findings discussed with the group at the next meeting. 	Secretariat	Completed. Sent with minutes 30.8.13
8.2	Sites	The Department of Health is negotiating with the CE's of CHQ, WM HHS and Metro South for an interim site for a bed based facility in Logan. Decisions re: governance and finances need to be decided at chief executive level. This group is not involved in influencing this interim planning.		Remove.
Next meeting 9 September 2013, 8.30 – 10am CYMHS Spring Hill.				

ENDORSED BY:

Signature:

Date: /09/13

Name:

Position:



Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Overview of CYMHS in Queensland

Outline

1. Service Planning in Queensland:
 - Queensland Plan for Mental Health 2007-17
 - Barrett Adolescent Strategy
 - CYMHS in Queensland
 - Service funding

2. Service Planning in Australia:
 - National Mental Health Service Planning Framework

Queensland Plan for Mental Health 2007-17

- Whole-of-Government document to guide reform and development of mental health services in Queensland:
 - Defines the number and type of mental health staff to be ‘grown’;
 - Identifies priority areas e.g., perinatal mental health;
 - Identifies where new service models and facilities should be provided in Qld;
 - Associated with a 2-stage funding process through Queensland Government. **Only Stage 1 funded to-date.**
 - Likely to be revised in association with QMHC.
- http://www.health.qld.gov.au/mentalhealth/abt_us/qpfmh/08132_qpfmh07.pdf

Barrett Adolescent Strategy

- Stage 1 of QPMH: replace BAC
 - Building at The Park, WM HHS not meeting building standards and to be decommissioned
 - The Park to become an adult only, secure and forensic mental health facility by 2014
 - Plan to develop contemporary service model for adolescent extended treatment and rehabilitation
- QPMH funding to build new adolescent service at Redlands
- Capital works at Redlands ceased 2012
 - Budget overruns
 - Unresolvable environmental and building issues associated with the site at Redlands
 - Capital funding provided through Stage 1 of QPMH was redirected
 - Operational funding (now \$2M) retained

Barrett Adolescent Strategy cont.

- WM HHS commenced Barrett Adolescent Strategy
 - Planning Group & Expert Clinical Reference Group December 2012
 - Comprehensive communication strategy
 - 7 Recommendations submitted May 2013
 - Ongoing consultation with Minister for Health, DoH, QMHC, DETE, CHQ
 - 7 Recommendations accepted
 - Announcement 6 August 2013
<http://www.health.qld.gov.au/westmoreton/html/bac/>
 - CHQ to assume governance

Four Tiers of Service Provision Proposed

- 1 Public community Child & Youth Mental Health Services (existing)
- 2a Adolescent Day Programs (existing and new)
- 2b Adolescent Community Residential (new)
- 3 Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service (new)

Current CYMHS Service Provision in Queensland

- Acute inpatient units:
 - Royal Children's Hospital (10 bed) 0-13yo
 - RBWH (12 bed) 14-17yo
 - Mater (12 bed) 0-17yo
 - Logan (10 bed) 13-17yo
 - Gold Coast (8 bed) 0-17yo
 - Toowoomba (8 bed) 13-17yo
 - Townsville (8 bed) 12-17yo to open Sept 2013

CYMHS in Queensland cont.

- Adolescent Inpatient Extended Treatment and Rehabilitation Service
 - Statewide: Barrett Adolescent Centre (15 bed) located at West Moreton HHS

CYMHS in Queensland cont.

- Day Programs
 - Mater
 - Townsville
 - Toowoomba
 - Barrett Adolescent Centre

CYMHS in Queensland cont.

- Community CYMHS teams
- Evolve Therapeutic Services
- e-CYMHS
- Child and Youth Forensic Outreach Service

CYMHS in Queensland cont.

- *headspace*
- Non Government Services
 - e.g., Time Out House Initiative (Cairns)
- Private practice
 - Psychiatrists, psychologists etc.
- Medicare Locals

Service Funding

- Queensland model for Activity Based Funding (ABF) is being developed for MH
- Patient activity = \$ + access to 'growth' \$
- CYMHS non admitted activity not currently deemed in scope by Independent Hospital Pricing Authority for 2013-14 (revised annually)
- MHAODB advocating for CYMHS non-admitted activity to be 'in scope' for ABF

National Mental Health Service Planning Framework

- National project to develop framework advising levels of resourcing + whole of system mental health service planning and delivery
- Commissioned by Dept of Health & Ageing – NSW and QLD taking lead roles
- Expert Working Groups: broad representation across Australia (nominated by each jurisdiction)
- Range of service models, including BAC and Rivendell were considered by EWG and other age specific expert groups
- Work of groups now complete and being consolidated into a model for redefining and testing
- Distribution date of Framework ?
- <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nmhspf>

West Moreton Hospital and Health Service

Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy July 2013

Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	Accept with the following considerations. The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	Accept with the following considerations. This body of work should be incorporated into the statewide planning and implementation process (as above).

2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	Accept with the following considerations. Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework (<i>in draft</i>). However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in

ECRG Recommendation	Planning Group Recommendation
	<p>Queensland to meet the requirement of this recommendation.</p> <p>Contestability reforms in Queensland may allow for this service component to be provider agnostic.</p>

3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

ECRG Recommendations	Planning Group Recommendations
<p>a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.</p>	<p>Accept.</p>
<p>b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.</p>	<p>Accept with the following considerations.</p> <p>While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit.</p> <p>The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.</p>
<p>c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.</p>	<p>Accept.</p> <p>The ECRG and the Planning Group strongly supported this recommendation.</p>

4. Duration of treatment

ECRG Recommendation	Planning Group Recommendation
<p>a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.</p>	<p>Accept with the following considerations.</p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.</p>

5. Education resource essential: on-site school for Tiers 2 and 3

ECRG Recommendations	Planning Group Recommendations
<p>a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.</p>	<p>Accept with the following considerations.</p> <p>The Planning Group recommends removing "Band 7" from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>

ECRG Recommendations	Planning Group Recommendations
<p>b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>	<p>Accept with the following consideration.</p> <p>The Planning Group recommends this statement should be changed to read as:</p> <p>Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>

6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration

ECRG Recommendations	Planning Group Recommendations
<p>a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.</p>	<p>Accept with the following consideration.</p> <p>Note that this service could be provider agnostic.</p>
<p>b) Governance should remain with the local CYMHS or treating mental health team.</p>	<p>Accept.</p>
<p>c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.</p>	<p>Accept.</p>

7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)

ECRG Recommendations	Planning Group Recommendations
<p>a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.</p>	<p>Accept.</p>
<p>b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.</p>	<p>Accept.</p>

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Project Communiqué

Issue 4 – June 2013



National

MHSPF

Mental Health Service Planning Framework

Project Overview

Using evidence based practice and epidemiological data, the National Mental Health Service Planning Framework (NMHSPF) Project aims to estimate the range and quantity of mental health care required by our population and the resources required to provide it. Established in July 2011 (using funds provided by the Australian Government Department of Health and Ageing), the NMHSPF Project initially concentrated on establishing the project governance and engaging various stakeholders around Australia to inform the modelling process. More recently, a Promotion and Prevention Working Group and additional subgroups specialising in age related care package development or threshold groups between bed based and community support services have been formed to contribute to the modelling process.

Key activities performed since the last Communiqué of September 2012 are outlined below.

Taxonomy for Mental Health Care

Project members have continued to develop the draft taxonomy of mental health care for the NMHSPF Project. The Promotion and Prevention Working Group developed an initial taxonomy for promotion and prevention items in December 2012 and then finalised a firmer draft taxonomy for promotion activities in February 2013 based on research evidence conducted out of session. Similar work for prevention activities is being conducted out of session.

The remaining service elements in the taxonomy continue to evolve as the model is developed. Care package development highlights elements that need amendment. Changes include separation from a group of services, inclusion into a group, or changes in the scope/boundary of the element where a function might be considered in more than one space.

Service Element Templates

Significant work has been conducted on the service element templates over recent months. Descriptions for each of the services are largely drafted, with quantitative detail being explored in conjunction with the care package process. The Service Element document will serve to explain the context and scope of the service elements specifically in relation to the NMHSPF Project, and so should not be considered a 'Data Dictionary' or 'Definitional' document.

Care Packages

The development of care packages has been the primary source of activity over the last 6 months. Care packages refer to a package of care (in a 'should be' world) for a particular population over a 12 month period. The care described is relevant to a particular target population and spans all appropriate services required by that population from across the entirety of the taxonomy. Note that the packages do not represent a 'path of care' but rather a proportion of people getting particular services at once.

The care packages have been developed according to age group and include a separate set of care packages for: 0-4yrs, 5-11yrs, 12-17yrs, 18 – 64yrs and 65+ years. Within each age group are care packages designed for individuals with mild, moderate and severe illness.

As the care packages are now more developed, the next step is to apply the population figures to each care package. This process is called Service Mapping and is informed by the epidemiological data and other sources describing service utilisation. Towards the end of this process, the quantity of services contained in a care package is multiplied by the population attributed to it.

Staffing Profiles

Other key work has included the development of Staffing Profiles for services that are provided by a team or mixed staff arrangement. The staffing profile ratios the various staff within the hours of service modelled in the care package. The staff profile accommodates any kind of team, regardless of role, level or sector and will allow for greater accuracy in determining the multidisciplinary resources required to perform the mental health care modelled.

Project Documentation

Behind the scenes of the active modelling work, the project team has started to develop the templates and content of the various project documents that will be required at the completion of the Project. The following compendium of documentation is currently proposed:

- NMHSPP Framework Document – Outlines the context of the mental health system and how the tool relates to its various parts.
- NMHSPP Technical Manual – Outlines the development of the modelling tool, including project governance, key decisions and data information.
- NMHSPP User Guide for the Estimator Tool – The instruction manual for the user.
- NMHSPP Service Element Descriptors – Reference document of service element descriptions with staffing profiles.
- NMHSPP Care Packages – Reference document of care packages.
- NMHSPP Glossary – Glossary of terms (may be included within one of the other documents depending on size)
- NMHSPP Final Project Report (to the NMHSPP Executive Group) – Outcomes of project, gap analysis of projections vs actual and whatever else.

What can we expect in the next 6 months?

The finalisation of care packages and service mapping is the primary modelling focus, with the validation process progressing over the next 3 months. The draft Service Element Descriptions document and taxonomy is also scheduled for final review and endorsement by the project membership in the coming months. Finally, the estimator tool will be reviewed by stakeholders and following incorporation of feedback, will be delivered to the Executive Group with all associated documentation at the completion of the Project.

Due to the volume and complexity of work generated in the Project, the NMHSPP Project has been granted a 3 month extension by the Department of Health and Ageing, with a revised completion date of 30 September 2013.

How can I keep up to date?

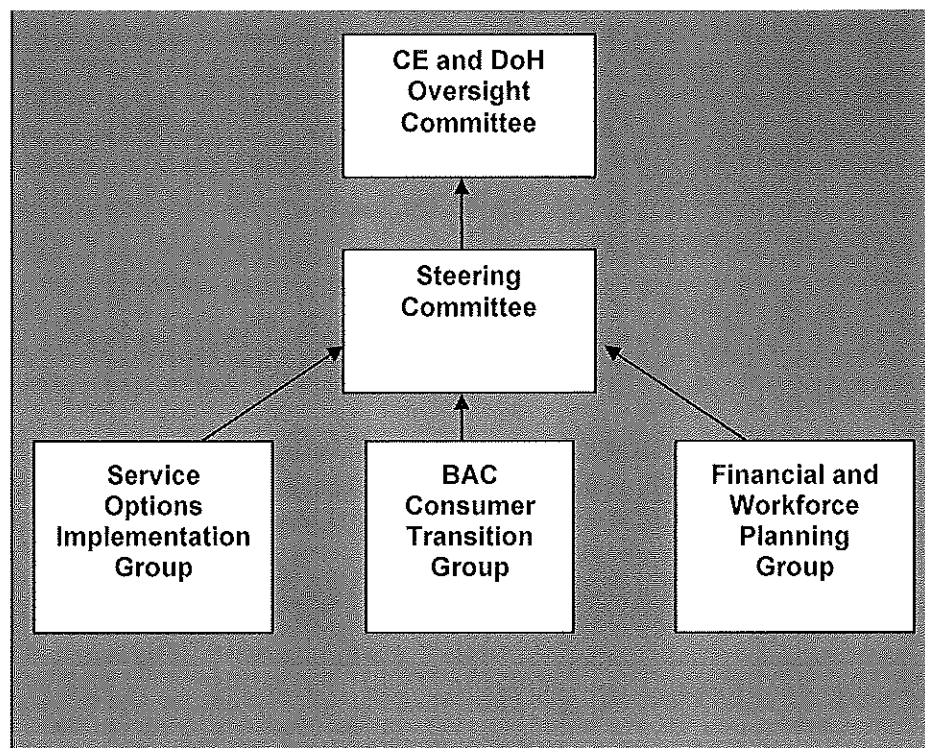
Due to the complexity of the Project structure, the NMHSPP Project Team is the primary communication point for the Project. All enquiries regarding the Project can be directed in writing to:

Mr Brian Woods
NMHSPP Project Director
NSW Ministry of Health
Level 4, 73 Miller Street | LMB 961
NORTH SYDNEY NSW 2059
Email: [REDACTED]

Alternatively, biannual Project Communiqués and other project material will be made available on the Australian Government Department of Health & Ageing website for general public access:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nmhspf>

Project Governance

Structure



CE and DoH Oversight Committee

- DDG, DoH (Chair)
- CE, CHQ
- CE, WM HHS
- CE, MS HHS
- Other CE membership as required

Steering Committee

- DD, CYMHS, CHQ (Co-Chair)
- Clinical Director, CYMHS, CHQ (Co-chair)
- Director of Strategy, MHSS, WM HHS
- Director, PPU, MHAODB
- Senior representative of Qld Alliance (as NGO peak body)
- Consumer representative
- Carer representative
- 3 senior representatives from HHSs with adolescent mental health services – multidisciplinary and representation of northern, central and southern clusters
- Clinical Director BAC
- Senior representative of Metro South HHS
- Senior representative of *headspace*

Queensland Health

Project Plan

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Owner:	Children's Health Queensland
Contact Details:	Judi Krause / Stephen Stathis
Division/Unit:	XXXX
Document Status:	Draft v3

Revision History

Revision Date	Version No.	Author	Description of Change/Revision
30/07/13	v1	A/Director of Strategy, MH&SS, WM HHS	Initial draft for consideration with key stakeholders.
01/08/13	v2	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Sharon Kelly, Stephen Stathis and Judi Krause 01/08/13.
16/08/13	v3	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Stephen Stathis and Judi Krause on 15/08/13 and based on CE teleconference 16/08/13.

Project Statement:

Queensland's public mental health system has undergone significant reform over the past ten years. The reform agenda includes a shift from institution-based service models, including extended treatment and rehabilitation, to more contemporary models of care that align with state and national policy. The impact of these important reforms has seen the care of consumers moved primarily into community-based settings that support the consumer to engage in their own local neighbourhoods and facilities. This has been particularly vital for consumers requiring medium to longer-term care.

In alignment with the Queensland Plan for Mental Health 2007-17 (QPMH), a key area for reform within Mental Health and Specialised Services (MHSS) in the West Moreton Hospital and Health Service (WM HHS) is the development of The Park Centre for Mental Health (The Park) as an adult-only forensic and secure mental health campus. The high secure services have been expanded, and a new service option was established on the campus (Extended Forensic Treatment and Rehabilitation Unit) in July 2013.

In light of these significant changes, it is no longer safe or contemporary to provide long-term inpatient care for adolescents at the Barrett Adolescent Centre (BAC) on The Park campus. Compounding these changes at a service provision level, the existing infrastructure of the BAC is unable to be refurbished and the building will be decommissioned.

A new statewide service model for the delivery of adolescent mental health extended treatment and rehabilitation is required. The foundations of this initiative have been completed, including broad consultation and planning processes. WM HHS commenced the Barrett Adolescent Strategy in December 2012, forming an Expert Clinical Reference Group (ECRG) that fed into an overarching Planning Group. Seven recommendations were submitted by the ECRG to the Planning Group, and were considered by the WM Hospital and Health Board in May 2013. Further consultation and communication processes were then initiated with key stakeholders, including the Minister for Health, the Queensland Mental Health Commissioner, Children's Health Queensland HHS, the Department of Health, and the Department of Education, Training and Employment.

The initiative has now moved into the implementation phase, of which this Project Plan forms the basis.

Work Unit: Queensland Health - Mental Health, Child and Youth.

Work Site: Multi-site Project conducted via a partnership between West Moreton HHS, Children's Health Queensland HHS, and Department of Health. Other HHSs will be engaged dependent on the service options implemented.

Project Scope & Business Case

Project Scope

Objectives	<ol style="list-style-type: none"> 1. Finalise the development of (and then implement) service options within a statewide model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline. 2. Ensure continuity of care for adolescents currently admitted to BAC, and support their transition to the most appropriate care option/s that suit their individual needs and are located in (or as near to) their local community. 3. Within the context of a changing service model early 2014, review the admission criteria to BAC for all new consumers post 5 August 2013. 4. Oversee the redistribution of BAC operational funds and other identified funding to adolescent mental health service models that support the identified target group. 5. Develop a consistent and transparent communication plan regarding the implementation of the new service options. 6. Consider in all decision-making the key principles and recommendations as defined through the ECRG and Planning Group of the Barrett Adolescent Strategy (attached).
	<p>Performance indicators of these objectives will be:</p> <ol style="list-style-type: none"> 1. Endorsed statewide model of service for adolescent mental health extended treatment and rehabilitation. This statewide model will give consideration to a range of service options including community, day program and bed-based care, and to a range of service providers. 2. Commencement of service provision through alternative service option/s that meet the needs of the adolescent target group starting early 2014, and support transition of services from BAC accordingly. NOTE: While not all alternative service options will necessarily be available early 2014, there will be no gap to service delivery for the target group. 3. Successful discharge or onward referral of all current BAC consumers, which is evidenced by their individual needs being met. 4. Ongoing communication with key stakeholders and a reduction in negative media and correspondence. 5. Broad stakeholder engagement.

Purpose	<p>As a result of this project, we expect to see:</p> <ul style="list-style-type: none"> • High quality, effective extended treatment and rehabilitation mental health care options available to consumers that are based on contemporary models of care and take into account the wide geographical spread of Queensland. • Improved, strengthened intersectoral partnerships in delivering adolescent mental health care. • Value for money in the delivery of care for adolescents requiring extended treatment and rehabilitation mental health care. • Finalisation of The Park campus as an adult facility, and progress the planning towards The Park being a forensic and secure mental health service facility.
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Benefits	<p>Achievement of the project purpose will create a range of benefits for consumers and improved service efficiencies including:</p> <ul style="list-style-type: none"> • increased access for adolescent consumers to their families, community and social networks by having greater access to more local mental health services. • improved service options for adolescent consumers through more contemporary models of care. • improved working partnerships with the NGO sector. • realisation of the deinstitutionalisation plan for The Park as identified in the QPMH. • The Park will become an exclusively secure and forensic mental health facility for adults. • a supported process to transition current adolescent consumers to alternative care that best meets their needs. • potential for a more cost effective service delivery model that better meets the rehabilitation needs of the consumer.
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Rationale & Background

Rationale/ Background	<p>This proposal aligns with the following strategic and planning directions:</p> <ol style="list-style-type: none"> 1. <i>The Blueprint for better healthcare in Queensland (2013)</i> <ol style="list-style-type: none"> a. Health services focused on patients and people; b. Providing Queenslanders with value in health services; c. Investing, innovating and planning for the future. 2. <i>Queensland Plan for Mental Health (2007-17) (QPMH)</i> <ol style="list-style-type: none"> a. Integrating and improving the care system;
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- b. Participating in the community;
- c. Coordinating care.

3. National Mental Health Service Planning Framework (under draft)

Through Stage 1 of the QPMH, an adolescent extended treatment unit was funded to replace the existing 15-bed BAC that provides statewide inpatient care (located on The Park campus). The replacement service was to be located at Redlands within Metro South HHS, and had an indicative commissioning date of November, 2013. Upon operation of the replacement 15-bed unit, the existing BAC was to be decommissioned due to the building not meeting accreditation standards and due to The Park becoming an adult-only forensic and secure mental health facility in 2014.

The Redlands adolescent extended treatment capital program encountered multiple delays and a significant budget over-run. There were unresolvable environmental barriers associated with the site, and the Department of Health ceased the capital program and redirected the capital funds towards other high priority health initiatives. Operational funding that equates to approximately \$2M in 2013/14 was retained and has been approved by the Department of Health to fund new adolescent mental health extended treatment and rehabilitation service options.

In December 2012, WM HHS initiated the Barrett Adolescent Strategy to identify new service options for adolescents requiring mental health extended treatment and rehabilitation in Queensland. An Expert Clinical Reference Group (ECRG) was convened, consisting of a consumer representative, a carer representative, an interstate Child and Youth Psychiatrist, multi disciplinary Child and Youth clinician representation (including north Queensland), a representative of BAC, a representative of the BAC School, and an NGO representative. The ECRG was chaired by the Director of Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch. The ECRG reported up to the WM HHS via a Planning Group, which was chaired by the Executive Director of Mental Health & Specialised Services, WM HHS.

A preamble and seven recommendations were submitted by the ECRG and considered by the WM HHS Board in May 2013 (Attachment 1). This was followed by comprehensive consultation with the Minister for Health, the Queensland Mental Health Commissioner, CHQ HHS, Department of Education Training and Employment, and the Department of Health.

The seven recommendations were accepted by the WM HHS Board. Minister for Health, the Honourable Lawrence Springborg MP made an announcement on 6 August 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014 (related documents at Attachments 2 and 3). Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

This project plan forms part of the next phase of the Strategy.

<p>Assumptions</p>	<ul style="list-style-type: none"> • Key stakeholders will work in partnership to implement this phase of the initiative. The lead governing body for the project will be CHQ HHS, in partnership with WM HHS and Department of Health. • Identified funding sources will remain available to the identified adolescent target group and their mental health service needs. The identified funding sources include: <ul style="list-style-type: none"> a) BAC operational funding (amount to be defined); b) \$2M operational funding from the ceased Redlands Adolescent Extended Treatment and Rehabilitation Unit; c) \$1M operational funding for NGO delivered services (e.g., Residential Rehabilitation); and d) Other potential DoH funding as defined by Mental Health Alcohol and Other Drugs Branch. This will include temporary 'bridging' funds to support the transition process from the current service model to the newly defined service options. • Workforce management strategies will be developed to support BAC staff. • Timely approval will be received from the project stakeholders to enable major stages of the project to be implemented as planned. • The Steering Committee and Working Groups will commit to actioning tasks both in and out of session to meet defined timelines, and thus support the timely completion of this project and the achievement of outcomes for the consumer group. • The transfer of consumers to alternative care options will be underpinned by individual consumer choice and health care needs, and will be supported by the relevant 'home' HHSs. • The stakeholders of this project will contribute resources (including staff time and content expertise) for the duration of the project. • The Mental Health Alcohol and Other Drugs Branch will provide temporary funding of \$300,000 to support the temporary appointment of 2 project officers to CHQ and 1 project officer to WM HHS. • Timeframes associated with this project can and will align with the timeframes around the procurement processes for engaging NGO services. • The governance of the new service options will be held by CHQ HHS and a model will be defined as a priority. • The site/s for delivery of any potential bed-based service option (e.g., Youth Prevention and Recovery Care [Y-PARC] service) will be identified and negotiations regarding governance will be held as a priority. • Admissions to BAC post 5 August 2013 will require urgent attention and consideration. • Service options considered by the Steering Committee will not be limited to a Y-PARC model. Consideration will be given to all recommendations for service needs that were defined by the ECRG.
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	<p>This will include consideration of community-based options such as Intensive Mobile Youth Outreach Services, Day Programs, residential rehabilitation services, and bed-based services.</p> <ul style="list-style-type: none"> • The service options identified will be modified (as required) to suit the needs of the target group within a Queensland setting, and will take into account the wide geographical spread of Queensland. • Service options will broadly align with the draft National Mental Health Service Planning Framework. • Not all service options within the statewide model that will be proposed will be necessarily available early 2014. However, there is a commitment to ensuring there is no gap to service delivery for the adolescent target group.
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<p>Constraints</p>	<ol style="list-style-type: none"> 1. There is no capital funding currently identified to build new infrastructure. 2. Transfer processes and time frames of operational funding to new service providers and HHSs need to be defined and negotiated. 3. Timeframes and imperatives associated with the procurement processes of NGO contracting are tight and may be restrictive to timely progress. 4. Queensland has early / developing experience in the delivery of some models being proposed (e.g., the Y-PARC model, Intensive Mobile Youth Outreach Service, residential rehabilitation for adolescent mental health consumers, and other partnership models between the public and non government sectors). 5. A governance model for the statewide service delivery of adolescent mental health extended treatment and rehabilitation care is yet to be clearly defined and endorsed in Queensland. 6. Alternative service options for BAC consumers must be available by early 2014, when The Park transitions to an adult forensic and secure mental health facility.
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Internal Partners/Clients/ Stakeholders	Nature of Involvement
Consumers, carers and significant others	<ul style="list-style-type: none"> Membership of the Steering Committee (and Working Group/s as identified by Steering Committee)
West Moreton Hospital and Health Service	<ul style="list-style-type: none"> Project partner Responsibility for transition of consumer care and BAC operational funding Responsibility for support of and information provision to BAC staff Joint responsibility for communications / media with CHQ Support timely achievement of Strategy objectives Support CHQ in project planning and implementation
Children's Health Queensland	<ul style="list-style-type: none"> Lead project partner – governance for project including secretariat and chairing responsibilities of steering committee, and project planning and implementation Drive timely achievement of Strategy objectives Governance over new statewide service model – governance model to be defined Lead negotiations with other HHS regarding new service options and support service implementation Joint responsibility for communications / media with WM HHS
DoH - MHAOD Branch	<ul style="list-style-type: none"> Project partner Provide funding and / or identify funding sources (as agreed / negotiated) between key stakeholders) for both the Project and defined service options Provide advice, information and data on national and state direction regarding policy and service planning as relevant to the Project Participate in statewide negotiations and decision-making processes
Metro South HHS	<ul style="list-style-type: none"> Participate in discussions and negotiations relevant to the delivery of service options that are being considered for delivery within MS HHS
Other Queensland HHSs	<ul style="list-style-type: none"> Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee) Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need

External Partners/Clients/ Stakeholders	Nature of Involvement
Non government service providers	<ul style="list-style-type: none"> Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee) Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need

Project Key Dates & Milestones

Key Milestones during Implementation Phase	Milestone #	Milestone Description	Completion Date
	1	Establish detailed project plan and draft TOR for Steering Committee	9 August 2013
	2	Endorsement of project plan	9 August 2013
	3	Implementation - Inaugural Steering Committee meeting	26 August 2013
	4	Finalisation	February 2014

Overall Project Budget & Cost Management

<u>Project Team</u>	Financial Year*	Non Labour Costs*	Temp FTE (\$)*	Total \$*
	2013/14 CHQ	15%	2 x Project Officers	\$200,000
	2013/14 WM HHS	15%	1 x Project Officer	\$100,000
	Total*			\$300,000

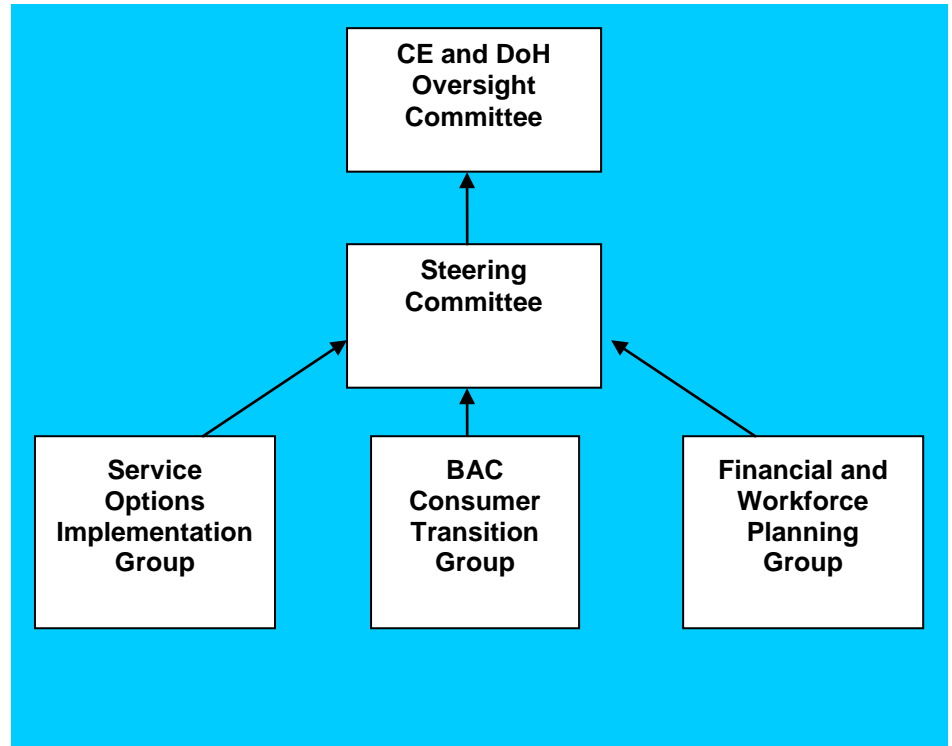
Funding Source and Resource Contribution from Stakeholders

- MHAODB has committed to providing temporary project funding to CHQ and WM HHS for 2013/2014.
- Secretariat and Chairing of Steering Committee is the responsibility of CHQ.
- WM HHS responsible for all matters related to the closure of BAC.

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Project Governance

Structure



CE and DoH Oversight Committee

- DDG, DoH (Chair)
- CE, CHQ
- CE, WM HHS
- CE, MS HHS
- Other CE membership as required

Steering Committee

- ED, CYMHS, CHQ (Co-Chair)
- Clinical Director, CYMHS, CHQ (Co-chair)
- Director of Strategy, MHSS, WM HHS
- Director, PPU, MHAODB
- Senior representative of Qld Alliance (as NGO peak body)
- Consumer representative
- Carer representative
- 3 senior representatives from HHSs with adolescent mental health services – multidisciplinary and representation of northern, central and southern clusters
- Clinical Director BAC
- Senior representative of Metro South HHS
- Senior representative of *headspace*

	<p>Working Group 1 – Service Options Implementation</p> <ul style="list-style-type: none"> • Chair to be determined • ED, CYMHS, CHQ • Director of Strategy, MHSS, WM HHS • Clinical Director, CYMHS, CHQ • MHAODB representative • 3 HHS representatives – northern, central and southern clusters • NGO representative <p>Working Group 2 – BAC Consumer Transition</p> <ul style="list-style-type: none"> • Clinical Director BAC (Chair) • 2 BAC clinical staff representatives • BAC school representative • 3 HHS representatives – northern, central and southern clusters • WM HHS Consumer Advocate <p>Working Group 3 – Financial and Workforce Planning</p> <ul style="list-style-type: none"> • Senior Social Worker WM HHS (Chair) • Business Manager WM HHS • HR Director WM HHS • MHAODB representative • CHQ representative • Operational Seniors of Allied Health and Nursing for BAC <p><u>Monthly status reports provided to:</u></p> <ul style="list-style-type: none"> • CE and DoH Oversight Committee • QMHC • DETE • Identified HHS Boards <p>Administrative and operational support will be provided to the Steering Committee and Working Groups by the Project Team.</p> <p>Terms of Reference to be developed by Steering Committee. It is noted the Steering Committee and Working Groups will meet fortnightly utilising suitable mediums for communication.</p> <p>Working Group membership to be defined by Steering Committee.</p>
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Project Management Roles & Responsibilities	Role	Name(s)
	Project Lead	XXXX
	Project Manager	XXXX
	Project Sponsor	XXXX

Recommendations & Decisions

Recommendations (Project Manager)

Next Step	<input type="checkbox"/> <i>Progress to Implementation</i> <input type="checkbox"/> <i>Cease</i> Comments:																	
	<i>Prepared By</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;"><i>Name*:</i></td> <td style="padding: 5px;">Dr Leanne Geppert (A/Director of Strategy, WMHHS) in consultation with Dr Stephen Stathis (Clinica Director, CHQ) and Judi Krause (ED, CHQ)</td> </tr> <tr> <td style="padding: 5px;"><i>Date*:</i></td> <td style="padding: 5px;">16/0813</td> </tr> <tr> <td style="padding: 5px;"><i>Phone Number*:</i></td> <td style="padding: 5px; background-color: #cccccc;"> </td> </tr> <tr> <td style="padding: 5px;"><i>Email*:</i></td> <td style="padding: 5px; background-color: #cccccc;"> </td> </tr> </table>	<i>Name*:</i>	Dr Leanne Geppert (A/Director of Strategy, WMHHS) in consultation with Dr Stephen Stathis (Clinica Director, CHQ) and Judi Krause (ED, CHQ)	<i>Date*:</i>	16/0813	<i>Phone Number*:</i>		<i>Email*:</i>									
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<i>Name*:</i>																		
<i>Title*:</i>																		
<i>Work Unit/Site*:</i>																		
<i>Phone Number*:</i>																		
<i>Email*:</i>																		
<i>Signed*:</i>																		
<i>Date*:</i>																		
<i>Comments:</i>																		

PM Plus Template

Approval/Decision (Higher Authority)

Next Step	<input checked="" type="checkbox"/> Progress to implementation phase* { <i>Recommendations & Decisions / HA Decision</i> } <input type="checkbox"/> Revise project plan and resubmit <input type="checkbox"/> Cease Comments:
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Governance	Project Manager*	
	Project Sponsor*	

Resources	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> N/A			
	Amount	\$		
	Parameters of Project Manager Authority	Time:	Parameters of Project Manager Authority	
		Cost:		
		Quality:		
		Other:		
	Approved By	Name*:		
		Title*:		
		Work Unit / Site*:		
		Phone Number*:		
		Email*:		
		Signed:	<i>{Higher Authority Decision}</i>	
		Date*:	<i>{Recommendations & Decisions/HA Decision Date}</i>	

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Steering Committee Action Plan

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
Planning and Definition Stage									
<i>Project Governance and Sponsorship established</i>	<i>WM HHS, CHQ and DoH</i>		√						
<i>Steering Committee & TOR established</i>	<i>WM HHS, CHQ and DoH</i>		√						
<i>Steering Committee templates to be developed (e.g., status reporting template, agenda, minutes etc.)</i>	<i>WM HHS and CHQ</i>		√						
<i>Working Groups & TOR established</i>	<i>WM HHS and CHQ</i>		√	√					
<i>Working Group templates to be developed (e.g., status reporting template, agenda, minutes etc.)</i>	<i>WM HHS and CHQ</i>		√						
<i>Communications Strategy developed</i>	<i>Steering Committee – Project Officer CHQ</i>		√	√					
<i>Risk Register developed</i>	<i>Steering Committee – Project Officer CHQ</i>		√	√					
<i>Project Plan and Action Plan prepared and endorsed</i>	<i>WM HHS in collaboration with CHQ and DoH</i>		√						
<i>Project Officers appointed</i>	<i>CHQ and WM HHS</i>		√	√					
<i>Define governance model for Statewide AETR service provision</i>	<i>CE & DoH Oversight Committee</i>		√	√					
Execution Stage									
<i>Monthly CE & DoH meetings</i>	<i>Chair – CE & DoH Oversight Committee</i>		√	√	√	√	√	√	√
<i>Fortnightly Steering Committee meetings</i>	<i>Co Chairs - Steering Committee</i>		√	√	√	√	√	√	√
<i>Fortnightly Working Group meetings</i>	<i>Chairs - Working Groups</i>			√	√	√	√	√	√
<i>Provide overview of CYMHS and Qld Service Planning Context to Steering Committee</i>	<i>WM HHS</i>		√						
<i>Overview of BAC Strategy to Steering Committee</i>	<i>WM HHS</i>		√						
<i>Complete site visit to Victoria – mental health service models</i>	<i>CHQ and WM HHS</i>		√						
<i>Monthly Reporting to CE & DOH Oversight Committee</i>	<i>Steering Committee – Project Officer CHQ</i>		√	√	√	√	√	√	√
<i>Monthly Reporting to respective Board Chairs, DoH DG, QMHC, DETE</i>	<i>CE & DoH Oversight Committee</i>			√	√	√	√	√	√
<i>Fortnightly Report to Steering Committee</i>	<i>Each Working Group</i>			√	√	√	√	√	√
<i>Fortnightly review and monitoring of Working Group actions and timelines</i>	<i>Steering Committee</i>			√	√	√	√	√	√
<i>Identify new service options based on ECRG recommendations and interstate site visits – relay to Service Options Implementation Working Group</i>	<i>Steering Committee</i>			√					

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
<i>Task Service Options Implementation Working Group with</i> <ul style="list-style-type: none"> Develop service model elements document for each service option (what service type, where, when to be established, who are the service providers/partners, target group, local governance model) Develop implementation plan for each service option including staffing profiles, need for contract management, other resources Cost new service options in liaison with Financial and Workforce Planning Working Group 	<i>Steering Committee</i>			√					
<i>Task Financial and Workforce Planning Working Group with</i> <ul style="list-style-type: none"> Define options and prepare workforce strategy for BAC staff Communication plan for BAC staff (+ other stakeholders as required incl. Unions) Cost drivers and implications of ABF Define funding sources and amounts Identify process for transitioning funding – how, what, where, who Cost new service options in liaison with Service Options Implementation Working Group 	<i>Steering Committee</i>			√					
<i>Task BAC Consumer Transition Working Group with</i> <ul style="list-style-type: none"> Oversee discharge planning process and principles, and risk mitigation planning Develop communication plan for consumers, families, home HHSs, education/vocation, other service providers/stakeholders etc Define waitlist group, and oversee individual care planning principles and then support positive outcomes 	<i>Steering Committee</i>			√					
<i>Review and endorse service options implementation plan (submitted by Service Options Implementation Working Group)</i>	<i>Steering Committee</i>				√				
<i>Review and endorse BAC workforce strategy (submitted by Financial and Workforce Planning Working Group)</i>	<i>WM HHS</i>			√					
<i>Review and endorse financial strategy (submitted by Financial and Workforce Planning Working Group).</i>	<i>Steering Committee</i>				√				
<i>Monitor progress of BAC Consumer Transition Working Group</i>	<i>Steering Committee</i>			√	√	√	√	√	√
<i>Monitor correspondence</i>	<i>Steering Committee</i>			√	√	√	√	√	√
Project Consolidation Stage									
<i>Review and endorse service options implementation plan (submitted by Steering Committee)</i>	<i>CE & DoH Oversight Committee</i>				√				
<i>Review and endorse financial strategy (submitted by Steering Committee)</i>	<i>CE & DoH Oversight Committee</i>				√				
Project Closure Stage & Commencement of Service Provision									
<i>Endorsed model/s of service to be localised by relevant HHSs</i>	<i>Local HHS</i>					√	√		
<i>Finalise transition of funding for new service options</i>	<i>DoH</i>					√			
<i>Refurbishment of facilities (as relevant)</i>	<i>Local HHS</i>					√	√	√	
<i>Staff recruitment to new service options (as relevant)</i>	<i>To be determined</i>						√	√	

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
<i>Contract NGO service provision (as relevant)</i>	<i>To be determined</i>					√	√	√	
<i>Commence service provision</i>	<i>Local HHS</i>							√	√
<i>Finalise transition of BAC consumers to alternative service options</i>	<i>WM HHS in partnership with local HHSs</i>							√	
<i>Project Evaluation and Report</i>	<i>Steering Committee – Project Officer CHQ</i>							√	√

1. Y-PARC MODEL OF CARE

4.1 Vision

To provide a safe and welcoming environment for young people experiencing mental health issues where they will receive a comprehensive assessment and a range of individualised treatment and community options to support their recovery and facilitate return to their community.

4.2 Values

Youth

- We acknowledge that “youth” represents a distinct phase of life and that support, treatment and care will acknowledge young people’s individual and group identity, unique life-stage issues along with their help-seeking needs and behaviours.
- We will provide a developmentally oriented and culturally attenuated approach to the care and treatment of mental and substance use disorders, which acknowledges the evolving nature and complex pattern of morbidity.

Collaboration

- We work collaboratively and in partnership with young people, their carers and families and with youth service partners and local communities to provide relevant and flexible services.
- We communicate openly with others, in order to provide consistent, co-ordinated support.
- We are accessible and responsive to young people, their carers, families and to our service partners and community to provide flexible service options.
- We believe that it is important to provide the right service at the right time.

Accountability

- We are accountable to young people, their carers and families, to our service partners and local communities by supporting their participation in our service’s development and delivery.

- We work within existing legislation and the Charter of Human Rights in order to provide safe and appropriate mental health services.
- We use our resources responsibly to provide the most effective service we can by providing the least invasive approach to treatment that evidence states will be effective.
- We believe in the ongoing evaluation of services and welcome feedback, and use these to improve our practices.

Respect

- We respect people's rights and treat them with dignity.
- We recognise that people should be treated as individuals.
- We utilise a recovery or whole of person approach that promotes social inclusion, relapse prevention and engagement in meaningful occupation.
- We provide a service that is non-discriminatory, and sensitive to people's sexuality, gender, and cultural background.

Excellence

- We use current best practice and evidence-bases to inform the services we provide.
- We review, reflect and learn from our experiences, and support our staff to continually develop their skills and knowledge.
- We encourage innovation and support new ideas, initiatives and the expansion of services.
- We strive to develop an academic culture of learning and research.

4.3 Underpinning Beliefs and Assumptions

The model of care of service provision for the Y-PARC is based on several underpinning beliefs and clinical assumptions. These are described below:

A Recovery Focus

This underpinning belief aligns with concepts informing the development of services provided by all of the agencies involved in the Y-PARC. Recovery, as it is personally defined by a young person involves a holistic approach that addresses a range of factors that impact on people's wellbeing, such as housing,

education, employment and family and social relationships. It encourages self-determination and self-management of mental health and wellbeing and works with principles of change. It supports young people to define their goals, wishes and aspirations. It involves tailored, personalised and strength based care that is responsive to young people's unique strengths, circumstances, needs and preferences while also supporting other principles of recovery and restoration.

Holistic & Systemic Care

Built on a bio-psycho-social framework of health care, this underpinning belief assumes the position that working in partnership, and considering all components of a young person's social system in their mental health care (both assessment and treatment) promotes a young person's mental health and wellbeing. It also assumes that application of this systemic approach supports a young person's continuing broader development. This framework also considers the cultural and spiritual framework of a young person and their social system.

Therapeutic Milieu

A therapeutic milieu is a structured group setting in which the existence of the group is a key force in the outcome of treatment. Using the combined elements of positive peer pressure, trust, safety and repetition, the therapeutic milieu provides an idealized setting for group members to work through their psychological issues.

Key principles of milieu therapy are to:

- Promote respect for individuals, both the young person and staff;
- Use opportunities for communication between the young person and staff for maximum therapeutic benefit;
- Encourage the young person to act at a level equal to their ability and increase their self-esteem to promote autonomy;
- Promote socialization;
- Encourage individuals to be responsible for their own actions;
- Use peer pressure to reinforces rules;
- Use group discussions to manage challenging behaviour.

4.4 Y-PARC Aims and Key Objectives

The objectives of the Y-PARC are to:

1. Prevent further deterioration in mental state and associated disability, particularly where without a Y-PARC admission an acute hospital based admission is likely (step up)
2. Enable earlier discharge from acute hospital based care through the provision of an intensive safe and supportive residential community based mental health program (step down)
3. Provide short-term transitional recovery care and support and thereby minimise the trauma and impact of a first episode or relapse of mental illness in young people and their families/carers
4. Promote and support strong family and carer engagement and thereby reduce stress and the risk of family breakdown and carer burden which may be exacerbated when young people become acutely unwell
5. Provide a youth friendly environment which promotes early help seeking and voluntary engagement and participation in treatment and recovery
6. Provide an integrated approach to clinical, recovery and psychosocial interventions with a particular focus on assisting young people to maintain, engage or re-engage in positive and supportive social, family, educational and vocational connections with their local community despite fluctuations in mental state and need for support

Service level objectives of the Y-PARC are to:

1. Provide an additional service option in the continuum of care for clinicians to use in tailoring services to the needs of clients and families
2. Supplement crisis intervention services and enhance access to inpatient services for those who need this the most, through the redirection of unnecessary inpatient admissions and the provision of actively supported

early discharge alternatives.

3. Provide an alternative to, and hence prevent, admission and readmission to acute hospital based mental health care where the person is assessed as clinically safe and appropriate.

5 CLIENT ELIGIBILITY CRITERIA

Inclusion Criteria

- Be aged between 16 and 25 years.
- Live or have a history of living in the SH ELMHS catchment.
- Be agreeable to entering the Y-PARC. Young people on Community Treatment Orders (CTO's) may enter the Y-PARC if they voluntarily agree.
- Have a significant mental health problem or disorder or be at high risk and vulnerable, with significant functional impairment associated with emotional and behavioural problems and significant psychological distress.
- Be identified as being able to receive treatment and support safely and effectively within a community based residential service setting and have been assessed by staff from the mental health service and partner agency as being able to benefit from this type of care.
- Require short-term residential support with intensive clinical treatment and recovery oriented interventions to prevent or reduce the risk of further deterioration or relapse that would otherwise be likely to lead to admission to an acute mental health in-patient unit (step up).
- Have been directly or recently discharged from an acute mental health in-patient service and are able to benefit from short-term, intensive treatment and support as a transitional care and recovery arrangement (step down).

Exclusion Criteria

- Clients undergoing the first day of Clozapine commencement.
- Clients who's clinical and recovery needs are assessed as being such that the Y-PARC facility and program is unable to meet their treatment needs due to their level of acuity and or risk.

Safety or risk can include concerns regarding the safety of the young person themselves related to predisposition to self-harm and suicidal thinking and behaviour, intent of harm towards other young people, staff, family or the community. While self-harm and suicidal thoughts are often associated with many mental health problems and disorders, clinical assessment is required

to determine the extent of risk where significant concerns regarding the young person's behaviour; their capacity to engage with service providers and comply with treatment.

- The Y-PARC facility is an environment that is designed to support clinical and recovery focused interventions and the varying dynamics of the client mix and therapeutic milieu may at times not be suitable for an individual.

Meeting Agenda

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	9 September 2013
Time:	8.30am – 10am
Venue:	Rm 30, CYMHS Cnr Roger & Water Streets Spring Hill <i>(parking via Roger St entrance)</i>
Teleconference Details:	<u>** Please advise secretariat if you are using T/C**</u>

A/Chair:	Dr Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
A/Secretariat:	Jaimee Keating	ESO, CYMHS CHQ HHS
Attendees:	Ingrid Adamson	SW AETR Project Manager
	Dr Trevor Sadler	Director Barrett Adolescent Centre, The Park Centre for MH
	Josie Sorban	Director of Psychology, CHQ HHS
		Carer Representative
T/C	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
	Paul Letters	A/Divisional Director CYMHS CHQ HHS
	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
	Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Amelia Callaghan	State Manager Headspace
Apologies:	Judi Krause (Co-chair)	Divisional Director CYMHS CHQ HHS
	Dr Stephen Stathis (Co-chair)	Clinical Director CYMHS CHQ HHS
	Richard Nelson	Queensland Alliance
Invitees		

* Attachments accompany this item papers to be tabled if available

1. Presentations			
Item no	Item	Time	Action Officer
1.0			

2. Meeting Opening			
Item no	Item	Time	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 26/8/13 <i>(attached)</i>		Chair
2.4	Statement of achievements		Chair

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3. Business Arising from previous minutes			
Item no	Item	Time	Action Officer
4.2	TOR – for endorsement (<i>attached</i>)		Group
4.3	Draft Action Plan – see <i>Item 4.3</i>		Chair
4.4	Working Group Membership & Objectives (<i>attached</i>)		Group

4. Matters for Decision			
Item no	Item	Time	Action Officer
4.1	Draft Project Monthly Status report – for consideration (<i>attached</i>)		Chair
4.2	Draft Action Plan – for endorsement (<i>attached</i>)		

5. Matters for Discussion			
Item no	Item	Time	Action Officer
5.1	Project Plan (<i>will be available at the meeting</i>)		Chair

6. Standard Agenda Items			
Item no	Item	Time	Action Officer
6.1	Service Options Working Group update		
6.2	BAC Consumer Transition Working Group update		
6.3	Financial and Workforce Planning Working group update		
6.4	Risk Management		
6.5	Progress of key milestones and deliverables.		
6.6	Other business		

7. Matters for Noting			
Item no	Item	Time	Action Officer
7.1	Major correspondence - Discuss single point of responsibility for correspondence.		Chair
7.2	Minutes of Working Groups – nil.		

8. For Information (papers only)			
Item no	Item	Time	Action Officer
8.1			

Next Meeting

Date: 23 September 2013
Time: 8.30am – 10am
Venue: Room 30 CYMHS Spring Hill.

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	09/09/2013	Time:	08:30	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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A/Chair:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG)
A/Secretariat:	ESO CYMHS (JCK)
Attendees	<p>Director Barrett Adolescent Centre, The Park Centre for MH (TS) Director of Psychology, CHQ HHS (JS) [REDACTED] A/Director Planning & Partnership Unit MHAODB (MK) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) SW AETR Project Manager (IA) A/Divisional Director CYMHS CHQ HHS (PL) Clinical Services Program Manager Child & Youth Academic Clinical Unit Metro South Addiction and Mental Health Service (RH)</p>
Apologies	<p>A/Executive Director Office of Strategy Management, CHQ (DM) State Manager Headspace (AC) Queensland Alliance (RN) Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)</p>
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
	Nil.			
2.	Meeting opening			
2.1	Welcome and apologies <ul style="list-style-type: none"> Welcomed Ingrid Adamson, Project Manager CHQ HHS to group. The WM HHS Project Officer will be appointed shortly and will attend future meetings. 		Chair	
2.2	Statement of Conflict/Interest	Nil.		
2.3	Confirmation of Minutes	Confirmed	PL	
2.4	Statement of achievements	Nil.		
	Business			
3.	Business Arising from Previous Meetings			
3.1	Committee TOR Discussion Points: <ul style="list-style-type: none"> Discussed change to 4. Frequency of Meetings paragraph Need to review 8. Performance and Reporting to reflect both HHSs. 	Make changes to TOR as discussed. Endorse out of session.	LG LG	23/09 23/09

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Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> TS to follow up on Consumer rep for Steering Committee <p>Recommendation: Update and send for 'out-of-session' endorsement</p>	Follow up consumer rep for membership	TS	23/09
3.2	Draft Action Plan – carried over – see item 4.2 below			
3.3	<p>Working Group Membership and Objectives Draft membership listing tabled for discussion.</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> No feedback received regarding draft Working Group membership. Group discussed and acknowledged the need for a balance of Steering Committee representation on Working Groups. <p><i>WG 1 Service Options Implementation</i></p> <ul style="list-style-type: none"> Discussion re DETE representation on WG. DETE have established a WG and have indicated that they will work with DoH and will develop a model to suit our recommendations. Committee agreed to invite a DETE W.G. member to a future meeting to exchange information on service option developments when further work has progressed (and prior to service model endorsement). LG to liaise with Janet Martin, WG 1 Chair, to establish membership (for approval via this group -out of session) and convene meeting within the week. Membership to include a Consumer rep and Carer rep and remove JK. WG is to base service option development on ECRG recommendations, site visits and NMHPF – LG clarified the WG would not be starting over but rather building on what has been developed/defined to date. Discussed relevance of contract management and contestability for the Service Options Implementation Strategy. Committee would benefit from a presentation regarding contestability at a later date – MK suggested someone from the Health Renewal Portfolio Office. Discussion held re: recommending models. This group should determine the best service model for adolescents needs, even if there is no capital to support recommendations at this point in time. The WG should not limit recommendations based on bed availability but rather on target group needs, contemporary and endorsed service models, and best practice. 	<p>Invite DETE WG member to share information at a future meeting.</p> <p>Contact each WG Chair to establish membership and convene meetings within the fortnight.</p> <p>Identify most suitable contact to provide presentation</p>	<p>LG</p> <p>LG</p> <p>MK</p>	<p>23/09</p>

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Item No	Topic	Action	Committee member	Due date
	<p><i>WG 2 BAC Consumer Transition</i></p> <ul style="list-style-type: none"> TS queried what is happening with the Logan Hospital consideration. LG advised that this is in the remit of the CE DoH Oversight Committee to decide. This Steering Committee will (for the interim) focus on service options and broader geographical locations, not on the particulars about specific sites. LG clarified that this WG is chartered with guiding and overseeing the progress of safe consumer transition planning. This includes ensuring a strong and clear communication plan. It is not the role of the Steering Committee to develop individual consumer discharge/transition plans. TS raised the need for good communication between this WG and the BAC team reviewing wait lists – recommended that there is a need to engage with Dr Darren Neillie A/Dir of Clinical Service WM HHS in the WG. <p><i>WG 3 Financial & Workforce Planning</i></p> <ul style="list-style-type: none"> TS raised BAC staff transition. LG advised that BAC staff (excl. DETE staff – this will be decided by DETE) will not be automatically relocated but rather will participate in the normal DoH HR processes. Details regarding transition will be defined through this WG. TS raised the risk of losing qualified and experienced staff which was noted by the Committee. HR advice and communication to WM HHS staff is a priority for this WG. <p>Recommendation:</p> <ul style="list-style-type: none"> LG to contact each WG chair to establish membership and convene meetings within the fortnight. Invite DETE rep to future meetings prior to recommended model being endorsed at this group. LG to contact Darren Neillie to determine communication channels between groups 	Invite DN membership	LG	23/09
4.	Matters for Decision			
4.1	<p>Project Monthly Status Report – for consideration Draft tabled.</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> The Project Manager and Officer will update the status report on a monthly basis <p>Recommendation:</p>	Update monthly for committee	IA & WM HHS P.O.	

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Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> A Project Status Report will be tabled for the committee on a monthly basis. 			
4.2	<p>Committee Action Plan Draft tabled</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> Planning and Definition Stage is near completion Execution Stage – the outputs from this stage will be recommended to the CE DoH Oversight Committee for endorsement. To maintain communication linkages, SS and DM will sit on both the SW AETR Steering Committee and the CE DoH Oversight Committee. Key priority areas are finalisation of the Project Plan and development of a Communication Plan and Risk Register. Approval to share Victorian site visit report will be sort from CHQ CE. Steering Committee to provide changes/ feedback to LG within 24hrs. If no feedback received, LG will consider plan to be approved and ready for submission to the CE DoH Oversight Committee for endorsement. <p>Recommendation:</p> <ul style="list-style-type: none"> Approve draft Steering Committee Action Plan. Submit Action Plan to oversight committee for endorsement. 	<p>IA to liaise with Oversight committee re communication process for actions/decisions to this Steering Committee.</p> <p>Finalise Project Plan, and develop Risk Register & Comms Plan</p> <p>Seek approval from CHQ CE to disseminate Victorian Site Visit Report.</p> <p>Send LG feedback on action plan</p>	<p>IA</p> <p>IA</p> <p>IA</p> <p>Steering Committee</p>	<p>23/09</p> <p>23/09</p> <p>23/09</p> <p>10/09</p>
5.	Matters for Discussion			
5.1	<p>Project Plan Draft Project Plan tabled – time restrictions prohibited this plan being discussed during the meeting.</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> <p>Recommendation:</p> <ul style="list-style-type: none"> Send draft project plan to Committee for review. 	<p>Draft Project Plan will be disseminated to Committee out-of-session (not for further distribution)</p>	IA	TBC
6.	Standard Agenda Items			
6.1	<p>Service Options Working Group Update</p> <p>Discussion Points:</p>	Nil.		

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Item No	Topic	Action	Committee member	Due date
	Recommendation:			
6.2	BAC Consumer Transition Working Group Update Discussion Points: Recommendation:	Nil.		
6.3	Financial and Workforce Planning Working Group Update Discussion Points: Recommendation:	Nil.		
6.4	Risk Management Discussion Points: Recommendation:	Nil.		
6.5	Progress of key milestones and deliverables Discussion Points: Recommendation:	Nil.		
6.6	Other Business Discussion Points: Recommendation:	Nil.		
7.	Matters for Noting			
7.1	Correspondence Discussion Discussion Points: <ul style="list-style-type: none"> To date WM HHS has taken the responsibility of responding to correspondence. WM HHS has developed resources (fact sheets/ website) to assist in responding to correspondence. LG proposed revisiting which HHS will be single point of contact for all correspondence – WM or CHQ Decision to be referred to CE CHQ HHS. Recommendation:	Seek direction from CE CHQ HHS.	IA	23/09
8.	For Information			
8.1				
Next meeting 23 September 2013, 8.30 – 10am CYMHS Spring Hill.				

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ENDORSED BY:

Signature:

Date: /09/13

Name:

Position:

Steering Committee 09/09/13

Minutes were accepted

Terms of Reference have been amended – not about the transition of BAC to CHQ – being changed to evaluation of SW AETR options

LG wants to extend the Board to include West Moreton

Items needed:

- Access to Steering Committee Templates
- Action Register
- Risk Register
- Comms Strategy

Risk Register and Comms Plan to SC by next meeting – IA to action

Project Officer for WM HHS to be appointed (paper work going through) – how does this role interface with mine?

Governance Model for SW AETR to be done by CE Oversight Committee (CE OC) – is this the case? Do I need to be involved?

All Steering Committee Reports to go to CE OC

Question from Raymond Ho – has Richard Ashby CE MS HHS been involved? Yes, is on the CE OC

Feedback from Peter needed on Site Visit Report so that it can be circulated to SC – IA to FUP Hasn't read it as yet but if there are no issues, then ok for circulation

Did CE OC support the monthly reporting – IA to FUP Hasn't met as yet, so hasn't seen it

Discussed Working Groups

WG1 Service Model

LG clarified that they are not asking WG 1 to start again – need define best way forward on the service continuum

Trevor raised concern that DETE is not on WG – LG noted that DETE DG said education will be a component of the approach and have established their own working group (need to find out where this is and why it has been established) [Speak to Leanne](#)

thinks it is imperative to involve education even if it is just the bringing together of two models – mainstream education system is not supportive of adolescent MH issues

Committee agreed to invite someone from DETE once we have something more concrete to present/discuss

NB: need to bring DETE and MH models together [Deb's view is that DETE should be on the Steering Committee](#)

Questions around contract management raised – what does it mean and will contestability be an option?

Committee agreed to a short presentation about contestability and what it might mean to this project –

Marie suggested someone from the Health Renewal Portfolio Office – who are they? [Deb's position is that this isn't needed right now – work out model first then determine what contract mgt, if any, is required](#)

How does local governance model differ to the statewide model? [Speak to Leanne](#)

Amanda raised concerns with the overlap in membership of the SC and WG1 (perhaps to do with independence)

Looking at taking Judi off the group

WG2 BAC Transition

Trevor asked what is happening with Logan Hospital – LG asked the committee to put the issue of an interim site aside – this is now the remit of the CE OC (is that the case?) Yes

SC to stay focused on service models

Trevor raised whether we should be recommending a bed-based model where there is no capital funding for one

Committee agreed that the service model shouldn't be defined by what beds are available but rather by what is needed geographically

SC to agree service model – Qld Health to worry how to make the service available at identified sites

SC needs more clarity around what it can recommend – if they know of beds available, can they put them in recommendations

LG noted that we don't have enough information on where beds are available – whilst we have no capital funding, we could lease an option

I sited an email from Stephen Stathis to Bill Kingswell regarding accessing \$9b of funding for capital but based on National Health Recommendations, he didn't feel it would be put toward a Tier 3 option – was seeking advice.

Logan is still a decision for the CE level – LG noted that we need communication down from the CE OC to SC – IA to FUP Stephen Stathis, Deb Miller, and IA will be on CE OC and can communicate to the Steering Committee

WG2 is not deciding or planning the transition per se but rather responding to the decision that is made.

Key role is to communicate with families, consumers, etc.

There is another group meeting regarding wait lists (Darren Healey?) – WG2 has not visibility of the decisions from this group – need better communication between groups

Trevor will chair WG2

WG3 Financial and Workforce Planning

Need clarity on money sitting in WM HHS

Need to get onto meeting with Staff and HR strategy, Communications etc. – needs addressing quickly

LG advised position to be taken:

Current BAC (excl. DETE) will become part of the normal QH processes – they need to go through normal processes when substantive position is no longer required.

This is different to the Redlands Project where it was pre-agreed that staff would move across

LG advised that there has been no discussion to date about picking up the current BAC staff and relocating them as is (despite what staff think).

LG made it clear that staff will not be picked up and relocated elsewhere

WG3 needs to work with staff quickly

Paul noted that execs are being asked when people will be transitioning across – LG maintained that we don't know – standard response is that "it is still being defined"

Trevor raised a concern with losing qualified staff with expertise – this was an accepted risk

LG stated that it was highly likely that current BAC staff would not work in their current format in the future

Need a CHQ rep on WG3 – Deb to raise with Leanne re CHQ Finance or HR representative being chair

LG wants feedback on Action Plan within 24 hours before submitting to CE OC

IA to do monthly status reports going forward – need due dates and process Speak to Leanne

CE to endorse project plan – **IA to FUP** Hasn't read it yet – may need further work???

LG raised **single point of corro** – asked committee if they'd endorse me taking it on – I stated that Deb should be involved in decision; Jaimee advised Judi does corro work too; WM HHS has one FTE working on this – **Deb to advise position** Deb to resolve with Leanne

Josie asked if it were appropriate to include information from the Monthly Status Report in future corro responses – **What are Deb's thoughts?** No – not appropriate information for correspondence

Jaimee is not part of the project – will I be doing minutes/agendas going forward? Yes

Call Leanne to set up a meeting

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Steering Committee Action Plan

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
Planning and Definition Stage									
<i>Project Governance and Sponsorship established</i>	<i>WM HHS, CHQ and DoH</i>		√						
<i>Steering Committee & TOR established</i>	<i>WM HHS, CHQ and DoH</i>		√						
<i>Steering Committee templates to be developed (e.g., status reporting template, agenda, minutes etc.)</i>	<i>WM HHS and CHQ</i>		√						
<i>Working Groups & TOR established</i>	<i>WM HHS and CHQ</i>		√	√					
<i>Working Group templates to be developed (e.g., status reporting template, agenda, minutes etc.)</i>	<i>WM HHS and CHQ</i>		√						
<i>Communications Strategy developed</i>	<i>Steering Committee – Project Officer CHQ</i>		√	√					
<i>Risk Register developed</i>	<i>Steering Committee – Project Officer CHQ</i>		√	√					
<i>Project Plan and Action Plan prepared and endorsed</i>	<i>WM HHS in collaboration with CHQ and DoH</i>		√						
<i>Project Officers appointed</i>	<i>CHQ and WM HHS</i>		√	√					
<i>Define governance model for Statewide AETR service provision</i>	<i>CE & DoH Oversight Committee</i>		√	√					
Execution Stage									
<i>Monthly CE & DoH meetings</i>	<i>Chair – CE & DoH Oversight Committee</i>		√	√	√	√	√	√	√
<i>Fortnightly Steering Committee meetings</i>	<i>Co Chairs - Steering Committee</i>		√	√	√	√	√	√	√
<i>Fortnightly Working Group meetings</i>	<i>Chairs - Working Groups</i>			√	√	√	√	√	√
<i>Provide overview of CYMHS and Qld Service Planning Context to Steering Committee</i>	<i>WM HHS</i>		√						
<i>Overview of BAC Strategy to Steering Committee</i>	<i>WM HHS</i>		√						
<i>Complete site visit to Victoria – mental health service models</i>	<i>CHQ and WM HHS</i>		√						
<i>Monthly Reporting to CE & DOH Oversight Committee</i>	<i>Steering Committee – Project Officer CHQ</i>		√	√	√	√	√	√	√
<i>Monthly Reporting to respective Board Chairs, DoH DG, QMHC, DETE</i>	<i>CE & DoH Oversight Committee</i>			√	√	√	√	√	√
<i>Fortnightly Report to Steering Committee</i>	<i>Each Working Group</i>			√	√	√	√	√	√
<i>Fortnightly review and monitoring of Working Group actions and timelines</i>	<i>Steering Committee</i>			√	√	√	√	√	√
<i>Identify new service options based on ECRG recommendations and interstate site visits – relay to Service Options Implementation Working Group</i>	<i>Steering Committee</i>			√					

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
<i>Task Service Options Implementation Working Group with</i> <ul style="list-style-type: none"> Develop service model elements document for each service option (what service type, where, when to be established, who are the service providers/partners, target group, local governance model) Develop implementation plan for each service option including staffing profiles, need for contract management, other resources Cost new service options in liaison with Financial and Workforce Planning Working Group 	<i>Steering Committee</i>			√					
<i>Task Financial and Workforce Planning Working Group with</i> <ul style="list-style-type: none"> Define options and prepare workforce strategy for BAC staff Communication plan for BAC staff (+ other stakeholders as required incl. Unions) Cost drivers and implications of ABF Define funding sources and amounts Identify process for transitioning funding – how, what, where, who Cost new service options in liaison with Service Options Implementation Working Group 	<i>Steering Committee</i>			√					
<i>Task BAC Consumer Transition Working Group with</i> <ul style="list-style-type: none"> Oversee discharge planning process and principles, and risk mitigation planning Develop communication plan for consumers, families, home HHSs, education/vocation, other service providers/stakeholders etc Define waitlist group, and oversee individual care planning principles and then support positive outcomes 	<i>Steering Committee</i>			√					
<i>Review and endorse service options implementation plan (submitted by Service Options Implementation Working Group)</i>	<i>Steering Committee</i>				√				
<i>Review and endorse BAC workforce strategy (submitted by Financial and Workforce Planning Working Group)</i>	<i>WM HHS</i>			√					
<i>Review and endorse financial strategy (submitted by Financial and Workforce Planning Working Group).</i>	<i>Steering Committee</i>				√				
<i>Monitor progress of BAC Consumer Transition Working Group</i>	<i>Steering Committee</i>			√	√	√	√	√	√
<i>Monitor correspondence</i>	<i>Steering Committee</i>			√	√	√	√	√	√
Project Consolidation Stage									
<i>Review and endorse service options implementation plan (submitted by Steering Committee)</i>	<i>CE & DoH Oversight Committee</i>				√				
<i>Review and endorse financial strategy (submitted by Steering Committee)</i>	<i>CE & DoH Oversight Committee</i>				√				
Project Closure Stage & Commencement of Service Provision									
<i>Endorsed model/s of service to be localised by relevant HHSs</i>	<i>Local HHS</i>					√	√		
<i>Finalise transition of funding for new service options</i>	<i>DoH</i>					√			
<i>Refurbishment of facilities (as relevant)</i>	<i>Local HHS</i>					√	√	√	
<i>Staff recruitment to new service options (as relevant)</i>	<i>To be determined</i>						√	√	

Strategy/Activity	Responsible Officer/s	Traffic Light Progress	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014
<i>Contract NGO service provision (as relevant)</i>	<i>To be determined</i>					√	√	√	
<i>Commence service provision</i>	<i>Local HHS</i>							√	√
<i>Finalise transition of BAC consumers to alternative service options</i>	<i>WM HHS in partnership with local HHSs</i>							√	
<i>Project Evaluation and Report</i>	<i>Steering Committee – Project Officer CHQ</i>							√	√

Queensland Health

Project Plan

Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Owner:	Children's Health Queensland
Contact Details:	Judi Krause / Stephen Stathis
Division/Unit:	XXXX
Document Status:	Draft v3

Revision History

Revision Date	Version No.	Author	Description of Change/Revision
30/07/13	v1	A/Director of Strategy, MH&SS, WM HHS	Initial draft for consideration with key stakeholders.
01/08/13	v2	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Sharon Kelly, Stephen Stathis and Judi Krause 01/08/13.
16/08/13	v3	A/Director of Strategy, MH&SS, WM HHS	Revisions made following meeting with Stephen Stathis and Judi Krause on 15/08/13 and based on CE teleconference 16/08/13.

Project Statement:

Queensland's public mental health system has undergone significant reform over the past ten years. The reform agenda includes a shift from institution-based service models, including extended treatment and rehabilitation, to more contemporary models of care that align with state and national policy. The impact of these important reforms has seen the care of consumers moved primarily into community-based settings that support the consumer to engage in their own local neighbourhoods and facilities. This has been particularly vital for consumers requiring medium to longer-term care.

In alignment with the Queensland Plan for Mental Health 2007-17 (QPMH), a key area for reform within Mental Health and Specialised Services (MHSS) in the West Moreton Hospital and Health Service (WM HHS) is the development of The Park Centre for Mental Health (The Park) as an adult-only forensic and secure mental health campus. The high secure services have been expanded, and a new service option was established on the campus (Extended Forensic Treatment and Rehabilitation Unit) in July 2013.

In light of these significant changes, it is no longer safe or contemporary to provide long-term inpatient care for adolescents at the Barrett Adolescent Centre (BAC) on The Park campus. Compounding these changes at a service provision level, the existing infrastructure of the BAC is unable to be refurbished and the building will be decommissioned.

A new statewide service model for the delivery of adolescent mental health extended treatment and rehabilitation is required. The foundations of this initiative have been completed, including broad consultation and planning processes. WM HHS commenced the Barrett Adolescent Strategy in December 2012, forming an Expert Clinical Reference Group (ECRG) that fed into an overarching Planning Group. Seven recommendations were submitted by the ECRG to the Planning Group, and were considered by the WM Hospital and Health Board in May 2013. Further consultation and communication processes were then initiated with key stakeholders, including the Minister for Health, the Queensland Mental Health Commissioner, Children's Health Queensland HHS, the Department of Health, and the Department of Education, Training and Employment.

The initiative has now moved into the implementation phase, of which this Project Plan forms the basis.

Work Unit: Queensland Health - Mental Health, Child and Youth.

Work Site: Multi-site Project conducted via a partnership between West Moreton HHS, Children's Health Queensland HHS, and Department of Health. Other HHSs will be engaged dependent on the service options implemented.

Project Scope & Business Case

Project Scope

Objectives	<ol style="list-style-type: none"> 1. Finalise the development of (and then implement) service options within a statewide model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline. 2. Ensure continuity of care for adolescents currently admitted to BAC, and support their transition to the most appropriate care option/s that suit their individual needs and are located in (or as near to) their local community. 3. Within the context of a changing service model early 2014, review the admission criteria to BAC for all new consumers post 5 August 2013. 4. Oversee the redistribution of BAC operational funds and other identified funding to adolescent mental health service models that support the identified target group. 5. Develop a consistent and transparent communication plan regarding the implementation of the new service options. 6. Consider in all decision-making the key principles and recommendations as defined through the ECRG and Planning Group of the Barrett Adolescent Strategy (attached).
	<p>Performance indicators of these objectives will be:</p> <ol style="list-style-type: none"> 1. Endorsed statewide model of service for adolescent mental health extended treatment and rehabilitation. This statewide model will give consideration to a range of service options including community, day program and bed-based care, and to a range of service providers. 2. Commencement of service provision through alternative service option/s that meet the needs of the adolescent target group starting early 2014, and support transition of services from BAC accordingly. NOTE: While not all alternative service options will necessarily be available early 2014, there will be no gap to service delivery for the target group. 3. Successful discharge or onward referral of all current BAC consumers, which is evidenced by their individual needs being met. 4. Ongoing communication with key stakeholders and a reduction in negative media and correspondence. 5. Broad stakeholder engagement.

<p>Purpose</p>	<p>As a result of this project, we expect to see:</p> <ul style="list-style-type: none"> • High quality, effective extended treatment and rehabilitation mental health care options available to consumers that are based on contemporary models of care and take into account the wide geographical spread of Queensland. • Improved, strengthened intersectoral partnerships in delivering adolescent mental health care. • Value for money in the delivery of care for adolescents requiring extended treatment and rehabilitation mental health care. • Finalisation of The Park campus as an adult facility, and progress the planning towards The Park being a forensic and secure mental health service facility.
<p>Benefits</p>	<p>Achievement of the project purpose will create a range of benefits for consumers and improved service efficiencies including:</p> <ul style="list-style-type: none"> • increased access for adolescent consumers to their families, community and social networks by having greater access to more local mental health services. • improved service options for adolescent consumers through more contemporary models of care. • improved working partnerships with the NGO sector. • realisation of the deinstitutionalisation plan for The Park as identified in the QPMH. • The Park will become an exclusively secure and forensic mental health facility for adults. • a supported process to transition current adolescent consumers to alternative care that best meets their needs. • potential for a more cost effective service delivery model that better meets the rehabilitation needs of the consumer.

Rationale & Background

<p>Rationale/ Background</p>	<p>This proposal aligns with the following strategic and planning directions:</p> <ol style="list-style-type: none"> 1. <i>The Blueprint for better healthcare in Queensland (2013)</i> <ol style="list-style-type: none"> a. Health services focused on patients and people; b. Providing Queenslanders with value in health services; c. Investing, innovating and planning for the future. 2. <i>Queensland Plan for Mental Health (2007-17) (QPMH)</i> <ol style="list-style-type: none"> a. Integrating and improving the care system;
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- b. Participating in the community;
- c. Coordinating care.

3. National Mental Health Service Planning Framework (under draft)

Through Stage 1 of the QPMH, an adolescent extended treatment unit was funded to replace the existing 15-bed BAC that provides statewide inpatient care (located on The Park campus). The replacement service was to be located at Redlands within Metro South HHS, and had an indicative commissioning date of November, 2013. Upon operation of the replacement 15-bed unit, the existing BAC was to be decommissioned due to the building not meeting accreditation standards and due to The Park becoming an adult-only forensic and secure mental health facility in 2014.

The Redlands adolescent extended treatment capital program encountered multiple delays and a significant budget over-run. There were unresolvable environmental barriers associated with the site, and the Department of Health ceased the capital program and redirected the capital funds towards other high priority health initiatives. Operational funding that equates to approximately \$2M in 2013/14 was retained and has been approved by the Department of Health to fund new adolescent mental health extended treatment and rehabilitation service options.

In December 2012, WM HHS initiated the Barrett Adolescent Strategy to identify new service options for adolescents requiring mental health extended treatment and rehabilitation in Queensland. An Expert Clinical Reference Group (ECRG) was convened, consisting of a consumer representative, a carer representative, an interstate Child and Youth Psychiatrist, multi disciplinary Child and Youth clinician representation (including north Queensland), a representative of BAC, a representative of the BAC School, and an NGO representative. The ECRG was chaired by the Director of Planning and Partnerships Unit, Mental Health Alcohol and Other Drugs Branch. The ECRG reported up to the WM HHS via a Planning Group, which was chaired by the Executive Director of Mental Health & Specialised Services, WM HHS.

A preamble and seven recommendations were submitted by the ECRG and considered by the WM HHS Board in May 2013 (Attachment 1). This was followed by comprehensive consultation with the Minister for Health, the Queensland Mental Health Commissioner, CHQ HHS, Department of Education Training and Employment, and the Department of Health.

The seven recommendations were accepted by the WM HHS Board. Minister for Health, the Honourable Lawrence Springborg MP made an announcement on 6 August 2013 that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014 (related documents at Attachments 2 and 3). Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.

This project plan forms part of the next phase of the Strategy.

<p>Assumptions</p>	<ul style="list-style-type: none"> • Key stakeholders will work in partnership to implement this phase of the initiative. The lead governing body for the project will be CHQ HHS, in partnership with WM HHS and Department of Health. • Identified funding sources will remain available to the identified adolescent target group and their mental health service needs. The identified funding sources include: <ul style="list-style-type: none"> a) BAC operational funding (amount to be defined); b) \$2M operational funding from the ceased Redlands Adolescent Extended Treatment and Rehabilitation Unit; c) \$1M operational funding for NGO delivered services (e.g., Residential Rehabilitation); and d) Other potential DoH funding as defined by Mental Health Alcohol and Other Drugs Branch. This will include temporary 'bridging' funds to support the transition process from the current service model to the newly defined service options. • Workforce management strategies will be developed to support BAC staff. • Timely approval will be received from the project stakeholders to enable major stages of the project to be implemented as planned. • The Steering Committee and Working Groups will commit to actioning tasks both in and out of session to meet defined timelines, and thus support the timely completion of this project and the achievement of outcomes for the consumer group. • The transfer of consumers to alternative care options will be underpinned by individual consumer choice and health care needs, and will be supported by the relevant 'home' HHSs. • The stakeholders of this project will contribute resources (including staff time and content expertise) for the duration of the project. • The Mental Health Alcohol and Other Drugs Branch will provide temporary funding of \$300,000 to support the temporary appointment of 2 project officers to CHQ and 1 project officer to WM HHS. • Timeframes associated with this project can and will align with the timeframes around the procurement processes for engaging NGO services. • The governance of the new service options will be held by CHQ HHS and a model will be defined as a priority. • The site/s for delivery of any potential bed-based service option (e.g., Youth Prevention and Recovery Care [Y-PARC] service) will be identified and negotiations regarding governance will be held as a priority. • Admissions to BAC post 5 August 2013 will require urgent attention and consideration. • Service options considered by the Steering Committee will not be limited to a Y-PARC model. Consideration will be given to all recommendations for service needs that were defined by the ECRG.
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	<p>This will include consideration of community-based options such as Intensive Mobile Youth Outreach Services, Day Programs, residential rehabilitation services, and bed-based services.</p> <ul style="list-style-type: none"> • The service options identified will be modified (as required) to suit the needs of the target group within a Queensland setting, and will take into account the wide geographical spread of Queensland. • Service options will broadly align with the draft National Mental Health Service Planning Framework. • Not all service options within the statewide model that will be proposed will be necessarily available early 2014. However, there is a commitment to ensuring there is no gap to service delivery for the adolescent target group.
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<p>Constraints</p>	<ol style="list-style-type: none"> 1. There is no capital funding currently identified to build new infrastructure. 2. Transfer processes and time frames of operational funding to new service providers and HHSs need to be defined and negotiated. 3. Timeframes and imperatives associated with the procurement processes of NGO contracting are tight and may be restrictive to timely progress. 4. Queensland has early / developing experience in the delivery of some models being proposed (e.g., the Y-PARC model, Intensive Mobile Youth Outreach Service, residential rehabilitation for adolescent mental health consumers, and other partnership models between the public and non government sectors). 5. A governance model for the statewide service delivery of adolescent mental health extended treatment and rehabilitation care is yet to be clearly defined and endorsed in Queensland. 6. Alternative service options for BAC consumers must be available by early 2014, when The Park transitions to an adult forensic and secure mental health facility.
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Internal Partners/Clients/ Stakeholders	Nature of Involvement
Consumers, carers and significant others	<ul style="list-style-type: none"> Membership of the Steering Committee (and Working Group/s as identified by Steering Committee)
West Moreton Hospital and Health Service	<ul style="list-style-type: none"> Project partner Responsibility for transition of consumer care and BAC operational funding Responsibility for support of and information provision to BAC staff Joint responsibility for communications / media with CHQ Support timely achievement of Strategy objectives Support CHQ in project planning and implementation
Children's Health Queensland	<ul style="list-style-type: none"> Lead project partner – governance for project including secretariat and chairing responsibilities of steering committee, and project planning and implementation Drive timely achievement of Strategy objectives Governance over new statewide service model – governance model to be defined Lead negotiations with other HHS regarding new service options and support service implementation Joint responsibility for communications / media with WM HHS
DoH - MHAOD Branch	<ul style="list-style-type: none"> Project partner Provide funding and / or identify funding sources (as agreed / negotiated) between key stakeholders) for both the Project and defined service options Provide advice, information and data on national and state direction regarding policy and service planning as relevant to the Project Participate in statewide negotiations and decision-making processes
Metro South HHS	<ul style="list-style-type: none"> Participate in discussions and negotiations relevant to the delivery of service options that are being considered for delivery within MS HHS
Other Queensland HHSs	<ul style="list-style-type: none"> Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee) Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need

External Partners/Clients/ Stakeholders	Nature of Involvement
Non government service providers	<ul style="list-style-type: none"> Membership of the Steering Committee as invited (and Working Group/s as identified by Steering Committee) Work collaboratively to support transition of consumer care back to 'home' HHSs as is relevant to individual consumer need

Project Key Dates & Milestones

Key Milestones during Implementation Phase	Milestone #	Milestone Description	Completion Date
	1	Establish detailed project plan and draft TOR for Steering Committee	9 August 2013
	2	Endorsement of project plan	9 August 2013
	3	Implementation - Inaugural Steering Committee meeting	26 August 2013
	4	Finalisation	February 2014

Overall Project Budget & Cost Management

<u>Project Team</u>	Financial Year*	Non Labour Costs*	Temp FTE (\$)*	Total \$*
	2013/14 CHQ	15%	2 x Project Officers	\$200,000
	2013/14 WM HHS	15%	1 x Project Officer	\$100,000
	Total*			\$300,000

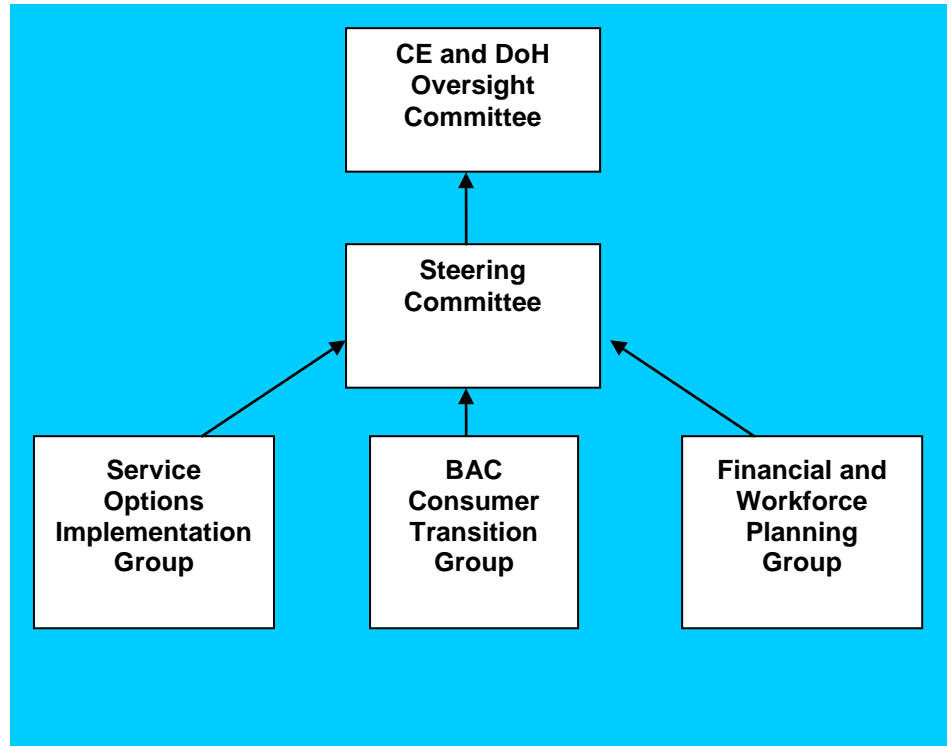
Funding Source and Resource Contribution from Stakeholders

- MHAODB has committed to providing temporary project funding to CHQ and WM HHS for 2013/2014.
- Secretariat and Chairing of Steering Committee is the responsibility of CHQ.
- WM HHS responsible for all matters related to the closure of BAC.

DRAFT

Project Governance

Structure



CE and DoH Oversight Committee

- DDG, DoH (Chair)
- CE, CHQ
- CE, WM HHS
- CE, MS HHS
- Other CE membership as required

Steering Committee

- ED, CYMHS, CHQ (Co-Chair)
- Clinical Director, CYMHS, CHQ (Co-chair)
- Director of Strategy, MHSS, WM HHS
- Director, PPU, MHAODB
- Senior representative of Qld Alliance (as NGO peak body)
- Consumer representative
- Carer representative
- 3 senior representatives from HHSs with adolescent mental health services – multidisciplinary and representation of northern, central and southern clusters
- Clinical Director BAC
- Senior representative of Metro South HHS
- Senior representative of *headspace*

	<p>Working Group 1 – Service Options Implementation</p> <ul style="list-style-type: none"> • Chair to be determined • ED, CYMHS, CHQ • Director of Strategy, MHSS, WM HHS • Clinical Director, CYMHS, CHQ • MHAODB representative • 3 HHS representatives – northern, central and southern clusters • NGO representative <p>Working Group 2 – BAC Consumer Transition</p> <ul style="list-style-type: none"> • Clinical Director BAC (Chair) • 2 BAC clinical staff representatives • BAC school representative • 3 HHS representatives – northern, central and southern clusters • WM HHS Consumer Advocate <p>Working Group 3 – Financial and Workforce Planning</p> <ul style="list-style-type: none"> • Senior Social Worker WM HHS (Chair) • Business Manager WM HHS • HR Director WM HHS • MHAODB representative • CHQ representative • Operational Seniors of Allied Health and Nursing for BAC <p><u>Monthly status reports provided to:</u></p> <ul style="list-style-type: none"> • CE and DoH Oversight Committee • QMHC • DETE • Identified HHS Boards <p>Administrative and operational support will be provided to the Steering Committee and Working Groups by the Project Team.</p> <p>Terms of Reference to be developed by Steering Committee. It is noted the Steering Committee and Working Groups will meet fortnightly utilising suitable mediums for communication.</p> <p>Working Group membership to be defined by Steering Committee.</p>
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Project Management Roles & Responsibilities	Role	Name(s)
	Project Lead	XXXX
	Project Manager	XXXX
	Project Sponsor	XXXX

Recommendations & Decisions

Recommendations (Project Manager)

Next Step	<input type="checkbox"/> <i>Progress to Implementation</i> <input type="checkbox"/> <i>Cease</i> Comments:		
	<i>Prepared By</i>	<i>Name*:</i>	Dr Leanne Geppert (A/Director of Strategy, WMHHS) in consultation with Dr Stephen Stathis (Clinica Director, CHQ) and Judi Krause (ED, CHQ)
		<i>Date*:</i>	16/0813
		<i>Phone Number*:</i>	
		<i>Email*:</i>	
	<i>Cleared By (if applicable)</i>	<i>Name*:</i>	
		<i>Title*:</i>	
		<i>Work Unit/Site*:</i>	
		<i>Phone Number*:</i>	
		<i>Email*:</i>	
		<i>Signed*:</i>	
		<i>Date*:</i>	
		<i>Comments:</i>	
		<i>Name*:</i>	
<i>Title*:</i>			
<i>Work Unit/Site*:</i>			
<i>Phone Number*:</i>			
<i>Email*:</i>			
<i>Signed*:</i>			
<i>Date*:</i>			
<i>Comments:</i>			
<i>Name*:</i>			
<i>Title*:</i>			
<i>Work Unit/Site*:</i>			
<i>Phone Number*:</i>			
<i>Email*:</i>			
<i>Signed*:</i>			
<i>Date*:</i>			
<i>Comments:</i>			

Approval/Decision (Higher Authority)

Next Step	<input checked="" type="checkbox"/> Progress to implementation phase* { <i>Recommendations & Decisions / HA Decision</i> } <input type="checkbox"/> Revise project plan and resubmit <input type="checkbox"/> Cease Comments:
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Governance	Project Manager*	
	Project Sponsor*	

Resources	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> N/A		
	Amount	\$	
	Parameters of Project Manager Authority	Time:	Parameters of Project Manager Authority
		Cost:	
		Quality:	
		Other:	
	Approved By	Name*:	
		Title*:	
		Work Unit / Site*:	
		Phone Number*:	
		Email*:	
		Signed:	{Higher Authority Decision}
	Date*:	{Recommendations & Decisions/HA Decision Date}	

Statewide Adolescent Extended Treatment & Rehabilitation Implementation Strategy

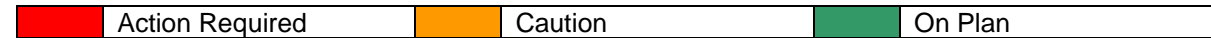
Monthly Status Report

Author:	Dr Leanne Geppert & Dr Stephen Stathis	Sponsor:	Children's Health Queensland, HHS	Partners:	West Moreton HHS and Department of Health
Report Date:	29 August 2013	Project Start Date:	August 2013	Project End Date:	February 2014

Description of Project:

It is no longer safe or contemporary service delivery to provide statewide adolescent mental health extended treatment and rehabilitation services at the Barrett Adolescent Centre, which is located at The Park Centre for Mental Health. Statewide governance around mental health extended treatment and rehabilitation for adolescents has moved to Children's Health Queensland and a new range of contemporary service options will be available from early 2014. This project will guide and support the definition and establishment of these new service options. The foundation of this initiative has been completed through the Barrett Adolescent Strategy.

Overall Status Summary:



Schedule	Financial	Scope	Risks / Issues	Overall
Action Required	Action Required	Action Required	Action Required	Action Required
Caution	Caution	Caution	Caution	Caution
On Plan	On Plan	On Plan	On Plan	On Plan

<p>Accomplished This Period</p> <ul style="list-style-type: none"> • Public announcement of plan • Project governance established • Project Plan and Action Plan drafted • Steering Committee established • Inaugural Steering Committee meeting 26/8/13 • Recruitment of project staff commenced • Site visit to Victoria completed – report prepared 	<p>Activities For Next Period</p> <ul style="list-style-type: none"> • Establish and task Working Groups • Communications strategy to be developed • Risk register to be developed • Define governance for statewide service model
<p>Significant Risks Requiring Management Attention</p> <ul style="list-style-type: none"> • Identification of single point responsibility for correspondence (CE & DoH Oversight Committee) • Endorse Project Plan and Action Plan (CE & DoH Oversight Committee) 	<p>Issues Affecting Progress</p> <ul style="list-style-type: none"> • Nil currently

Statewide AETR: Working Groups

Working Group 1 – Service Options Implementation

- Janet Martin: Manager, Clinical Governance Office of the Chief Psychiatrist MHAODB (**Chair**) – confirmed
- Stephen Stathis: Clinical Director CYMHS CHQ HHS - confirmed
- Dr Leanne Geppert: Director of Strategy MHSS WM HHS - confirmed
- HHS Northern rep: nomination required
- HHS Central Rep - Trevor Sadler: Director Barrett Adolescent Centre The Park _ Centre for Mental Health - confirmed
- HHS Southern rep: nomination required
- NGO Representative: Richard Nelson to nominate rep (LG sent email)
- Consumer Carer Rep: nomination required

Working Group 2 – BAC Consumer Transition

- Trevor Sadler: Director Barrett Adolescent Centre The Park _ Centre for Mental Health – (**Chair**) confirmed
- Dr Darren Neillie, A/ Director of Clinical Service WM HHS - confirmed
- BAC Clinical Staff 1 rep: Trevor Sadler to nominate rep – LG asked Trevor to nominate
- BAC School rep: Trevor Sadler to nominate rep – LG asked Trevor to nominate
- HHS Northern rep: nominations required
- HHS Central Rep: nominations required
- HHS Southern rep: nominations required
- Nadia Beer: Consumer Advocate MH HHS – *not confirmed* (LG sent email)

Working Group 3 – Financial and Workforce Planning

- Paul Clare: Senior Social Work WM HHS (**Chair**) – confirmed
- Laurence McDowell: Business Manager WM HHS - *not confirmed* (LG sent email)
- Kathryn White: HR Director WM HHS - *not confirmed* (LG sent email)
- 2 x MHAODB reps: Leanne Geppert to nominate – (from R. Catchpoole's and M. Kelly's teams) – letter to be sent to Ruth and Marie requesting their delegates
- CHQ rep: Deborah Miller to liaise with CHQ CFO for rep (ABF team?)
- Operational Seniors of Allied Health and Nursing for BAC: Padraig McGrath and Lorraine Dowell WM HHS (LG to f/up)
- Consumer Carer Rep: nominations required Judi Stephen and Leanne discussed this as not relevant

Meeting Agenda

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	23 September 2013	
Time:	8.30am – 10am	
Venue:	Rm 30, CYMHS Cnr Roger & Water Streets Spring Hill (parking via Roger St entrance)	
Teleconference Details:		<u>** Please advise secretariat if you are using T/C**</u>

A/Chair:	Dr Leanne Geppert	A/Director of Strategy, Mental Health & Specialised Services WM HHS
Secretariat:	Ingrid Adamson	SW AETR Project Manager
Attendees:	Deborah Miller	A/Executive Director Office of Strategy Management, CHQ
	Paul Letters	A/Divisional Director CYMHS CHQ HHS
	Josie Sorban	Director of Psychology, CHQ HHS
		Carer Representative
	Elisabeth Hoehn	A/Clinical Director CYMHS CHQ HHS
	Marie Kelly	A/Director Planning & Partnership Unit MHAODB
	Amanda Tilse	Operational Manager Alcohol, other Drugs & Campus, Mater
	Richard Nelson	Queensland Alliance
	Amelia Callaghan	State Manager Headspace
Apologies:	Judi Krause (Co-chair)	Divisional Director CYMHS CHQ HHS
	Dr Stephen Stathis (Co-chair)	Clinical Director CYMHS CHQ HHS
	Raymond Ho	Clinical Services Program Manager, Metro South Addiction and Mental Health Service
Observers / Guests:		

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

1. Presentations		
Item no	Item	Action Officer
1.0	Nil	

2. Meeting Opening		
Item no	Item	Action Officer
2.1	Welcome and Apologies	Chair
2.2	Statement of Conflict/Interest	Chair
2.3	Confirmation of the minutes from the previous meeting 09/09/13 (attached)	Chair
2.4	Statement of achievements	Chair

Children's Health Queensland Hospital and Health Service

3. Business Arising from previous minutes		
Item no	Item	Action Officer
3.1	Working Group Membership	Chair
3.2	Committee Action Plan	Chair
3.3	Draft Project Plan	IA
3.4	Single point of responsibility for correspondence decision	Chair

4. Matters for Decision		
Item no	Item	Action Officer
4.1	Steering Committee Terms of Reference	Chair
4.2	Working Groups Terms of Reference	Chair

5. Matters for Discussion		
Item no	Item	Action Officer
5.1	Chief Executive and Department of Health (CE DoH) Oversight Committee Terms or Reference	Chair
5.2	Barrett Centre Update	Chair

6. Standard Agenda Items		
Item no	Item	Action Officer
6.1	Service Options Working Group Update <ul style="list-style-type: none"> • Memo sent to CEs of Mental Health Clusters seeking nomination of representative • Service Options Overview 	Chair
6.2	BAC Consumer Transition Working Group Update	
6.3	Financial and Workforce Planning Working group Update	
6.4	Risk Management Risk register commenced – requires input from Working Groups	IA
6.5	Progress of key milestones and deliverables	
6.6	Other business	

7. Matters for Noting		
Item no	Item	Action Officer
7.1	Major correspondence	

8. For Information (papers only)		
Item no	Item	Action Officer
8.1	Victoria Site Visit Report (<i>refer attached</i>)	Chair

Next Meeting

Date: Wednesday 9th October 2013

Time: 8.30am – 10am

Venue: Room 30 CYMHS 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
26/08/13	4.2	Committee TOR	Include changes to purpose; authority; membership; and meeting dates	Leanne Geppert	09/09/13	Completed	
26/08/13	4.4	Working Group Membership	Include Carer/Consumer Reps on Service Options and Consumer Transition Working Groups	Leanne Geppert	09/09/13	Completed	
26/08/13	4.4	Working Group Membership	Circulate hard copy of ECRG Recommendations	Leanne Geppert	09/09/13	Completed	
26/08/13	8.1	YPARC Model	Disseminate Victorian Site Visit Report	Leanne Geppert	09/09/13	Completed	
09/09/13	3.1	Committee TOR	Circulate final version for out of session endorsement	Leanne Geppert	23/09/13		
09/09/13	3.1	Committee TOR	Identify consumer representative for Steering Committee	Trevor Sadler	23/09/13		
09/09/13	3.3	Working Group Membership	Invite DETE WG representative to future steering committee meeting for information exchange	Leanne Geppert	TBC		
09/09/13	3.3	Working Group Membership	Contact each working group to establish membership and convene meetings	Leanne Geppert	23/09/13		
09/09/13	3.3	Working Group Membership	Invite Darren Neillie (wait list team) membership to WG 2	Leanne Geppert	23/09/13		
09/09/13	4.2	Committee Action Plan	Finalise Project Plan and develop Risk Register and Comms Plan	Ingrid Adamson	TBC	Work commenced	
09/09/13	4.2	Committee Action Plan	Submit feedback to LG	Steering Committee	10/09/13	Completed	
09/09/13	4.2	Committee Action Plan	Submit Action Plan to CE DoH Oversight Committee for endorsement	Ingrid Adamson	18/10/13		

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	23/09/2013	Time:	08:30	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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A/Chair:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG)
Secretariat:	SW AETR Project Manager (IA)
Attendees	SW AETR Project Officer (LJ) A/Executive Director Office of Strategy Management, CHQ (DM) Director of Psychology, CHQ HHS (JS) [REDACTED] A/Divisional Director CYMHS CHQ HHS (PL) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC) Nurse Unit Manager, Mental Health, Metro South HHS (JB) A/Clinical Director CYMHS (EH)
Conf Call	A/Director Planning & Partnership Unit MHAODB (MK)
Apologies	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Queensland Alliance (RN)
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
	Nil	Nil		
2.	Meeting opening			
2.1	Welcome and Apologies <ul style="list-style-type: none"> Welcomed Laura Johnston, SW AETR Project Officer, WM HHS 		Chair	
2.2	Statement of Conflict/Interest	Nil		
2.3	Confirmation of Minutes	Confirmed	[REDACTED]	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	Working Group Membership and Objectives <i>Working Group 1 – Service Options</i> <ul style="list-style-type: none"> Went through proposed membership – still need a consumer representative. EH suggested the a representative could be sought from Beautiful Minds AT will also have a talk to people at the Mater to source a representative AT raised that Mater did not have a 	EH to source a consumer representative	EH	27/09

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Item No	Topic	Action	Committee member	Due date
	<p>representative on WG1. LG agreed to their participation. Amanda suggested a day unit representative</p> <ul style="list-style-type: none"> • Committee agreed to progress with a meeting of WG1 irrespective of an identified NGO representative. • LG advised that the intent to bring the WG1 together as a half day workshop rather than a 1hr fortnightly meeting to expedite work. She advised that, in light of recent events at the Barrett Centre, it is important to progress quickly. The Committee supports this approach. <p><i>Working Group 2 – BAC Transition</i></p> <ul style="list-style-type: none"> • Anne Brennan is going to chair this group • Currently there has been no decision made regarding transition of consumers. Any decision regarding the reduction in bed numbers and taking no further admissions will impact on the work this WG undertakes. No decision had been made at the time of this meeting. • The BAC Team have started the process of looking at consumer care plans for the future based on individual clinical care needs. • LG has suggested that this WG adopt an approach similar to that of a Complex Needs Panel (involving DETE, Housing, Communities and CYMHS clinical staff) specific to the individual. • Committee agreed to change the name of the WG to BAC Transition Panel • Terms of Reference – [redacted] raised an issue with confidentiality of consumer identity (specifically in Status Reports, Plans and Risk Management). LG confirmed that any reporting will not identify individuals – this is not about clinical risk to the consumer but rather risks of the initiative, e.g. reduction in bed numbers will create pressure on other service options, etc. • LG proposed to change the Panel membership to include BAC staff in the first instance and to involve other HHS representatives where they are involved in the treatment of a specific individual. The Committee supported this change. • LG also advised that she spoke to Darren Nellie (from the Wait List Team) and he has agreed to participate on the Panel, as required. <p><i>Working Group 3 – Financial & Workforce Planning</i></p> <ul style="list-style-type: none"> • Branch representatives are still required. • Also revisiting the Chair for this WG • DM identified the need for a HR representative from CHQ HHS. • Nursing leads from WM HHS are also to be identified. DM suggested we may also need 	<p>AT to source a Mater representative.</p> <p>Branch reps to be identified Chair to be confirmed Confirm CHQ HR representative</p> <p>Confirm WM HHS</p>	<p>AT</p> <p>LG</p> <p>LG</p> <p>IA</p> <p>LG and IA</p>	<p>27/09</p> <p>27/09</p> <p>27/09</p> <p>27/09</p>

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Item No	Topic	Action	Committee member	Due date
	nursing leads from CHQ HHS. Recommendation: <ul style="list-style-type: none"> EH and AT to identify representatives for WG1 WG1 to meet in a series of half day workshops WG2 renamed to BAC Consumer Transition Panel WG2 membership altered to include BAC Staff only – HHS representatives will be involved on an 'as needs' basis. WG3 representatives still required - LG and IA to identify representatives within MHAODB and CHQ respectively 	and CHQ Nursing Lead representatives		
3.2	Committee Action Plan <ul style="list-style-type: none"> No feedback received so Action Plan is considered endorsed. This will now be incorporated into Project Plan. 	Incorporate into Project Plan	IA	09/10
3.3	Project Plan <ul style="list-style-type: none"> Project Plan, Risk Register, and Communications Plan are still under development. Draft Project Plan will be circulated to Committee members before the next meeting 	Finalise Project Plan	IA	09/10
3.4	Single point of responsibility for correspondence decision <ul style="list-style-type: none"> Committee was advised that WM HHS will retain responsibility of correspondence until SW AETR transition to CHQ HHS. LG still to speak with Lesley Dwyer to confirm this position. 	LG to speak with LD regarding correspondence position	LG	09/10
4.	Matters for Decision			
4.1	Steering Committee Terms of Reference <ul style="list-style-type: none"> DM confirmed the role of this Committee is to endorse and recommend options to the Oversight Committee (for decision making). The ToR have been adjusted to reflect this. Committee supported changes made and the ToR are now finalised. The identified Consumer Representative has since advised that they are unable to participate on Committee. Committee asked for suggestions for a replacement consumer representative. EH advised that CHQ has a parent group in Beautiful Minds. PL will speak with Sophie or Tamara about whether they could recommend someone. 	PL to advise of consumer rep for Committee	PL	09/10
4.2	Working Groups Terms of Reference <i>Working Group 1</i> <ul style="list-style-type: none"> Functions Dot Point 4: LG recommended change to <i>Develop an options paper for the Governance Model for SW AETR services</i> Nil other comments <i>Working Group 2</i> <ul style="list-style-type: none"> Changes as noted above in Item 3.1 	Update TOR	IA	25/09
		Update TOR	IA	25/09

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p><i>Working Group 3</i></p> <ul style="list-style-type: none"> Functions Dot Point 1: EH asked whether the Workforce Strategy will impact DE TE staff – ToR to note it excludes DE TE staff although ongoing liaison and communication with DE TE will occur. LG has spoken with Peter Blatch, from DE TE. He has advised that he is not aware of any working group being established and that there should be no working group for DE TE. He is happy for a DE TE representative to attend the Steering Committee once a service options model has been developed – they will then develop their DE TE models in synergy with the agreed model of service. They continue to be committed to being part of ongoing discussions. Nil other comments 	Update TOR	IA	25/09
5.	Matters for Discussion			
5.1	<p>Chief Executive and Department of Health (CE DoH) Oversight Committee Terms or Reference</p> <ul style="list-style-type: none"> █ queried whether it was necessary for the Chair to appoint a Proxy in his absence. DM advised that the Proxy would most likely be Lesley Dwyer in all instances. LG advised that Lesley Dwyer thought the DDG would be chair. DM will confirm with DDG. LG queried whether bi-monthly meetings were frequent enough and whether the Oversight Committee meetings could be added onto the back of CE meetings. DM will speak with the DDG's office to see what frequency will work best. LG raised that Lesley Dwyer thought a CE from North Qld should also be included in the membership – CHQ will approach the CE Townsville HHS Nil other comments 	<p>DM to confirm DDG as chair</p> <p>DM to confirm frequency of meetings with DDG office</p> <p>CHQ to approach Townsville HHS CE re Committee membership</p>	<p>DM</p> <p>DM</p> <p>IA</p>	<p>27/09</p> <p>27/09</p> <p>27/09</p>
5.2	<p>Barrett Centre Update</p> <ul style="list-style-type: none"> LG confirmed that EH is standing in for TS while an investigation is underway. EH advised that the current focus is on ensuring continuity of care for consumers. Most communication undertaken in the past few weeks has been face-to-face or via phone with consumers, families, and staff. Another BAC Fact Sheet is due for publication soon. 			
6.	Standard Agenda Items			
6.1	<p>Service Options WG Update</p> <ul style="list-style-type: none"> LG advised that a memo was sent to CEs of Mental Health Clusters seeking nomination of representatives, which have now been received. LG took the committee through the Service Options Overview. Committee agreed the arrows in the diagram 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
	<p>need to be two way.</p> <ul style="list-style-type: none"> • LG advised that IMYOS is similar to our Mobile Intensive Treatment Teams (MITT) Streams however Qld doesn't currently have anything similar for Adolescents. • LG also advised that Day Units work well in Qld and that we need more of them. • LG advised that Resi Rehab is like the Therapeutic Residential Service (in Goodna, etc) however consumers need to be in the Child Safety stream to access that service. • Discussed that Tier 2b could potentially be a residential-only model (focused on life skills building toward independent living) with no therapeutic service. This model doesn't necessarily need intensive in-reach from CYMHS but rather a focus on teaching adolescents how to access services they need from the community. • LG also advised that components of the YPARC model are useful but not wholly suited to a statewide approach. It also targets a different age group. • Committee commented that a statewide policy is needed on the Target Group. • Further discussion is also needed regarding length of stay. • IA raised the importance of showing the linkages with adult and paediatric MH – EH confirmed this was important particularly as consumers reach 18yo. • JB asked if there was data on current BAC consumers that could be shared with the Committee. LG is progressing this with WM HHS following a request from CHQ HHS Board Chair. <p>Recommendation:</p>	<p>LG to provide data on current BAC consumers</p>	<p>LG</p>	<p>27/09</p>
6.2	<p>BAC Consumer Transition Panel Update</p> <p>Discussion Points:</p> <p>Recommendation:</p>	<p>Nil</p>		
6.3	<p>Financial and Workforce Planning WG Update</p> <p>Discussion Points:</p> <p>Recommendation:</p>	<p>Nil</p>		
6.4	<p>Risk Management</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> • IA advised that the Risk Register is under development however requires input from Working Groups before it can be finalised. <p>Recommendation:</p>			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
6.5	Progress of key milestones and deliverables Discussion Points: Recommendation:	Nil		
6.6	Other Business	Nil		
7.	Matters for Noting			
7.1	Major correspondence	Nil		
8.	For Information			
8.1	Victoria Site Visit Report circulated to the Committee with the meeting agenda.	Noted		
Next meeting Wednesday 9th October 2013, 9am – 10.30am, CYMHS Spring Hill.				

ENDORSED BY:

Signature:

Date: /09/13

Name:

Position:

Ingrid Adamson - Request for SW AETR Steering Committee review of Service Options Overview and Diagram

From: Ingrid Adamson
To: SW AETR Steering Committee
Date: 25/09/2013 11:07 AM
Subject: Request for SW AETR Steering Committee review of Service Options Overview and Diagram
Attachments: Model of Care Overview v1.1.doc; Model of Care Overview Diagram v1.1.docm

Good Morning and thank you again for your time on Monday.

As we discussed during the meeting, work has started on the service options for statewide adolescent extended treatment and rehabilitation. We are now seeking your input on the information we are collating for the Service Options Working Group. We'd greatly appreciate any contributions you can make to the first attached document, "Model of Care Overview". The Model of Care Overview Diagram has also been attached for your information.

We understand that each of you have a variety of experience and varying levels of knowledge in regard to the services currently offered. Please focus on those services you are able to provide information on and collectively we will be able to flesh out a rich picture of current services.

So that I can keep track of all your review and edits, would you please save your version of the *Model of Care Overview* document with your name at the end? That way, if I have any questions regarding the information you have included, I can also get back in touch with you.

In the interest of progressing things quickly, we are in the process of convening the first workshop for the Service Options Working Group next Tuesday. It would therefore be sincerely appreciated if you are able to provide any information you have to me by **close of business this Friday, 27th September**.

Again, thank you for your time and I look forward to hearing from you.

Warm regards,
Ingrid

Ingrid Adamson
Project Manager - SW AETRS
Office of Strategy Management

**Children's Health Queensland
Hospital and Health Service**

Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

Adolescent Extended Treatment and Rehabilitation Models Summary of Site visits to Victoria

Date: Visits conducted from 14 – 16 August 2013

Purpose: To review alternative models of Adolescent Rehabilitation and Extended Treatment

Reviewers:

- Dr Stephen Stathis, Clinical Director, Children's Health Queensland (CHQ) Child and Youth Mental Health Services (CYMHS)
- Ms Judi Krause, Divisional Director, CHQ CYMHS
- Dr Leanne Geppert, A/Director of Strategy, Mental Health & Specialised Services, West Moreton HHS
- Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre (BAC).

Sites visited:

- Royal Children's Hospital (RCH) Parkville
- Orygen Youth Health, Western Hospital and Parkville sites
- Mindful Centre for Training & Research in Developmental Health
- Y-PARC Dandenong, Southern Health
- Youth Support & Advocacy Service - Residential Facility – Noble Park
- Y-PARC Frankston, Peninsula Health Service.

BACKGROUND

The site visits was precipitated by the announcement that the Barrett Adolescent Centre (BAC), a fifteen bed inpatient adolescent extended treatment and rehabilitation facility based at The Park, Wacol, would be closing in late December 2013. An Expert Clinical Reference Group (ECRG) had identified a range of recommendations across the continuum of extended treatment and rehabilitation spectrum to best meet the diverse needs of this cohort.

Characteristics of Adolescents requiring extended treatment and rehabilitation:

- severe and complex mental illness
- impaired development secondary to their mental illness
- persisting symptoms and functional impairment despite previous treatment delivered by other components of child and adolescent mental health services including CYMHS community clinics, Evolve, day programs and acute inpatient child and youth mental health services
- will benefit from a range of clinical interventions

Severe and complex mental illness in adolescents occurs in a number of disorders. Many adolescents present with a complex array of co-morbidities as outlined below:

1. Persistent depression, usually in the context of childhood abuse. These individuals frequently have concomitant symptoms of trauma eg. PTSD, dissociation, recurrent self-harm and dissociative hallucinoses.
2. Adolescents diagnosed with a range of disorders associated with prolonged inability to attend school in spite of active community interventions. These disorders include Social Anxiety Disorder, Avoidant Disorder of Childhood, Separation Anxiety Disorder

and Oppositional Defiant Disorder. It does not include individuals with truancy secondary to Conduct Disorder.

3. Complex post traumatic stress disorder. These individuals can present with severe challenging behaviour including persistent deliberate self harm and suicidal behaviour resistant to treatment within other levels of the service system.
4. Persistent psychosis non responsive to integrated clinical management (including community-based care) at a level 4/5 service.
5. Adolescents with a persistent eating disorder such that they are unable to maintain weight for any period in the community. These typically have co-morbid Social Anxiety Disorder.

Royal Children's Hospital, (RCH) Parkville / Orygen Youth Health Service and Mindful Centre for Training and Research in Developmental Health.

These sites represented mental health care for adolescents in the Western metropolitan region of Melbourne. RCH and Orygen Youth Health (OYH), at Western Hospital provided acute inpatient services. RCH admitted an age range of 12 – 18 year olds and OYH admitted 16 – 25 year olds. Neither service had access to extended treatment and rehabilitation beds. They managed the cohort described above by offering an Intensive Mobile Youth Outreach Service (IMYOS). Dr Sandra Radavini, Child Psychiatrist from the Mindful Centre for Training and Research in Developmental Health was a co-founder of the IMYOS team.

The IMYOS model is a sub-acute program targeting difficult to engage, high risk young people with complex needs 15 – 24 years, who are experiencing mental health difficulties. IMYOS teams have caseloads of approximately eight and work as part of the integrated MH service. They provide assertive outreach mental health assessment and treatment to young people who are homeless, have substance abuse or forensic history and clients who are unable to leave their residences due to severe anxiety or psychosis. IMYOS also inreach to youth residentials managed by the Non-Government sector.

Y-PARC (Dandenong)

The Youth Prevention and Recovery Care Service (Y-PARC) is a collaboration between Southern Health (SH), Mind Australia (Mind) and Youth Support & Advocacy Service (YSAS).

SH is the largest health service in Melbourne and provides comprehensive integrated health care services to nearly 1.294 million people in the south-eastern suburbs of metropolitan Melbourne and nearby catchment populations.

The Mental Health Program is one of the largest integrated public mental health services in Victoria. The programs support more than one million people across Southern Health's geographically and culturally diverse catchment population including areas of significant socioeconomic disadvantage.

Mind Australia is a community managed mental health service supporting people recovering from the effects of mental health problems for over 30 years in Victoria and more than four years in South Australia. Mind provides support services to approximately 5,000 people every year, including families and carers. Mind is a leading non-government provider of consumer focussed, recovery oriented mental health services in the community managed mental health sector, with high levels of expertise, knowledge and skills. Mind Staff have a

minimum qualification of Certificate IV in Mental Health and the majority have Bachelor Degrees in Psychology, Social Work or a related field.

YSAS is an accredited community service organisation providing a range of innovative and client centred services to vulnerable young people aged 10 to 25 years. Operating from metropolitan and regional Victoria, services provided include: early intervention, youth outreach, short-term residential withdrawal, residential rehabilitation, home-based withdrawal, primary health, family reconciliation, day programs, youth supported accommodation, young parents support and alcohol and drug youth consultancy.

The Y-PARC is an element of the acute end of the clinical service continuum and aims to provide a short term residential treatment service in a youth friendly environment to young people aged 16 to 25 years. This 10 bed facility is a purpose built home-like environment to meet the needs of young people.

The partnership between SH, Mind and YSAS recognises the unique opportunity to provide young people and their carers/families with support during the early stages of an illness or episode and to provide them with treatment and strategies to manage mental health problems and engage them in recovery focused interventions and activities.

The Y-PARC model of care recognises the impact that mental health problems can have during the developmental stages and the resulting lower rates of participation in age appropriate activities for these young people. The model of care also recognises the importance of the formation of local partnerships with relevant services such as community mental health services, alcohol and other drug services (AOD), housing, primary health, education and vocational/training services.

The key principles of the Y-PARC model of care include but are not limited to:

- Early in life, early in illness and early in episode interventions;
- Treating young people with dignity & respect;
- Providing a supportive and safe environment, and an understanding of young people's physical, sexual and emotional safety needs;
- Gender sensitive care which considers gender identity and sexual preferences; and an awareness that a wide range of other factors interplay with gender identity which may have a negative impact on young people's health and wellbeing;
- Trauma informed care that gives insight into how trauma can have enduring effects on people that may interrelate with mental health and AOD issues, and developmental and age related issues; and
- Providing an individual client recovery focus as well as family/carers engagement in care planning.
- CALD Population sensitivity

SH have primary responsibility for the delivery of clinical services, and Mind have primary responsibility for the operational management. Staff from SH, Mind and YSAS work together and form collaborative professional working relationships in providing a clinical /recovery focussed service to clients.

Frankston Y-PARC

The Frankston Y-PARC is a collaboration between Peninsula Health Mental Health Service (PHMHS), Mind Australia (Mind) and Peninsula Support Services (PSS). PHMHS provides a range of integrated mental health services within the designated catchments of Frankston, Chelsea, and the Mornington Peninsula.

PSS is a community managed mental health service that supports people adversely affected by their mental health issues. Based in the local area PSS supports approximately 600 people per year with a range of services including; Home Based Outreach (1:1 support), Rehabilitation Groups, HACC Day Programs, Carer Support and a duty/intake service.

Y-PARC	Dandenong – 10 beds	Frankston – 10 beds
Target Population Characteristics (same across both sites)	<ul style="list-style-type: none"> • 16-25 yrs • live in catchment/ client of SH mental health • voluntarily agree • significant mental health issues/ high risk/ vulnerable • Safe to treat within community setting – low to moderate risk • Step up or step down from acute inpatient services 	<ul style="list-style-type: none"> • 16 – 25yrs • live in catchment/ client of PHMHS • voluntarily agree • significant mental health issues/ high risk/ vulnerable • Safe to treat within community setting – low to moderate risk • Step up or step down from acute inpatient services
Exclusion Criteria (same across both sites)	<ul style="list-style-type: none"> • Clozapine 1st day treatment • Level of acuity or risk assessed as too high (actively suicidal, homicidal or aggressive) • No capacity to engage and comply with treatment • Milieu not conducive • Actively using illegal substances 	<ul style="list-style-type: none"> • Clozapine 1st day treatment • Level of acuity or risk assessed as too high (actively suicidal, homicidal or aggressive) • No capacity to engage and comply with treatment • Milieu not conducive • Actively using illegal substances
Client Mix (Varies – this is a point in time snapshot only)	<ul style="list-style-type: none"> • At time of visit: • Male: 6 • Female: 4 • Age 19 – 22 • 60% step up • Will take clients under MHA 	<ul style="list-style-type: none"> • At time of visit: • Male: 0 • Female: 9 • Age 16 – 19 • 80% step up • Will take clients under MHA
Client Diagnoses (similar profile across sites)	<ul style="list-style-type: none"> • Psychosis • Mood disorders • Borderline Personality Disorder 	<ul style="list-style-type: none"> • Psychosis • Mood disorders • Borderline Personality Disorder
Length of Stay	<ul style="list-style-type: none"> • Up to 28 Days (average 2 weeks) 	<ul style="list-style-type: none"> • Up to 28 Days
Staffing Mix (Variability re: staffing shifts, Frankston model has extended clinical coverage).	<ul style="list-style-type: none"> • SH Mental Health Service – determine entry • Clinical staff work day shift (0800 – 1700), YSAS staff work 3 shifts (day, evening/night) • .2 Psychiatrist and .5 Registrar (shared across acute inpatient unit AIU) • Nursing staff – closed roster with rotations from AIU • Overnight staff liaise with SH triage team for urgent/crisis mh response 	<ul style="list-style-type: none"> • PHMHS – determine entry • Clinical staff work 2 shifts (day/evening until 2230), PSS staff work 3 shifts (day, evening/night) • .2 Psychiatrist and .5 Registrar (shared across acute adolescent inpatient unit) • Nursing staff - closed roster • Overnight staff liaise with PHMHS triage team for urgent/crisis mh response
Budget: Facility Build Operational Budget	<ul style="list-style-type: none"> • 3.5 million (excluding land) • 1.8 million (approx.) 	<ul style="list-style-type: none"> • 5 million (excluding land) • 1.8 million (approx.)

Interventions

There were different levels of structure between the two Y-PARC programs. Family engagement and therapy are well supported and both therapeutic (e.g DBT) and life skills groups are offered which are supplemented by individual treatment and support. Young people have free access to the community, and some will continue with school and part time work in the local area. There are cooking and life skills groups in the evening.

Environmental Factors

Both the Dandenong and Frankston Y-PARC services are in new purpose built buildings which had in common

- Stand alone, unmarked suburban locations on a land area of approximately 3000 sq metres.
- Predominant open living design with quiet areas for art, music and sensory rooms
- Strong use of glass to connect to outdoor areas utilised for recreation, retreat and garden projects
- 10 private bedrooms with en suites. These have no internal visibility to others (including staff) which are accessed by residents with their own access card. Staff have swipe card access to all bedrooms.
- Open meal preparation areas (including access to all knives). All meals are prepared by residents, with some assistance from staff if necessary.
- Visitor rooms and family assessment/therapy rooms
- Standard anti-ligature fittings
- Staff offices

Youth Support & Advocacy Residential Facility – Noble Park

This facility provided ten beds configured in five two bedroom units on a shared campus. Young people 18 – 25 reside there for up to two years. There are support staff rostered 9 – 5pm seven days per week. There is an on call system to the Manager overnight and young people can access the crisis & triage team from SH. Young people are linked to either the SH mental health service or private psychiatry. They are supported by youth workers to engage with vocational education, tertiary studies, employment opportunities and develop their independent living skills. There is currently a waiting list for young people to access the residential facility.

ALIGNMENT OF THE Y-PARC MODEL TO THE EXPERT CLINICAL REFERENCE GROUP RECOMMENDATIONS

The Expert Clinical Reference Group (ECRG) developed a service element document which proposed four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

Tier 1 – Public Community Child and Youth Mental Health Services (existing)

Tier 2a – Adolescent Day Program Services (existing and new)

Tier 2b – Adolescent Community Residential Service/s (new)

Tier 3 – State-wide Adolescent Inpatient Extended Treatment and Rehabilitation

Service (new)

The IMYOS service would complement Tier 1, 2 and potentially Tier 2b. It would be hypothesized that assertive outreach intervention would engage young people, provide evidence informed treatment and reduce the need for both acute and extended treatment inpatient admissions.

The Y-PARC model would complement Tier 1 by providing both a step up and a step down sub acute contemporary bed based model of care. It would further support Tier 2 and 2b. With significant adaptations, the Y-PARC model could potentially meet some of the Tier 3 requirements.

Day Programs – the reviewing team did not visit any Day Programs in Victoria. Day Programs have been identified by the ECRG as a critical component of the continuum of care for Adolescent Extended Treatment and Rehabilitation Models (Tier 2b)

Model adaptations would include:

- Decreasing the age range to 14 – 17 years (this would impact on staffing levels required and ratio of health professionals vs. NGO/youth workers, consent and duty of care issues relating to minors)
- Broadening the catchment from local to a more cluster based or state-wide model
- Increasing the length of stay up to 3 months (extended stays can be negotiated on an individual basis by the treating team).
- Provision of in – reach educational and vocational support to the Y-PARC students with an aim of linking them back to their local community on discharge or consideration of an outreach model to local education/ vocational support facilities able to provide interim support for young people and linkages back to their community of origin.

Recommendations:

- Consider establishing assertive outreach model based on IMYOS to link to existing Tier 1 & Tier 2 CYMHS teams
- Consider establishing a range of new Day Units to support the continuum of care for extended adolescent and rehabilitation treatment
- Consider scoping a model based on Y-PARC with adaptations to meet the geographically diverse needs of Queensland and modified to suit an adolescent cohort. This would align with Tier 3
- Consider establishing Youth Residential in local areas to support all Tiers of CYMHS
- Consideration of Activity Based Funding (ABF) in scope models being the basis of any future model developments for Queensland

Author: Ms. Judi Krause, Divisional Director, Child and Youth Mental Health Services (CYMHS)

Date: 26th August, 2011

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

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

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
	Nil	Nil		
2.	Meeting opening			
2.1	Welcome and Apologies		Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes <ul style="list-style-type: none"> Correction made to item 3.1 – changed Minders Group to Beautiful Minds 	Confirmed	[REDACTED] JS	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	Working Group Membership Update <i>Working Group 1 (WG1)</i> It was decided to convene the group as a half day forum rather than a series of fortnightly meetings. There was good representation from around the state with 16 attendees. The first session looked at the current state of service delivery across the continuum. The second			

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Item No	Topic	Action	Committee member	Due date
	<p>part of the forum looked at opportunities along the service continuum.</p> <p>DM raised the possibility of sending out consumer scenarios to attendees to consider whether the different cases would fit what has been proposed for future state. SS agreed that sending out the scenarios via email would be a good option.</p> <p>JK raised that the Statewide Advisory Group convenes at the end of the month and queried whether they could be engaged to review the service options.</p>	<p>Email consumer scenarios to WG1 representatives for input</p>	SS	21/10
	<p>LG shared concerns regarding scope and timeframes. Involving a new group at this time may impact these timeframes. The benefit of using WG1 participants is that they have the context. It was suggested that a presentation could be made to the Statewide Advisory Group instead.</p> <p>The forum highlighted that there is potential for greater utilisation of existing mental health services and community-based services. Greater understanding of the services available is also needed. It was agreed that understanding of the full range of mental health services could be improved.</p>	<p>Present to the Child and Youth Statewide Advisory Group</p>	SS	31/10
	<p>AT raised the importance of keeping communication open and people informed. JK said she receives enquiries from the Mental Health Cluster and feels a one page briefing note update would be worthwhile. JK suggested getting the briefing note out as soon as possible.</p>	<p>Issue briefing note to Mental Health Cluster re forward direction when strategy in place</p>	IA	31/10
	<p>LG also raised the importance of CHQ developing a communication strategy for the statewide initiative. IA confirmed CHQ have a meeting with their Media and Communications team tomorrow to progress.</p>			
	<p>SS asked how we could also best reach consumers and carer. AT raised putting it on the CHQ site. DM confirmed that this could be done and would be looked at with the CHQ Media and Communications team.</p>	<p>Establish web page for Initiative</p>	IA	31/10
	<p>IA also confirmed that she is meeting a consumer representative tomorrow for potential participation on WG1.</p>	<p>Meet with consumer representative</p>	IA	10/10
	<p><i>Working Group 2</i> LG confirmed that this working group has been converted to a Clinical Care Panel. They will report status, risks and issues to the Steering Committee. This is a WM HHS driven panel. EH and LJ are the conduits to the Steering Committee from the Panel. They will commence work next week.</p>			

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Item No	Topic	Action	Committee member	Due date
	<p>When the A/Clinical Director, BAC, started, she reviewed every consumer's current individual needs, so work has already commenced in this space.</p> <p>A concern raised at the last meeting was that of putting pressure on other service areas. LG confirmed that this hasn't eventuated at this stage and status updates will be provided.</p> <p>LG confirmed that there have been no further admissions to BAC and that the wait list is currently being addressed. It was decided that further admissions would not be in the best interests of current consumers. It was noted that this decision has not been externally communicated at this stage.</p> <p>A community and staff factsheet have been released and advise that the BAC building will be closed by the end of January. It was agreed to advise of this decision as there was continuing distress and concern over not knowing when the facility would close. WM HHS has been clear that this is a flexible date dependent upon the needs of current consumers.</p> <p>JS asked if it is known across the state that BAC is not taking on more consumers. JK asked whether there should be a communication to the CYMHS sector. ■■■ asked if families on the waitlist know as yet. LG confirmed this decision has not been communicated more broadly than BAC at this stage. JK recommended a brief be sent to MH Cluster and CEs advising of the current position regarding BAC closure and "no further admissions".</p> <p>LG advised that waitlist consumers stay with their respective HHS until taken on by BAC; however, they have found that, in some cases, either the HHS is discharging the consumer as soon as they are placed on the waitlist or that the family has disengaged from services and are assuming a "holding pattern" waiting for a place in BAC.</p> <p>AT asked if we are announcing a replacement service from 1st February 2014. JK advised there will be no one singular replacement service but rather a range of services, which we are incrementally working toward. LG advised that there will be additional service options; however, there won't be a bed based option in the short term – this is not possible to deliver in the next 3 months.</p> <p>For current consumers at BAC, WM HHS will utilise operational funds to support consumers in their home/community until extended service options are in place. JK asked about consumers on the waitlist – it was confirmed that the panel would review the waitlist and provide wrap around services where required. It was agreed that this needed to be</p>	Brief re current BAC position to MH Cluster and CEs	LG	18/10

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Item No	Topic	Action	Committee member	Due date
	<p>communicated to those families and staff by the Clinical Care Panel.</p> <p>LG noted that some bed-based care is needed; however, not as currently provided at BAC, e.g. 15 beds, 2 years stay. LG also noted that some participants in WG1 queried whether a bed-based option was needed at all. The WG1 forum did raise the need for a multi-disciplinary statewide panel to assess consumer needs to look at a range of options for consumers in the area. JK raised whether this fits in with Complex Care Coordination, being a similar concept. Other options proposed by WG1 were coordination roles, more Day Program Units, and mobile outreach services.</p> <p>JS commented that the way in which the waitlist is managed now is like a prototype for how services will be provided going forward – it would seem to be the structure that is underway.</p> <p>LG asked if a statewide panel should be established immediately. JS suggested that the current Consumer Care Panels being created to address the waitlist would identify commonalities, risks and issues that would help inform a statewide panel. It was broadly agreed to hold off announcing a single statewide panel until wait list consumer care panels could be observed further.</p> <p>█ asked how many consumers on the waitlist. LJ advised that the current number on the BAC wait list is between 10 and 20. <i>(On 8/10/13 it was confirmed that there are 8 consumers on the waitlist.)</i></p> <p><i>Working Group 3</i> WG3 will address workforce and financial implications of the initiative. There is a hold up on the establishment of this WG. LG advised that the membership has been elevated to a higher level of representation, so changes are being made. WM HHS has asked their Chief Financial Officer and Executive Director of Workforce to look at the Terms of Reference.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • JK proposes a presentation to the Child and Youth Statewide Advisory Group. SS agreed to provide the update to the group. • JK also proposed that a one page brief be sent to MH Clusters advising of the current position regarding BAC closure and “no further admissions”. It was also recommended to communicate that there will be service options post January 2014, although a bed-based replacement will not be immediately available. • JK recommended an email from Sharon Kelly to EDs advising of no more admissions into BAC. 			

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Item No	Topic	Action	Committee member	Due date
3.2	<p>Project Plan</p> <ul style="list-style-type: none"> Project Plan, Risk Register, and Communications Plan are still under development. Draft Project Plan will be circulated to Committee members for the next meeting 	Finalise Project Plan	IA	21/10
3.4	<p>Single point of responsibility for correspondence</p> <ul style="list-style-type: none"> Correspondence has slowed down and is of similar content to what has been received to date. A variety of mechanisms have been used to communicate with community members. Most people sending through correspondence are past or present users of BAC services. Agreed it made sense for WM HHS to retain correspondence responsibility in regard to BAC. Only a small number of families have a significant investment in BAC and this is where most of the concerns are coming from. IA queried whether it is possible to communicate what interim wrap around services will "look like". [redacted] supported the view that currently it is a little challenging to draw the dots regarding service care. Consumers/carers learn what to expect in ED and Acute but when they get into extended rehabilitation, the services options are relatively unknown so, when there is a change of service, it is unclear where consumers go from there. [redacted] noted that it is difficult to know how much information to share while respecting confidentiality and without divulging too much so as to cause further confusion. [redacted] noted that it was really positive to hear that the Clinical Care Panel was working with consumers and carers in assessing consumer need – it is imperative as individual care plans are so important. [redacted] felt that some information is better than none at all. She queried how consumers and families could find information. Aside from the BAC site, additional information and communication is needed. It was noted that people accessing acute mental health services need more information, as do the staff that manage those services. JK agreed we need to inform the sector, and consider the broader communication strategy, including the message that this is an opportunity to do things better. <p>Recommendation:</p> <ul style="list-style-type: none"> CHQ to finalise broader communication regarding the statewide service development and approach for the community and consumers/carers in the near future. 	CHQ to finalise communications strategy	IA	21/10
4.	Matters for Decision			
4.1	<p>Steering Committee Meetings</p> <ul style="list-style-type: none"> LG proposed moving the timing of future meetings to 9am. Committee supported this change. 	Update committee meeting calendar appointment.	IA	11/10

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Committee member	Due date
4.2	<p>Target Group Definition</p> <ul style="list-style-type: none"> During WG1 Forum, it was suggested that the ECRG Target Group definition be expanded to include Alcohol and Other Drugs. <p>Recommendation:</p> <ul style="list-style-type: none"> Committee agreed to amend wording with: "that may include co-morbid alcohol and other drug problems". 	Update target group definition	IA	11/10
5.	Matters for Discussion			
5.1	<p>Victorian Contacts for Queensland Visit</p> <ul style="list-style-type: none"> LG advised that she has been in touch with, Sandra Radovini, a Victorian Mental Health contact, who would be happy to come to Qld to discuss adolescent mental health services in Victoria. Sandra can come to Queensland in mid-November, which will suit the timing around service options development. It was suggested that she could also speak with target groups such as the Child and Youth Faculty and consumers, families, and carers Have started looking at dates (14th or 15th November). 	Confirm travel dates.	LG	31/10
5.2	<p>Communications Strategy</p> <ul style="list-style-type: none"> Addressed above 			
6.	Standard Agenda Items			
6.1	<p>Service Options WG Update</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> Addressed above <p>Recommendation:</p>			
6.2	<p>BAC Consumer Transition Panel Update</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> Addressed above <p>Recommendation:</p>	Nil		
6.3	<p>Financial and Workforce Planning WG Update</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> Addressed above <p>Recommendation:</p>	Nil		
6.4	<p>Risk Management</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> Risk Register is still under development and requires input from Working Groups before it can be finalised. <p>Recommendation:</p>	Continue register development	IA	21/10

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Item No	Topic	Action	Committee member	Due date
6.5	Progress of key milestones and deliverables Discussion Points: Recommendation:	Nil		
6.6	Other Business	Nil		
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Barrett Adolescent Centre Fast Fact Sheets No. 6, 7, and 8 have been developed and distributed to consumers and families. A BAC Staff Communiqué has also been developed and distributed 	Circulate copies of the BAC Fast Fact Sheets to Committee Members	IA	21/10
8.	For Information			
8.1	Committee was advised that: <ul style="list-style-type: none"> The CE and Department of Health Oversight Committee will meet on the 17th October The CHQ HHS Board will meet on the 31st October. Updates on the SW AETRS will be provided to both groups.			
Next meeting Monday 21st October 2013, 9am – 10.30am, CYMHS Spring Hill.				

ENDORSED BY:**Signature:****Date:** /09/13

Name:

Position:

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

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

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

Children's Health Queensland Hospital and Health Service

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

Children's Health Queensland Hospital and Health Service

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

Children's Health Queensland Hospital and Health Service

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

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

ENDORSED BY:**Signature:****Date:** /09/13

Name:

Position:

Statewide Adolescent Extended Treatment and Rehabilitation Initiative Update Brief

Barrett Adolescent Centre Consumer Status

There are currently less than twelve inpatients at the Barrett Adolescent Centre (BAC) and eight young people on the waitlist. The number of inpatients varies based on consumers who have returned to their family for holidays and as West Moreton Hospital and Health Service (WM HHS) progresses the discharge of consumers. There are also a number of day patients that access the BAC service and school.

The demographic of current admitted consumers is:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

The average age of BAC consumers is 17 years old, with the youngest consumer at 15 years of age and the oldest being 18 years of age. The majority of current admitted BAC consumers will turn 18 in the coming six months and thus would be planned for discharge into alternate services given the age for admission to the BAC is only up to 18 years old. The average age of wait list consumers is 16 years old, with the youngest consumer at 13 years of age and the oldest being 17 years of age.

The average length of inpatient stay is currently 17 months, with the shortest stay being 1 month and the longest stay being 32 months.

Of the current inpatients at the BAC, the (top 3) primary diagnosis include:

- Social Phobias
- Post-Traumatic Stress Disorder
- Mixed Anxiety Disorder

Clinical Care Transition Panels have been planned for each individual young person (including those on the waitlist) at BAC, to review their individual care needs and support transition to alternative service options when they are available and as is relevant to individual care needs. The panel will consider all service options for the young people including wrap around (intensive and time limited) services.

The weekly Panels will be chaired by Dr Anne Brennan, A/Clinical Director BAC and will consist of a core group of BAC clinicians and a BAC school representative. Other key stakeholders (Hospital and Health Services, government departments and NGOs) will be invited to join the Panel as is appropriate to the particular needs of the individual consumer case that is being discussed at the time.

It is believed that the large majority of current BAC consumers will be discharged prior to January 2013. It is anticipated that there will be two to three consumers whose discharge planning is more complex and whose needs may not be fully met through existing services, and particularly special attention will be required for their transition process. All options are being explored to ensure uninterrupted support and care for these individuals. Treatment options and transition plans currently include:

- Transfer back into the community with support from local CYMHS
- Admission into a Day Program Unit
- Transfer to an acute unit (where there are ongoing acute care needs)
- Support packages delivered through Department of Communities, Child Safety and Disabilities
- Non-Government Organisation mental health services/programs
- Primary care service support, e.g. headspace
- Housing support
- Transfer to adult mental health services/programs

STRICTLY CONFIDENTIAL

May contain material that is subject to Confidentiality Obligations or Legal Professional Privilege

The West Moreton Hospital and Health Board is committed to ensuring that all young people in BAC have alternative service options in place before the closure of the BAC building at the end of January 2014. The closure date is flexible and will be responsive to the needs of the consumer group.

Adolescent Mental Health Extended Treatment and Rehabilitation Service Options

The target group for adolescent extended treatment and rehabilitation (AETR) services has been defined as:

- 13 - 17 years youths, with flexibility in upper age limit depending on presenting issue and developmental (as opposed to chronological) age.
- Severe and persistent mental health problems that may include co-morbid alcohol and other drug problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development.
- Mental illness is persistent and the consumer is a risk to themselves and/or others.
- Medium to high level of acuity requiring extended treatment and rehabilitation.

On 1st October, a forum was convened to explore current service options available and future opportunities. A range of representatives from across the state and Hospital and Health Service Districts attended this forum, including mental health clinicians across nursing, allied health and medical professions, a carer representative, and a non-government organisation representative.

Contributions at the forum identified the need for:

- More efficient utilisation of existing mental health (MH) services and resources
- Greater education and awareness regarding the MH services available, especially for primary care providers, carer representatives, and families
- Greater family support and involvement in MH care plans and interventions
- Inclusion of dual-diagnosis services for co-morbid alcohol and other drug problems
- Stronger linkages to adult MH services in so far as to ensure smooth transition from adolescent MH services
- Redirection of current resources into future service enhancements (i.e. move operational funds from BAC into a bed-based facility and additional day programs)
- More assertive outreach and mobile service options over extended hours
- Need for a multi-disciplinary clinical care review team to assess consumer needs and refer to the most appropriate service options to meet those needs

An issue identified during the forum, and out of scope of this initiative, is the need for services for 18 to 25 year olds, with MH problems not deemed appropriate for adult MH services.

Whilst work is continuing on reviewing the full spectrum of AETR service options, some common elements are emerging. These include:

1. A Statewide Multi-disciplinary Complex Care Panel (involving CYMHS Service Integration Coordinators (SIC)), with oversight of admissions to:
 - a. Bed-based Non-Acute Inpatient Facility
2. Additional Day Programs
3. Enhanced Community MH Positions (such as mobile services)
4. Residential Rehabilitation Services

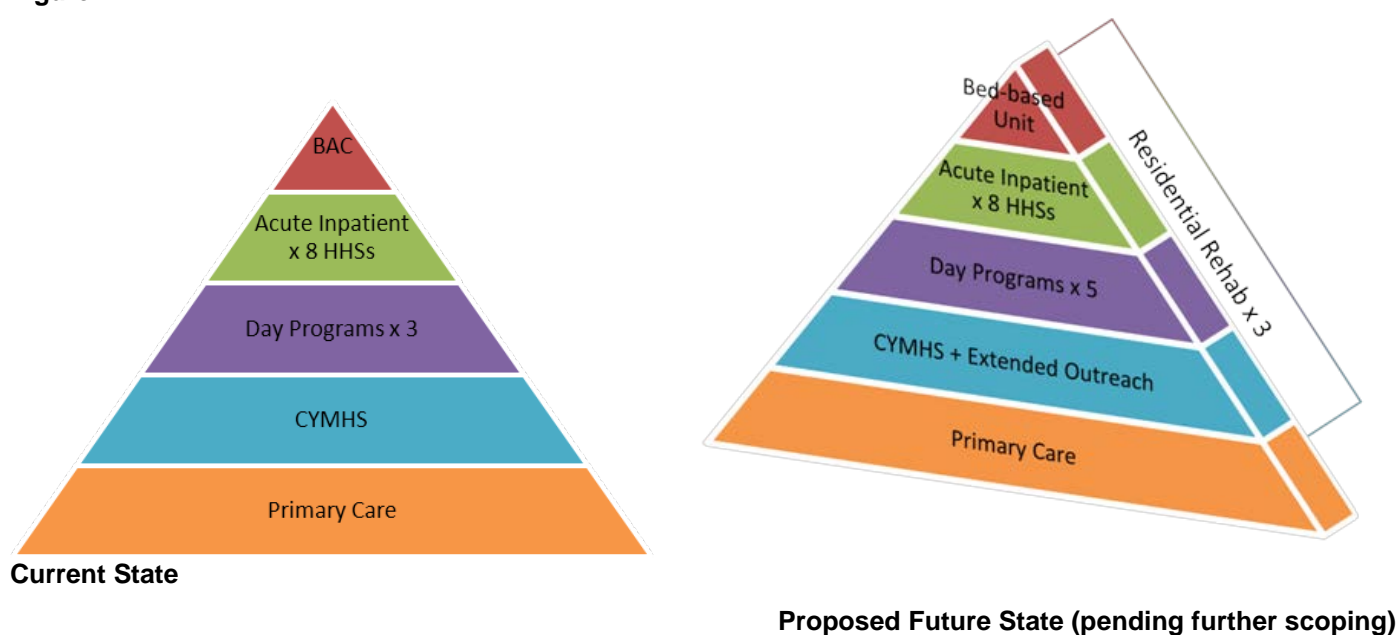
It is important to note that the bed-based non-acute inpatient facility proposed is not a replication of the existing BAC service approach. Specific differences include:

- 8 – 10 beds (down from 15 beds at BAC)
- Maximum 3 month stay, with extension based only on clinical requirements (down from 32 months at BAC)
- Assessment and referral to this facility by a multidisciplinary Statewide Clinical Care Panel (as opposed to a local clinical team)
- Discharge planning on entry with HHS undertaking to accept consumer on discharge, to ensure consumers are returned to their families and communities in an optimal timeframe to meet their clinical and care needs

Figure 1 below depicts the current state of service options and a proposed future state of service options (pending further scoping), including the elements mentioned above.

Underpinning this model is a fundamental assumption that the consumer, family and community are central to the services and treatment outcomes.

Figure 1



Next Steps:

- Collate population data and supporting evidence to confirm service options required and their location (underway).
- Site visit to NSW to inspect their bed-based facility (23 October)
- Identification of the financial and workforce requirements for future service options
- Development of governance arrangements for future service options
- Refinement of service options into an AETR Service Model for endorsement by end November 2013
- Continuing communication regarding service options development with stakeholders, specifically consumers and families (CHQ HHS Communication Strategy under development).
- WM HHS continues to maintain open communication with current and past families and consumers of the BAC and BAC staff.

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

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

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

Children's Health Queensland Hospital and Health Service

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

Children's Health Queensland Hospital and Health Service

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

Next meeting: Monday 18th November 2013, 9am – 11am, CYMHS Spring Hill.

ENDORSED BY:

Signature:

Date: /09/13

Name:

Position:

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	18/11/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees 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) Carer Representative [REDACTED] Consumer Representative [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)
Apologies	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)
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LG, LJ	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> 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. 	Distribute NSW Site Visit Report	IA	22/11
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> 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 	Incorporate changes into Communications	IA	18/11

Children's Health Queensland Hospital and Health Service

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"> • 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. • Nil other comments regarding the CHQ Communications Plan. 	Plan		
5.	Matters for Discussion			
5.1	<p>Draft Service Model</p> <ul style="list-style-type: none"> • SS took the Committee through the elements of the proposed model of care. • 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. • 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. • 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. • 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. • EH noted that access to transport should be considered when determining the geographic placement of services, such as proximity to trains, etc. • 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. • One option proposed, to ensure this flexibility, is to highlight a cluster approach in service level agreements (versus a strictly HHS catchment-based approach). • 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. • 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. • 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 			

Children's Health Queensland Hospital and Health Service

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"> 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. 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. 			
6.	Standard Agenda Items			
6.1	<p>Service Options WG Update</p> <ul style="list-style-type: none"> SS briefly covered the Case Scenarios and noted that the responses provided by WG1 participants informed the model of care. █ 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. 			
6.2	<p>Clinical Care Transition Panels Update</p> <ul style="list-style-type: none"> LJ noted that the care panels are progressing – they are undertaking significant intensive work across the districts to develop individualised transition plans. BAC is now down to 4 inpatients – three of which are complex cases and the fourth requires disability support. Approximately six to seven day patients will finish at the end of the school term. It was noted that a day program or rehab activity is important to help current consumers become more independent. School finishes on the 13th 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 13th. There is no education input over the school holidays. 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>. 			
6.3	<p>Financial and Workforce Planning WG Update</p> <ul style="list-style-type: none"> Noted that agreement was not reached between WM HHS and CHQ HHS regarding the purpose and ToR for the WG. JK was unclear as to whether the WG members were the most appropriate to comment on workforce needs for future service options as there 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<p>were no mental health representatives.</p> <ul style="list-style-type: none"> • LG agreed with JK and reiterated that WM HHS will retain governance over the BAC workforce. • 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. • It was agreed that the financial element of the WG is still important but representation for the workforce elements is no longer appropriate. • JK and SS proposed that the WG is no longer required. LG agreed with this position. <p>Recommended</p> <ul style="list-style-type: none"> • 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. 	<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>
6.4	<p>Risk Management</p> <ul style="list-style-type: none"> • Following the CE Oversight Committee on Friday 17th Nov, a new risk has been added to the risk register: <i>Availability of skilled workforce for future service options.</i> 			
6.5	<p>Progress of key milestones and deliverables</p> <ul style="list-style-type: none"> • IA noted work is still underway on the Project Gantt and will be circulated out of session. 	<p>Circulate Project Gantt out of session</p>	<p>IA</p>	<p>02/12</p>
6.6	<p>Other Business</p> <ul style="list-style-type: none"> • 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. • The first element is a time-limited, activity-based holiday program at the Park in December 2013 / January 2014. • 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. • The intention is to ensure there is no gap in services provided to consumers. • WM HHS presented the proposal to the CE Oversight Committee and it was agreed action needed to be taken. • This work will align with the proposed service models. • 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. • LG noted that WM HHS needed to carefully consider the partnership with Education Qld for services provided moving forward – there will be 			

Children's Health Queensland Hospital and Health Service

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"> 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. 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. 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. LG will send two documents regarding the transitional service plan proposal to IA for circulation to the CE Oversight Committee and Steering Committee. 	Circulate the WM HHS Transitional Service Plan Proposal	IA	18/11
7.	Matters for Noting			
7.1	Major correspondence			
	<ul style="list-style-type: none"> 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. JK noted we can't respond with a statement about the new model of care until it has been endorsed by the respective HHS Boards. 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. 	<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>
8.	For Information			
8.1	<ul style="list-style-type: none"> It was noted that Sandra Radovini's visit will now take place on 10th/11th December. 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. 			
Next meeting: Monday 2nd December 2013, 9am – 10.30am, CYMHS Spring Hill.				

Name
Address

Dear XX

Thank you for your email dated XX, in relation to Barrett Adolescent Centre (BAC). The Honourable Lawrence Springborg MP, Minister for Health, has asked that I respond on his behalf.

The Minister very much appreciates your concern for the families of BAC and acknowledges the difficulties associated with the closure of the BAC building.

Extensive progress is being made on the future model through the Statewide Adolescent Extended Treatment and Rehabilitation Strategy Steering Committee and a range of working groups. The intent is to ensure that adolescents requiring mental health extended treatment and rehabilitation will receive the most appropriate and contemporary care for their individual needs. The clinical treatment for those adolescents currently in the BAC will be carefully managed to ensure that there are no gaps to their ongoing care requirements.

The Children's Health Queensland Hospital and Health Service (CHQ HHS), in partnership with other key stakeholders, will continue to progress this initiative to provide more contemporary treatment options that builds on rehabilitation and health outcomes, enabling young people to thrive in their local communities. The model of care under development is nearing completion, with work being undertaken to finalise the details of all service options, including a Tier 3 service. CHQ HHS also acknowledges the importance and value of educational programs that align with this model of care, and will continue to work in partnership with the Department of Education Training and Employment in developing the best ways to do this. The next step will then be to engage with stakeholders, including parents, carers and consumers, regarding the developed model of care.

In the meantime, further information with regard to the Barrett Adolescent Strategy can be found at website www.health.qld.gov.au/westmoreton/html/bac, and will be updated regularly over the coming months.

Thank you again for your concern in this matter.

Yours sincerely

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

Date:	18/11/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Divisional Director CYMHS CHQ HHS (JK) Clinical Director CYMHS CHQ HHS (SS)
Secretariat:	SW AETR Project Manager (IA)
Attendees	SW AETR Project Officer (LJ)
Teleconference	A/Executive Director Office of Strategy Management, CHQ (DM) Director Queensland Centre for Perinatal and Infant Mental Health (EH) Carer Representative [REDACTED] Consumer Representative [REDACTED]
Teleconference	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG)
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Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LG, LJ	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> 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. 	Distribute NSW Site Visit Report	IA	22/11
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> 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 	Incorporate changes into Communications	IA	18/11

Children's Health Queensland Hospital and Health Service

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"> 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. Nil other comments regarding the CHQ Communications Plan. 	Plan		
5.	Matters for Discussion			
5.1	<p>Draft Service Model</p> <ul style="list-style-type: none"> SS took the Committee through the elements of the proposed model of care. 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. 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. 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. 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. EH noted that access to transport should be considered when determining the geographic placement of services, such as proximity to trains, etc. 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. One option proposed, to ensure this flexibility, is to highlight a cluster approach in service level agreements (versus a strictly HHS catchment-based approach). 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. 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. 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 			

Children's Health Queensland Hospital and Health Service

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"> 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. 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. 			
6.	Standard Agenda Items			
6.1	<p>Service Options WG Update</p> <ul style="list-style-type: none"> SS briefly covered the Case Scenarios and noted that the responses provided by WG1 participants informed the model of care. █ 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. 			
6.2	<p>Clinical Care Transition Panels Update</p> <ul style="list-style-type: none"> LJ noted that the care panels are progressing – they are undertaking significant intensive work across the districts to develop individualised transition plans. █ Approximately six to seven day patients will finish at the end of the school term. It was noted that a day program or rehab activity is important to help current consumers become more independent. School finishes on the 13th 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 13th. There is no education input over the school holidays. 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>. 			
6.3	<p>Financial and Workforce Planning WG Update</p> <ul style="list-style-type: none"> Noted that agreement was not reached between WM HHS and CHQ HHS regarding the purpose and ToR for the WG. JK was unclear as to whether the WG members were the most appropriate to comment on workforce needs for future service options as there 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<p>were no mental health representatives.</p> <ul style="list-style-type: none"> • LG agreed with JK and reiterated that WM HHS will retain governance over the BAC workforce. • 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. • It was agreed that the financial element of the WG is still important but representation for the workforce elements is no longer appropriate. • JK and SS proposed that the WG is no longer required. LG agreed with this position. <p>Recommended</p> <ul style="list-style-type: none"> • 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. 	<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>
6.4	<p>Risk Management</p> <ul style="list-style-type: none"> • Following the CE Oversight Committee on Friday 17th Nov, a new risk has been added to the risk register: <i>Availability of skilled workforce for future service options.</i> 			
6.5	<p>Progress of key milestones and deliverables</p> <ul style="list-style-type: none"> • IA noted work is still underway on the Project Gantt and will be circulated out of session. 	<p>Circulate Project Gantt out of session</p>	<p>IA</p>	<p>02/12</p>
6.6	<p>Other Business</p> <ul style="list-style-type: none"> • 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. • The first element is a time-limited, activity-based holiday program at the Park in December 2013 / January 2014. • 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. • The intention is to ensure there is no gap in services provided to consumers. • WM HHS presented the proposal to the CE Oversight Committee and it was agreed action needed to be taken. • This work will align with the proposed service models. • 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. • LG noted that WM HHS needed to carefully consider the partnership with Education Qld for services provided moving forward – there will be 			

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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"> 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. 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. 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. LG will send two documents regarding the transitional service plan proposal to IA for circulation to the CE Oversight Committee and Steering Committee. 	Circulate the WM HHS Transitional Service Plan Proposal	IA	18/11
7.	Matters for Noting			
7.1	Major correspondence			
	<ul style="list-style-type: none"> 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. JK noted we can't respond with a statement about the new model of care until it has been endorsed by the respective HHS Boards. 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. 	<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>
8.	For Information			
8.1	<ul style="list-style-type: none"> It was noted that Sandra Radovini's visit will now take place on 10th/11th December. 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. 			
Next meeting: Monday 2nd December 2013, 9am – 10.30am, CYMHS Spring Hill.				

Name
Address

Dear XX

Thank you for your email dated XX, in relation to Barrett Adolescent Centre (BAC). The Honourable Lawrence Springborg MP, Minister for Health, has asked that I respond on his behalf.

The Minister very much appreciates your concern for the families of BAC and acknowledges the difficulties associated with the closure of the BAC building.

Extensive progress is being made on the future model through the Statewide Adolescent Extended Treatment and Rehabilitation Strategy Steering Committee and a range of working groups. The intent is to ensure that adolescents requiring mental health extended treatment and rehabilitation will receive the most appropriate and contemporary care for their individual needs. The clinical treatment for those adolescents currently in the BAC will be carefully managed to ensure that there are no gaps to their ongoing care requirements.

The Children's Health Queensland Hospital and Health Service (CHQ HHS), in partnership with other key stakeholders, will continue to progress this initiative to provide more contemporary treatment options that builds on rehabilitation and health outcomes, enabling young people to thrive in their local communities. The model of care under development is nearing completion, with work being undertaken to finalise the details of all service options, including a Tier 3 service. CHQ HHS also acknowledges the importance and value of educational programs that align with this model of care, and will continue to work in partnership with the Department of Education Training and Employment in developing the best ways to do this. The next step will then be to engage with stakeholders, including parents, carers and consumers, regarding the developed model of care.

In the meantime, further information with regard to the Barrett Adolescent Strategy can be found at website www.health.qld.gov.au/westmoreton/html/bac, and will be updated regularly over the coming months.

Thank you again for your concern in this matter.

Yours sincerely

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy

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

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	[REDACTED]	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Nil 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> It was agreed that the first steering committee meeting for 2014 will be 13th January 2014. The second meeting will be on Tues 28th in lieu of the public holiday on the 27th. Steering committee meetings will be scheduled fortnightly from then. 	Circulate 2014 meeting appointments	IA	6/12
5.	Matters for Discussion			
5.1	Draft Model of Care <ul style="list-style-type: none"> The CHQ Board has endorsed the model of care as well as the immediate transition service planning work underway. 			

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Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> • CHQ is now proposing to distribute the proposed model to networks, with funding sections removed. • AT raised concerns with the risk of releasing the full model in the event it is misinterpreted by staff. • EH suggested a fact sheet instead. • 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. • 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. • DM suggested meeting with Education regarding the model, to see reach agreement, before circulating more broadly. • DM agreed that the concerns regarding location are valid and perhaps we the detail could be reduced to areas rather than specific locations. • 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. • 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. • LG advised the 4-bed Resi accommodation will be for 16 to 21yo. • 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. • 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. • 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. • 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. • SS advised that the model of care is broad and HHSs should be able to mould elements to suit their requirements. • RH noted that HHSs should aim to modify services into a spectrum that will appropriately service their consumers. 			

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Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> EH discussed the National Perinatal Depression Initiative and suggested a similar approach, regarding the parameters of services, could be taken with the SW AETRS. 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. 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. 	Send through information on the NPD parameters	EH	6/12
5.2	<p>Communications Approach</p> <ul style="list-style-type: none"> IA asked the Committee for guidance in regard to communicating the model of care. EH noted that the age limits and Education approach should be clarified before circulation. 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. EH suggested we wait and circulate a document outlining the ideal position (A3 diagram) together with the reality in the near future. █ advised that, as a carer, █ 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. It was agreed that the model should include a qualifier that the model will be progressively funded and implemented. 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. █ thinks transparency is very important but perhaps a refined version of what has been presented to the Steering Committee. 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. SS noted that we could communicate what will be implemented from the \$5.6m operational funding. RH also suggested face-to-face forum for families. SS confirmed a presentation will be made on the 11th December to BAC families. AT also noted that something needs to be communicated to the Service Options Working Group Representatives, so they know where developments go to. IA asked about whether to engage other families outside of the BAC. EH suggested a Ministerial 			

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Item No	Topic	Action	Comm'ee member	Due date
	<p>announcement regarding what is under development and what will be implemented in early 2014.</p> <ul style="list-style-type: none"> DM will ask Peter Steer to suggest a ministerial announcement at his meeting with the Minister today. <p>Resolution Agreement was reached to:</p> <ul style="list-style-type: none"> Hold off communicating the model of care to families and staff until further clarification reached. Circulate the service elements to the Service Options Working Group for review/comment. 	<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>WM HHS Transitional Service Plan Update</p> <ul style="list-style-type: none"> LG provided an update on the Transitional Service Plan. WM HHS has submitted the plan to the DG for approval. 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. The key focus is to ensure there are no gaps to service delivery, including for consumers on the waitlist. This will involve partnering with an NGO – After Care 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. The transition services were presented to WM HHS Board and subsequently endorsed. 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. LG confirmed that the panel could report back to the Steering Committee, as it is an evolving panel and concept. SS supported the idea of the panel reporting back to the Steering Committee given the risks involved. The panel is meeting weekly on Wednesday afternoons. 			
6.	Standard Agenda Items			
6.1	<p>Service Options WG, including finance and workforce, Update</p> <ul style="list-style-type: none"> Refer above. 			
6.2	<p>Clinical Care Transition Panels Update</p> <ul style="list-style-type: none"> Status Report will be sent out of session 			

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Item No	Topic	Action	Comm'ee member	Due date
6.3	Risk Management <ul style="list-style-type: none"> There are no new risks or risks for escalation. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Committee is asked to note the SW AETRS Project Status Report and progress against the Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Committee has received a copy of BAC Fast Fact Sheet #10. 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. 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			

Next meeting: Monday 16th December 2013, 9am – 10.30am, CYMHS Spring Hill.

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		SW AETRS Project Gantt 20131120	235 days?	Mon 5/08/13	Fri 27/06/14		33%
1		Boards and Committees	113.88 days	Mon 26/08/13	Thu 30/01/14		69%
2	✓	SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
3	✓	SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4	✓	SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5	✓	SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6	✓	CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7	✓	SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8	✓	CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9	✓	WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10	✓	SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11	✓	CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12	✓	SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13	📅	CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		0%
14	📅	WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		0%
15	📅	SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		0%
16	📅	SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		0%
17	📅	CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		0%
18	✓	Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%
19	✓	Establish Project Governance and Sponsorship	9 days	Mon 5/08/13	Fri 16/08/13		100%
20	✓	Establish Steering Committee	9 days	Mon 5/08/13	Fri 16/08/13		100%
21	✓	Develop Steering Committee Terms of Reference	9 days	Mon 5/08/13	Fri 16/08/13		100%
22	✓	Develop Steering Committee Templates	14 days	Mon 5/08/13	Fri 23/08/13		100%
23	✓	Appoint Project Officers	19 days	Mon 5/08/13	Fri 30/08/13		100%
24	✓	Develop Project Plan	34 days	Mon 5/08/13	Fri 20/09/13		100%
25	✓	Endorse Steering Committee Terms of Reference	2 hrs	Mon 26/08/13	Mon 26/08/13	22	100%
26	✓	Provide overview of CYMHS and Qld Service Planning Context to Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
27	✓	Provide overview of BAC Strategy to Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
28	✓	Develop Working Groups Terms of Reference	9 days	Mon 9/09/13	Fri 20/09/13		100%
29	✓	Endorse Working Groups Terms of Reference	2 hrs	Mon 23/09/13	Mon 23/09/13	28	100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
30	✓	Endorse Project Plan	2 hrs	Mon 23/09/13	Mon 23/09/13	24	100%
31	✓	Develop Communications Strategy for SW AETR Initiative	19 days	Mon 23/09/13	Fri 18/10/13		100%
32	✓	Develop Risk Register	19 days	Mon 23/09/13	Fri 18/10/13		100%
33	✓	Endorse Communications Strategy	2 hrs	Fri 18/10/13	Fri 18/10/13	31	100%
34	✓	Endorse Risk Register	2 hrs	Fri 18/10/13	Fri 18/10/13	32	100%
35		Service Options Working Group	128.38 days	Mon 5/08/13	Thu 30/01/14		58%
36	✓	Research other service options	20 days	Mon 5/08/13	Fri 30/08/13		100%
37	✓	Conduct Site Visit to Victoria	3 days	Wed 14/08/13	Mon 19/08/13		100%
38	✓	Provide Victoria Site Visit Report to Steering Committee	4 days	Mon 19/08/13	Fri 23/08/13	37	100%
39	✓	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
40	✓	Collect current state service data	10 days	Mon 23/09/13	Mon 7/10/13	39	100%
41	✓	Collect population data for Qld	1 day	Mon 23/09/13	Tue 24/09/13	39	100%
42	✓	First WG Forum	6 hrs	Tue 1/10/13	Tue 1/10/13		100%
43	✓	Draft service options	13 days	Tue 1/10/13	Fri 18/10/13	42	100%
44	✓	Circulate scenarios to working group	5 days	Fri 18/10/13	Fri 25/10/13	43	100%
45	✓	Conduct Site Visit to NSW	7 hrs	Wed 23/10/13	Wed 23/10/13		100%
46	✓	Provide NSW Site Visit Report to Steering Committee	5 days	Thu 24/10/13	Wed 30/10/13	45	100%
47	✓	Refine service options	5 days	Fri 25/10/13	Fri 1/11/13	44	100%
48	✓	Develop service model elements document for each service option	10 days	Fri 1/11/13	Fri 15/11/13	47	100%
49	✓	Submit draft service options to CE Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
50	✓	Submit draft service options to Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
51	✓	Submit draft service options to CHQ Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
52	📅	Organise presentation of draft service options to Consumers/Families/Carers	6 days	Thu 28/11/13	Fri 6/12/13	51	30%
53	📅	Develop Implementation Plan, including Business Case	11 days	Thu 28/11/13	Fri 13/12/13	51	20%
54	📅	Finalise service options	11 days	Thu 28/11/13	Fri 13/12/13	51,53SS	0%
55	📅	Define Governance Arrangements for new model of care	11 days	Thu 28/11/13	Fri 13/12/13	51,53SS	0%
56	📅	Determine data and asset requirements for service provision	11 days	Thu 28/11/13	Fri 13/12/13	51,53SS	0%
57	📅	Presentation from Victorian MH Representative	1.88 days	Tue 10/12/13	Wed 11/12/13		0%
58		Submit draft Implementation Plan/Business Case for internal review	5 days	Fri 13/12/13	Fri 20/12/13	53	0%

ID	Task Name	Duration	Start	Finish	Predecessor	% Complete
59	Incorporate changes to Implementation Plan/Business Case	4 days	Mon 6/01/14	Fri 10/01/14	58	0%
60	Submit draft Implementation Plan/Business Case for external review	5 days	Fri 10/01/14	Fri 17/01/14	59	0%
61	Incorporate changes to Implementation Plan/Business Case	1 day	Fri 17/01/14	Mon 20/01/14	60	0%
62	Submit Implementation Plan/Business Case to Steering Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	61	0%
63	Submit Implementation Plan/Business Case to CE Oversight Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	61	0%
64	Submit Implementation Plan/Business Case to CHQ Board	2 hrs	Thu 30/01/14	Thu 30/01/14		0%
65	Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		64%
66	Establish Panels	5 days	Mon 16/09/13	Mon 23/09/13		100%
67	Identify discharge planning process and principles	4 days	Mon 23/09/13	Fri 27/09/13	66	100%
68	Identify waitlist consumers	4 days	Mon 23/09/13	Fri 27/09/13	66	100%
69	Develop Communications Strategy for Consumers, Families, HHSs, and other service providers regarding transition plans	9 days	Mon 23/09/13	Fri 4/10/13	66	100%
70	Develop waitlist transition care plans	60 days	Fri 27/09/13	Fri 20/12/13	68	100%
71	Develop BAC consumer transition care plans	60 days	Fri 27/09/13	Fri 20/12/13	68	100%
72	Develop plan for transitional service arrangements	14 days	Mon 4/11/13	Fri 22/11/13		30%
73	Establish transitional service arrangements	50 days	Fri 22/11/13	Fri 31/01/14	72	0%
74	Close Barrett Adolescent Centre Building	20 days	Mon 3/02/14	Mon 3/03/14		0%
75	Redirect web references to new location	4 days	Mon 3/02/14	Fri 7/02/14		0%
76	Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		57%
77	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
78	Identify current BAC operational funding	5 days	Mon 23/09/13	Mon 30/09/13	77	0%
79	Define options and workforce strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	77	100%
80	Develop Communications Strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	77	100%
81	Identify cost drivers and implications of ABF	11 days	Thu 28/11/13	Fri 13/12/13	51,53SS	0%
82	Develop New Service Options Costings	11 days	Thu 28/11/13	Fri 13/12/13	51,53SS	80%
83	Develop New Service Options Workforce Requirements	11 days	Thu 28/11/13	Fri 13/12/13	51,53SS	80%
84	Identify process to transition funding to CHQ HHS	4 days	Mon 20/01/14	Fri 24/01/14	63	0%
85	Implementation - Phase II	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
86	Rollout of new service options including:	104.88 days	Mon 3/02/14	Fri 27/06/14		0%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
87		Develop service level agreements with HHSs	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
88		Finalise funding through service amendments	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
89		Develop service facilities (fit out, etc)	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
90		Recruit for services	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
91		Develop contracts with NGOs as relevant	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
92		Project Closure	9.88 days	Mon 16/06/14	Fri 27/06/14		0%
93		Capture Lessons Learned	9.88 days	Mon 16/06/14	Fri 27/06/14		0%
94		Prepare handover documentation for Implementation	9.88 days	Mon 16/06/14	Fri 27/06/14		0%

Minutes

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

Date:	16/12/2013	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Clinical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	SW AETR Project Manager (IA)
Attendees	SW AETR Project Officer (LJ) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Director Planning & Partnership Unit MHAODB (MK) Director Queensland Centre for Perinatal and Infant Mental Health (EH) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Teleconference State Manager Headspace (AC)
Apologies	Director of Psychology, CHQ HHS (JS) A/Executive Director Office of Strategy Management, CHQ (DM) 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) Carer Representative [REDACTED] Consumer Representative [REDACTED]
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	EH, RH	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Nil 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Options Working Group Update <ul style="list-style-type: none"> SS updated the Committee on the feedback received on the proposed model of care and service elements. Two responses so far. One response pertained to drug and alcohol, which will be revisited in each of the services, including 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<p>involvement of services such as Dovetail, Hot House, etc.</p> <ul style="list-style-type: none"> • MK advised that MHAODB is going out to RFO in February and would like further information regarding these services for inclusion in that process • SS and JK noted that further information regarding funding opportunities to provide an integrated service with youth drug and alcohol would be welcomed. • Drug and alcohol services have a different framework to mental health and further integration is required. • SS noted that given the fractured nature of services, up-skilling in-reach services would be of benefit. • AC noted that Headspace would be willing to discuss further involvement also. 	Organise meeting to discuss funding opportunities	MK	13/01
6.2	<p>Clinical Care Transition Panels Update</p> <ul style="list-style-type: none"> • BAC School has now closed and it was noted as an unsettling experience for consumers. • Barrett Special Purpose School is being established at Yeronga. LG advised that schools have to be gazetted before they can officially close, which takes between 6 to 8 months (in this instance, from the date of the Minister's announcement until about Feb/March). They are looking at recruiting a special nursing position to support staff at the school. They will not be taking any high risk consumers. It will mostly cater for the day patients/students. • Anne Brennan and EH spoke with the principal of the RCH school, who is offline to work on this, and went through the case load. It was identified that only a small group of consumers that would be suitable for the school. • The special purpose school will not be providing vocational education. • WM HHS is still working toward an end of January closure date. • LG noted that WM HHS and CHQ will have to work very closely to ensure no gap in service, which will be most likely on a daily basis given the speed of change around services and consumers. • LG also noted there could be some media regarding the transition process for consumers. • WM HHS have more resources coming in from After Care, who have good energy and new ideas, which is positive. Consumers and staff have engaged well with the After Care staff. • The holiday program is being provided to BAC consumers only, approximately 9, at this stage. 			
6.3	<p>Risk Management</p> <ul style="list-style-type: none"> • There are no new risks or risks for escalation. 			
6.4	<p>Progress of key milestones and deliverables</p> <ul style="list-style-type: none"> • Committee is asked to note progress against the Project Gantt. 			

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Item No	Topic	Action	Comm'ee member	Due date
6.5	Other Business <ul style="list-style-type: none"> • Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> • CHQ web page has gone live. Refer to: http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp • Presentation to BAC families was delivered on 11th. LG spoke about the transition services, SS spoke about the future model of service, and Sandra Radovini spoke to a number of services presented and how they worked in Victoria. • Overall, the presentations were well received by the BAC parents/family that attended. • Sandra discussed the risk of the IMYOS service being watered down where the role and purpose is not clearly identified. It is recommended to have dedicated people in these roles, with a maximum caseload of 8-10 consumers. • Discussion was then had on the importance of this service and the role in collaborating with other service providers, e.g. schools, police, and other care providers in the community, etc. 			
8.	For Information			
8.1	<ul style="list-style-type: none"> • Nil 			
Next meeting: Monday 13th January 2014, 9am – 10.30am, CYMHS Spring Hill.				

** A special thanks to Judi Krause for supplying Christmas cupcakes – they were enjoyed by all! **

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		SW AETRS Project Gantt 20131120	235 days?	Mon 5/08/13	Fri 27/06/14		36%
1		Boards and Committees	150.25 days	Mon 26/08/13	Mon 24/03/14		64%
2	✓	SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
3	✓	SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4	✓	SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5	✓	SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6	✓	CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7	✓	SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8	✓	CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9	✓	WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10	✓	SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11	✓	CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12	✓	SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13	✓	CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
14	✓	WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%
15	✓	SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%
16	📅	SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		0%
17	📅	SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		0%
18	📅	SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		0%
19	📅	SW AETRS Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		0%
20	📅	SW AETRS Steering Committee	2 hrs	Mon 24/02/14	Mon 24/02/14		0%
21	📅	SW AETRS Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		0%
22	📅	SW AETRS Steering Committee	2 hrs	Mon 24/03/14	Mon 24/03/14		0%
23	📅	CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		0%
24	✓	Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%
41		Service Options Working Group	128.38 days	Mon 5/08/13	Thu 30/01/14		73%
42	✓	Research other service options	20 days	Mon 5/08/13	Fri 30/08/13		100%
43	✓	Conduct Site Visit to Victoria	3 days	Wed 14/08/13	Mon 19/08/13		100%
44	✓	Provide Victoria Site Visit Report to Steering Committee	4 days	Mon 19/08/13	Fri 23/08/13	43	100%
45	✓	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
46	✓	Collect current state service data	10 days	Mon 23/09/13	Mon 7/10/13	45	100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
47	✓	Collect population data for Qld	1 day	Mon 23/09/13	Tue 24/09/13	45	100%
48	✓	First WG Forum	6 hrs	Tue 1/10/13	Tue 1/10/13		100%
49	✓	Draft service options	13 days	Tue 1/10/13	Fri 18/10/13	48	100%
50	✓	Circulate scenarios to working group	5 days	Fri 18/10/13	Fri 25/10/13	49	100%
51	✓	Conduct Site Visit to NSW	7 hrs	Wed 23/10/13	Wed 23/10/13		100%
52	✓	Provide NSW Site Visit Report to Steering Committee	5 days	Thu 24/10/13	Wed 30/10/13	51	100%
53	✓	Refine service options	5 days	Fri 25/10/13	Fri 1/11/13	50	100%
54	✓	Develop service model elements document for each service option	10 days	Fri 1/11/13	Fri 15/11/13	53	100%
55	✓	Submit draft service options to CE Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
56	✓	Submit draft service options to Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
57	✓	Submit draft service options to CHQ Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
58	✓	Organise presentation of draft service options to Consumers/Families/Carers	6 days	Thu 28/11/13	Fri 6/12/13	57	100%
59	📅	Develop Implementation Plan, including Business Case	11 days	Thu 28/11/13	Fri 13/12/13	57	60%
60	📅	Finalise service options	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	80%
61	📅	Define Governance Arrangements for new model of care	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	30%
62	📅	Determine data and asset requirements for service provision	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	0%
63	✓	Presentation from Victorian MH Representative	1.88 days	Tue 10/12/13	Wed 11/12/13		100%
64		Submit draft Implementation Plan/Business Case for internal review	5 days	Fri 13/12/13	Fri 20/12/13	59	0%
65	📅	Incorporate changes to Implementation Plan/Business Case	4 days	Mon 6/01/14	Fri 10/01/14	64	0%
66		Submit draft Implementation Plan/Business Case for external review	5 days	Fri 10/01/14	Fri 17/01/14	65	0%
67		Incorporate changes to Implementation Plan/Business Case	1 day	Fri 17/01/14	Mon 20/01/14	66	0%
68		Submit Implementation Plan/Business Case to Steering Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	67	0%
69		Submit Implementation Plan/Business Case to CE Oversight Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	67	0%
70	📅	Submit Implementation Plan/Business Case to CHQ Board	2 hrs	Thu 30/01/14	Thu 30/01/14		0%
71		Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		68%
72	✓	Establish Panels	5 days	Mon 16/09/13	Mon 23/09/13		100%
73	✓	Identify discharge planning process and principles	4 days	Mon 23/09/13	Fri 27/09/13	72	100%
74	✓	Identify waitlist consumers	4 days	Mon 23/09/13	Fri 27/09/13	72	100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
75		Develop Communications Strategy for Consumers, Families, HHSs, and other service providers regarding transition plans	9 days	Mon 23/09/13	Fri 4/10/13	72	100%
76		Develop waitlist transition care plans	60 days	Fri 27/09/13	Fri 20/12/13	74	100%
77		Develop BAC consumer transition care plans	60 days	Fri 27/09/13	Fri 20/12/13	74	100%
78		Develop plan for transitional service arrangements	14 days	Mon 4/11/13	Fri 22/11/13		100%
79		Establish transitional service arrangements	50 days	Fri 22/11/13	Fri 31/01/14	78	50%
80		Close Barrett Adolescent Centre Building	20 days	Mon 3/02/14	Mon 3/03/14		0%
81		Redirect web references to new location	4 days	Mon 3/02/14	Fri 7/02/14		0%
82		Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		64%
83		Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
84		Identify current BAC operational funding	5 days	Mon 23/09/13	Mon 30/09/13	83	80%
85		Define options and workforce strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	83	100%
86		Develop Communications Strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	83	100%
87		Identify cost drivers and implications of ABF	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	0%
88		Develop New Service Options Costings	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	80%
89		Develop New Service Options Workforce Requirements	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	80%
90		Identify process to transition funding to CHQ HHS	4 days	Mon 20/01/14	Fri 24/01/14	69	0%
91		Implementation - Phase II	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
98		Project Closure	9.88 days	Mon 16/06/14	Fri 27/06/14		0%

Minutes

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

Date:	13/01/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Program Director, Early Intervention Specialist Programs, CYMHS (EH)
Secretariat:	SW AETR Project Manager (IA)
Attendees Teleconference	SW AETR Project Officer (LJ) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Director Planning & Partnership Unit MHAODB (KB) A/Executive Director Office of Strategy Management, CHQ (DM) Carer Representative [REDACTED] Consumer Representative [REDACTED] Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH)
Apologies	Clinical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK) Director of Psychology, CHQ HHS (JS) A/Director Planning & Partnership Unit MHAODB (MK) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC)
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	LJ, DM	
2.4	Statement of achievements <ul style="list-style-type: none"> EH acknowledged the work undertaken by SS, IA, LJ and LG. 	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Discussed the need for a meeting with MHAODB and CHQ regarding NGO arrangements for alcohol and other drugs – Kristen will follow up with an email. EH suggested inviting AT, from the Mater, to attend the meeting in light of her experience in this space. MHAODB is still finalising details around NGO engagement – Kristen will provide more details about the process once clarified with the DG. 	Organise meeting between MHAODB and CHQ	KB	31/01
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> YPERTI Terms of Reference were presented to the Steering Committee for endorsement. 			

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Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> RH queried the practicality of a monthly rotation of the chairperson – LJ confirmed that the group had decided on this to share responsibility for the role across all partners to the initiative – Aftercare, MHAODB, CHQ, and WM HHS. LG feels the membership needs to be revisited – inclusion of Divisional Director, CYMHS, and removal of CNC BAC. LG also advised that LJ is going on maternity leave at the end of January. WM HHS will look for a replacement due to the number of activities carrying over after BAC closure. Committee agreed to the transfer of secretariat to CHQ over the course of the coming weeks. Committee endorsed Terms of Reference subject to the above changes. 	Update Terms of Reference	LJ	17/01
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Options Working Group Update <ul style="list-style-type: none"> IA advised that the Business Case is currently under development and nearing finalisation. There will be a meeting of the CE Oversight Committee on 22nd January to look at the proposed budget and discuss funding options. 			
6.2	Clinical Care Transition Panels Update <ul style="list-style-type: none"> Committee is asked to note the December status Report WM HHS is currently balancing the provision of ongoing care with reducing numbers of consumers to ensure clinically appropriate care. WM HHS is remaining engaged with consumers as they transition to alternative arrangements. The engagement with Metro South has worked very well to date. There have been challenges with the arrangements for one young person, who requires placement through Department of Communities and Disabilities. Mental Health needs are limited but not the key need for care. DG to DG meeting is being scheduled to escalate this. Committee discussed the need for clinical representation at this meeting and agreed EH is the most appropriate person in SS absence. DM offered to contact the DG's office to confirm meeting has been scheduled. 	Follow up DG office regarding meeting	DM	17/01
6.3	Risk Management <ul style="list-style-type: none"> There are no new risks or risks for escalation. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Committee is asked to note the December Status Report and progress against the Project Gantt. There has been a small slippage in business case development otherwise the project is on track. 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> EH raised the issue of finances. LG will follow up on BAC operational funds and suggested that CHQ also complete an Amendment Window form to move funds. LG confirmed that WM HHS has agreed to fund the holiday program separate from the Redlands funding. EH asked if figures for transition support are known. LG advised that they have asked HHSs to provide details of support required. An email was sent to Townsville HHS to confirm their funding requirements. Metro North has submitted their requirements. 	Confirm BAC operational funds	LG	17/01
6.5	Other Business <ul style="list-style-type: none"> Work is progressing on the YPERTI model of service and the referral process into the residential rehab accommodation. This needs to be finalised in the coming weeks in preparation for the unit opening on the 3rd February. While the Resi Rehab targets 16 to 21yo, a conservative approach is being adopted and it has been decided to not fill all beds in the Resi in the first instance, and to keep the age limit to 18yo. EH suggested revisiting the BAC wait list to see if there are any other consumers requiring referral. 	Revisit BAC waitlist for potential resi consumers	LG	31/01
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> No major correspondence received since last meeting. No further discussion regarding a ministerial media release. 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: Tuesday 28th January 2014, 9am – 10.30am, CYMHS Spring Hill.				

West Moreton Hospital and Health Service

Status Report – Barrett Adolescent Centre (BAC) Clinical Care Transition Panel

Reporting Period: December 2013

Overview: BAC Patients (Inpatient, Outpatients and Day patients) and Waitlist

Current Inpatient	Age	Admission Date	Health District/ CYMHS/Home Town	Panel Date (Transition Plan developed)	Proposed discharge date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Current Day Patients	Age	Admission Date	Health District/ CYMHS/Home Town	Panel Convened and Transition Plan developed	Proposed discharge date
1					
2					
3					

Current Out Patients	Age	Admission Date	Health District/ CYMHS/Home Town	Panel Convened and Transition Plan developed	Proposed discharge date
1					
2					

West Moreton Hospital and Health Service

Waitlist and Assessment List

The Panel is finalising follow up with the referring CYMHS of all young people on the BAC Waitlist and Assessment List.

Update:

- The Clinical Care Transition Panel was convened for the first time on 15 October 2013 and since then has met eight times.
- At present the Panel has reviewed all of 16 patients at BAC. The transition plans for all day and out patients has been finalised including the preparation of clinical documentation (eg. CIMHA) for handover to identified service providers.
- Work is still ongoing to finalise the transition plans for the inpatients as there have been a number of barriers particularly around sourcing appropriate accommodation for these patients. The Panel has escalated these issues and continues to seek appropriate solutions for these patients.
- [REDACTED]
- The [REDACTED] patients will all be discharged by 24 January 2014.
- The Panel continues to work finding solutions for the more complex cases including working alongside with other hospital and health services, government departments and non-government organisations.

Issues:

- Ongoing - the Panel has identified a number of challenges associated with the transition planning for the young people at BAC. This includes access to appropriate supported accommodation and mental health trained support workers. One strategy that has been identified to assist with this would be to provide strategic communication on what is happening at BAC to upper management of key organisations and government departments including meetings at the Director-General level. Another strategy identified was to invite the key NGO stakeholders to BAC to discuss what services they could potentially provide to the target group. This meeting was held on Monday 28 October 2013.

Risks:

- Please note this risk is unchanged - the Panel has identified significant clinical risks for three inpatients at BAC. The Panel is currently mitigating this by seeking expert opinion from statewide senior mental health clinicians. It should be noted that there may be some delays in the transition process for some of the more complex cases.

Prepared by:

Laura Johnson, Project Officer, West Moreton Hospital and Health Service.

Endorsed by:

Dr Anne Brennan, A/Clinical Director, West Moreton Hospital and Health Service.

Project Status Report

Project Name: **Statewide Adolescent Extended Treatment and Rehabilitation Implementation Strategy**

Reporting Period: December 2013

Project Sponsor: Dr Peter Steer

Signature:



Date:

Project Manager: Ingrid Adamson




Signature:

Date:

Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<p>Services Options Working Group (WG 1)</p> <ul style="list-style-type: none"> • Draft SW AETR Model of Care: <ul style="list-style-type: none"> ○ Endorsed, in principle, by the Steering and Oversight Committees and the CHQ Board. ○ Circulated to Working Group for input and feedback, which has now been incorporated. ○ Communicated to CYMHS Clinicians on 10th December and BAC Family members on 11th December. • Invited guest Sandra Radovini, Child and Adolescent Psychiatrist, presented to clinicians, BAC staff and families on adolescent mental health care services in Victoria over 10th/11th December. • Development commenced on a Business Case, including a high level implementation plan, for the proposed SW AETR Model of Care. • Concurrently, WM HHS has progressed plans for transitional services, including an activity-based program for the school holidays followed by establishment of supported accommodation for early 2014. Governance arrangements have been established and weekly meetings underway. <p>BAC Clinical Care Transition Panel</p> <ul style="list-style-type: none"> • Status Report attached
Budget and Cost Management		On target

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Key Areas of Focus	Impact on Objectives	Key Comments
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> BAC Fast Fact Sheet #11 issued. CHQ SW AETRS web page went live.
Project Interdependencies		<ul style="list-style-type: none"> Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> Nil risks requiring management attention.
Other	N/A	

Legend:**C Critical** – Issue is impacting on project objectives**S Serious** – Issue COULD impact on project objectives**T On track** – Issue able to be managed to maintain project objectives

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		SW AETRS Project Gantt 20131120	235 days?	Mon 5/08/13	Fri 27/06/14		37%
1		Boards and Committees	150.25 days	Mon 26/08/13	Mon 24/03/14		68%
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3	✓	SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4	✓	SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5	✓	SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6	✓	CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7	✓	SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8	✓	CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9	✓	WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10	✓	SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11	✓	CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12	✓	SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13	✓	CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
14	✓	WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%
15	✓	SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%
16	✓	SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		100%
17	📅	SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		0%
18	📅	SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		0%
19	📅	SW AETRS Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		0%
20	📅	SW AETRS Steering Committee	2 hrs	Mon 24/02/14	Mon 24/02/14		0%
21	📅	SW AETRS Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		0%
22	📅	SW AETRS Steering Committee	2 hrs	Mon 24/03/14	Mon 24/03/14		0%
23	📅	CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		0%
24	✓	Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%
41		Service Options Working Group	128.38 days	Mon 5/08/13	Thu 30/01/14		74%
42	✓	Research other service options	20 days	Mon 5/08/13	Fri 30/08/13		100%
43	✓	Conduct Site Visit to Victoria	3 days	Wed 14/08/13	Mon 19/08/13		100%
44	✓	Provide Victoria Site Visit Report to Steering Committee	4 days	Mon 19/08/13	Fri 23/08/13	43	100%
45	✓	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
46	✓	Collect current state service data	10 days	Mon 23/09/13	Mon 7/10/13	45	100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
47	✓	Collect population data for Qld	1 day	Mon 23/09/13	Tue 24/09/13	45	100%
48	✓	First WG Forum	6 hrs	Tue 1/10/13	Tue 1/10/13		100%
49	✓	Draft service options	13 days	Tue 1/10/13	Fri 18/10/13	48	100%
50	✓	Circulate scenarios to working group	5 days	Fri 18/10/13	Fri 25/10/13	49	100%
51	✓	Conduct Site Visit to NSW	7 hrs	Wed 23/10/13	Wed 23/10/13		100%
52	✓	Provide NSW Site Visit Report to Steering Committee	5 days	Thu 24/10/13	Wed 30/10/13	51	100%
53	✓	Refine service options	5 days	Fri 25/10/13	Fri 1/11/13	50	100%
54	✓	Develop service model elements document for each service option	10 days	Fri 1/11/13	Fri 15/11/13	53	100%
55	✓	Submit draft service options to CE Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
56	✓	Submit draft service options to Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
57	✓	Submit draft service options to CHQ Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
58	✓	Organise presentation of draft service options to Consumers/Families/Carers	6 days	Thu 28/11/13	Fri 6/12/13	57	100%
59	📅	Develop Implementation Plan, including Business Case	11 days	Thu 28/11/13	Fri 13/12/13	57	70%
60	📅	Finalise service options	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	90%
61	📅	Define Governance Arrangements for new model of care	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	30%
62	📅	Determine data and asset requirements for service provision	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	0%
63	✓	Presentation from Victorian MH Representative	1.88 days	Tue 10/12/13	Wed 11/12/13		100%
64		Submit draft Implementation Plan/Business Case for internal review	5 days	Fri 13/12/13	Fri 20/12/13	59	0%
65	📅	Incorporate changes to Implementation Plan/Business Case	4 days	Mon 6/01/14	Fri 10/01/14	64	0%
66		Submit draft Implementation Plan/Business Case for external review	5 days	Fri 10/01/14	Fri 17/01/14	65	0%
67		Incorporate changes to Implementation Plan/Business Case	1 day	Fri 17/01/14	Mon 20/01/14	66	0%
68		Submit Implementation Plan/Business Case to Steering Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	67	0%
69		Submit Implementation Plan/Business Case to CE Oversight Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	67	0%
70	📅	Submit Implementation Plan/Business Case to CHQ Board	2 hrs	Thu 30/01/14	Thu 30/01/14		0%
71		Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		68%
72	✓	Establish Panels	5 days	Mon 16/09/13	Mon 23/09/13		100%
73	✓	Identify discharge planning process and principles	4 days	Mon 23/09/13	Fri 27/09/13	72	100%
74	✓	Identify waitlist consumers	4 days	Mon 23/09/13	Fri 27/09/13	72	100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
75	✓	Develop Communications Strategy for Consumers, Families, HHSs, and other service providers regarding transition plans	9 days	Mon 23/09/13	Fri 4/10/13	72	100%
76	✓	Develop waitlist transition care plans	60 days	Fri 27/09/13	Fri 20/12/13	74	100%
77	✓	Develop BAC consumer transition care plans	60 days	Fri 27/09/13	Fri 20/12/13	74	100%
78	✓	Develop plan for transitional service arrangements	14 days	Mon 4/11/13	Fri 22/11/13		100%
79		Establish transitional service arrangements	50 days	Fri 22/11/13	Fri 31/01/14	78	50%
80	📅	Close Barrett Adolescent Centre Building	20 days	Mon 3/02/14	Mon 3/03/14		0%
81	📅	Redirect web references to new location	4 days	Mon 3/02/14	Fri 7/02/14		0%
82		Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		64%
83	✓	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
84		Identify current BAC operational funding	5 days	Mon 23/09/13	Mon 30/09/13	83	80%
85	✓	Define options and workforce strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	83	100%
86	✓	Develop Communications Strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	83	100%
87		Identify cost drivers and implications of ABF	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	0%
88		Develop New Service Options Costings	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	80%
89		Develop New Service Options Workforce Requirements	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	80%
90		Identify process to transition funding to CHQ HHS	4 days	Mon 20/01/14	Fri 24/01/14	69	0%
91		Implementation - Phase II	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
98		Project Closure	9.88 days	Mon 16/06/14	Fri 27/06/14		0%

Terms of Reference**Terms of Reference: Young People's Extended Treatment and Rehabilitation Initiative (YPETRI) Governance Committee**

Date:	2 December 2013	Review Date:	3 March 2014	Version:	1
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1. Purpose:

1.1 The purpose of the YPETRI Governance Committee is to: provide strategic, clinical and operational governance to the development and implementation of the West Moreton Hospital and Health Service (HHS), Children's Health Queensland HHS and Aftercare Transition Services.

2. Scope and functions:

2.1 The YPETRI Committee will undertake the following functions:

- Monitor and oversee the implementation of the YPETRI to ensure that the initiative milestones and key deliverables are met in the required timeframes, and that all accountabilities are fulfilled.
- Establish, monitor and oversee the Clinical, Operational and Strategic Governance and associated processes and outputs.
- 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 initiative.
- Provide governance for risk management processes and associated mitigation strategies, and escalate in a timely manner to Executive Director; Mental Health and Specialist Services, West Moreton HHS; Clinical Director, Children's Health Queensland, HHS, and National Operations Manager, Aftercare.
- Identify roles and responsibilities within the key stakeholder groups regarding information collection and reporting, transition of consumers, re-allocation of funding, including the identification of overlap and related roles.
- Prepare media protocol for endorsement by the Chief Executive, West Moreton HHS and Executive Director, Aftercare.

3. Membership (position held only):

3.1 Members:

A/Director of Strategy, Mental Health and Specialised Services, West Moreton HHS

Director, Allied Health and Mental Health Community Programs, West Moreton HHS

A/Clinical Nurse Consultant, Barrett Adolescent Centre, West Moreton HHS

National Operations Manager, Aftercare

Service Manager, Aftercare

Clinical Director, Children's Health Queensland HHS

Project Manager, Statewide Adolescent Extended Treatment and Rehabilitation, Children's Health Queensland HHS

A/Director, Planning and Partnership Unit, Mental Health Alcohol and Other Drugs Branch

3.2 Proxies:

A proxy is permitted providing they are suitably briefed prior to the meeting.

4. Chairperson

4.1 The position of Chair will be rotated between the agencies involved on a monthly basis.

5. Secretariat (position held only):

5.1 Project Officer, Redevelopment, Mental Health and Specialised Services, West Moreton HHS.

6. Reporting relationships:

6.1 The YPETRI Committee provides the following reports:

Statewide (SW) Adolescent Extended Treatment and Rehabilitation (AETR) Implementation Strategy Steering Committee

Issues unable to be resolved by YPETRI Committee are escalated to SW AETR Implementation Strategy Steering Committee.

Terms of Reference**7. Sub Committees:**

7.1 There is the potential to establish sub committees/working groups and this will be identified and approved by YPETRI Governance Committee as needed.

8. Frequency of meetings:

8.1 The meetings will be held weekly in the interim and will then be reviewed in early 2014.

9. Quorum:

9.1 The quorum for YPETRI Committee meetings will be half of the membership plus one (five members).

10. Agenda items:

10.1 Agenda items together with relevant discussion papers, may be submitted by any committee member not less than 24 hours prior to the meeting.

10.2 Out-of Session items can be considered where the item is urgent and must be considered before the next scheduled meeting or in circumstances when face-to-face meetings are not possible, to enable business to be progressed.

11. Minutes:

11.1 Minutes shall be disseminated to all members as a minimum two days before each meeting. .

11.2 Minutes are a business document and should capture the discussion / recommendation / decision and appoint a responsible officer and timeframe.

12. Access to information / confidentiality:

12.1 Members of the committee have the right to access information and documents relevant to issues being considered within the terms of reference. It is acknowledged that certain issue being examined may be of a confidential and/or sensitive nature, which will require members of the committee, and the secretariat, to exercise discretion and ensure any confidential information is maintained and managed accordingly.

13. Authorisation:

These Terms of Reference may be altered following committee consultation and endorsement by the recommendation of the Committee.

These Terms of Reference will be reviewed in June each year along with the annual committee evaluation.

This YPETRI Committee was formally approved by CE, West Moreton HHS and ED, Aftercare on

Date:

Signature:

Chairperson: <Insert name, position, division / organisation>

Date:

Signature:

Minutes

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

Date:	28/01/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Clinical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	SW AETR Project Manager (IA)
Attendees: Teleconference	Director of Psychology, CHQ HHS (JS) Program Director, Early Intervention Specialist Programs, CYMHS (EH) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Carer Representative [REDACTED] Consumer Representative [REDACTED]
Apologies:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) A/Director Planning & Partnership Unit MHAODB (MK) 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) State Manager Headspace (AC)
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	[REDACTED]	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	•			
4.	Matters for Decision			
4.1	•			
5.	Matters for Discussion			
5.1	SW AETR Model of Care Budget Paper <ul style="list-style-type: none"> IA provided an overview of the budget paper and how the figures were arrived at, emphasising that the first phase of services (2014 A) is all that will be implemented with existing operational funds. New recurrent funding will be sought to implement additional services. Committee was informed of the Step Up/Step Down Unit being built in Cairns. 			
5.2	Progression of Service Implementation – Phase 1 <ul style="list-style-type: none"> JK advised that the CE has given approval to progress with the first phase of services. It is proposed that CHQ retrain funding until positions are appointed for each of the services. 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> JK is trying to secure a part-time resource to assist with documenting the models of services in detail and to draft up position descriptions for the AMYOS teams. JK proposed that a small working group be formed to progress this body of work quickly. This recommendation was supported by the Committee. JK would also like to conduct site visits of existing Day Programs, and asked AT if it would be possible to visit the Mater to which she agreed. JK recommended that AT and JS be a part of the working group, which was also agreed. 	Establish Service Implementation Working Group	IA	07/02
6.	Standard Agenda Items			
6.1	Service Options Working Group Update <ul style="list-style-type: none"> Now that the initiative has progressed, it was agreed to adjust this standing agenda item to "Service Implementation Update" 	Adjust agenda	IA	07/02
6.2	Clinical Care Transition Panels Update <ul style="list-style-type: none"> DGs met on Wednesday 22nd Jan. Accommodation arrangements have now been reached for the remaining two BAC inpatients, and both were discharged Thursday and Friday last week. All day program patients also transitioned out of the BAC on Friday. EH advised that the BAC will close on 31st January. The assessment list and waiting list now needs to be handed over to CHQ. JK agreed further discussion was needed about this. 	CHQ review of assessment and wait lists	SS/JK	07/02
6.3	Risk Management <ul style="list-style-type: none"> There are no new risks or risks for escalation. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> 			
6.5	Other Business <ul style="list-style-type: none"> JK advised that CHQ Board Chair wants the initiative name changed to <i>Adolescent Mental Health Extended Treatment Initiative</i>. Documentation will be changed to reflect this. Now that Phase 1 of service implementation is moving forward, it is important to re-engage with Education to advise of the model of care. Following the closure of BAC and the end of her mediation role, EH has motioned to step down from the Committee. This motion was supported. The Chair thanked Elisabeth on behalf of the group for her contribution to the project and her commitment to the process. JK suggested revisiting the timing of the Steering Committee, changing it to monthly in future. The Committee will make a decision on this at the next meeting on 10th February. 	Organise meeting with Peter Blatch, Education	IA	07/02
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> No major correspondence received since last 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	meeting. <ul style="list-style-type: none"> An update will be given to the Minister regarding the Barrett closure and new service implementation. CHQ Board Chair will also advise of a media announcement. 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: Monday 10th February 2014, 9am – 10.30am, CYMHS Spring Hill.				

STEERING COMMITTEE PAPER

January 2014

Agenda Item:	5.1
Agenda Title:	Statewide Adolescent Extended Treatment and Rehabilitation Initiative Budget
Sponsor:	Peter Steer, Chief Executive, Children's Health Queensland

Background:

At the November meeting, a proposed model of care outlining five service options for extended treatment and rehabilitation, was presented and included:

1. Assertive Mobile Youth Outreach Service (AMYOS) (note name change from *Assertive Community Treatment Service* to better reflect the scope of the service) – a new service option providing mobile interventions in community or residential settings; ideally resourced with a minimum of two full time employees per AMYOS team;
2. Day Program – an expansion of existing services with additional day program units proposed in the South-East Queensland region; treating up to 15 adolescents per day per unit;
3. Step Up / Step Down Unit – a new service option providing short-term residential treatment by mental health specialists in partnership with a non-government organisation (NGO); up to 10 beds per unit located where there is NGO support;
4. Subacute Bed-based Unit – a new service providing medium-term, intensive, hospital-based treatment in a secure and safe 4-bed unit located within the CHQ catchment; and
5. Residential Rehabilitation Unit – a new service providing long-term accommodation and recovery-oriented treatment in partnership with NGOs together with in-reach services provided by mental health specialists; 5 to 10 beds per unit located where there is NGO support.

By February 2014, a 5-bed residential rehabilitation unit at Greenslopes and an interim subacute bed-based unit at the Mater will be in place. At the same time, recruitment for the Statewide Panel, AMYOS Teams, and Psychiatrists will have commenced with the first appointments being made from March. The AMYOS Teams will be located in Metro North, Metro South, Townsville, Darling Downs, Gold Coast, and Redcliffe/Caboolture. And finally, a new Day Program Unit will be established in north Brisbane by June 2014.

A Business Case, including indicative implementation, has been developed, and a summary of this is provided in the table below. The first tier of implementation (2014 A in blue) identifies services recommended for implementation utilising existing operational funding. This is based on an estimate of what CHQ understands is available. This is awaiting confirmation of Barrett operational funds to transition from West Moreton Hospital and Health Service (WM HHS) and the Redlands Operational Funding to transition from the Mental Health, Alcohol and Other Drugs Branch.

Successful implementation of the full model of care; however, is dependent upon new operational and capital funding. A proposed rollout plan for all services, from the end of 2014 B, 2015 and 2016, is provided below (highlighted in green, pink and yellow respectively). It is important to note that services identified from 2014 B onward will be dependent on the allocation of new funding by the Department of Health, including the subacute bed-based unit.

An estimate for capital costs has also been included. The Capital Fit-Out Costs are based on the assumption of leasing premises and adjusting these premises to be fit for purpose; whereas, the Construction Costs are based on the assumption of building fit-for-purpose premises. Where premises are constructed, operational costs will reduce by rent and other items accordingly. These capital figures are indicative only and require further analysis to determine more accurate costs.

The closure of the BAC is still on track for the 31st January and CHQ HHS is continuing to support WM HHS throughout the transition process. Any consumer who requires services, previously provided by the BAC, will be supported by wrap around services through their local HHS. These wrap around arrangements are supported and coordinated by the lead psychiatrist from BAC, who will continue to maintain oversight of the consumers under the governance of CHQ, post the January closure.

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Children's Health Queensland Hospital and Health Service

Statewide Adolescent Extended Treatment and Rehabilitation Strategy Business Case Summary:

Service Funding Options		Commence	2013/14	2014/15	2015/16	2016/17
2014 A	Transition Case Management Panel	February	\$144,533	\$0	\$0	\$0
	Statewide Assessment Panel	February	\$0	\$0	\$0	\$0
	Residential Rehabilitation Unit + Activity Program	February	\$592,767	\$1,475,336	\$1,588,214	\$1,629,536
	Interim Subacute Bed-Based Unit	February	\$200,000	\$100,000	\$0	\$0
	AMYOS Psychiatrists x 2.4 + admin	April	\$251,601	\$995,387	\$1,020,364	\$1,045,968
	AMYOS x 6 Teams	March	\$267,732	\$1,675,204	\$1,692,369	\$1,735,320
	New Day Program (North Brisbane)	June	\$333,780	\$1,306,162	\$1,340,375	\$1,375,490
TOTAL			\$1,790,413	\$5,552,089	\$5,641,322	\$5,786,314
2014 B	AMYOS Psychiatrists x 2	From	\$0	\$723,468	\$733,160	\$751,542
	AMYOS x 12 Teams (rest of Qld)	Jul-14	\$0	\$3,399,849	\$3,384,739	\$3,470,640
TOTAL			\$0	\$4,123,317	\$4,117,899	\$4,222,182
2015	Subacute inpatient unit (4 bed unit)	From	\$0	\$577,027	\$1,186,466	\$1,216,644
	New Day Program (Logan)	Jan-15	\$0	\$676,359	\$1,340,375	\$1,375,490
	Resi Rehab Unit x 1 (North Cluster)		\$0	\$857,148	\$1,588,214	\$1,629,536
	Step Up/Step Down Unit x 1		\$0	\$1,731,515	\$1,744,053	\$1,790,780
TOTAL			\$0	\$3,842,049	\$5,859,108	\$6,012,450
2016	New Day Program (Gold Coast)	From	\$0	\$0	\$1,364,352	\$1,375,490
	Resi Rehab Unit x1 (Central Cluster)	Jul-15	\$0	\$0	\$1,685,817	\$1,629,536
	Step Up/Step Down Units x 2		\$0	\$0	\$1,778,002	\$3,616,527
TOTAL			\$0	\$0	\$4,828,171	\$6,621,553
GRAND TOTAL			\$1,790,413	\$13,517,455	\$20,446,500	\$22,642,499

Capital Fit-Out Costs (\$2,000/sqm)	2013-14	2014-15	2015-16	2016-17
Bed-base Fit Out (1 unit)		\$ 150,000		
Day Program (3 units)	\$ 450,000	\$ 463,500	\$ 477,405	
Step Up/Step Down Unit (3 units)		\$ 2,400,000	\$ 2,472,000	\$ 2,546,160
Total	\$ 450,000	\$ 3,013,500	\$ 2,949,405	\$ 2,546,160
Capital Construction Costs (\$3,200/sqm)				
Day Program (2 units)		\$988,800	\$1,018,464	
Step Up/Step Down Unit (3 units)		\$5,120,000	\$5,273,600	\$5,431,808
Total		\$6,108,800	\$6,292,064	\$5,431,808

The next step for this initiative is to confirm the operational funds to transfer to CHQ HHS and the availability of new recurrent funding and capital funding to enable service implementation over a four year timeframe. Delivery of services identified in 2014 B onward will require new recurrent funding. The Business Case will be submitted to the Department of Health Service Agreement Unit through the next Relationship Management Group Meeting on the 14th February 2014.

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Children's Health Queensland Hospital and Health Service

The following people have been involved in the preparation of this paper:

Name:	Ingrid Adamson
Position:	Project Manager, SW AETRS
Name:	Stephen Stathis
Position:	Clinical Director, CYMHS
Name:	Judi Krause
Position:	Divisional Director, CYMHS
Name:	Deb Miller
Position:	A/Executive Director, Office of Strategy Management, CHQ HHS

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ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		SW AETRS Project Gantt 20131120	235 days?	Mon 5/08/13	Fri 27/06/14		38%
1		Boards and Committees	150.25 days	Mon 26/08/13	Mon 24/03/14		73%
2	✓	SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
3	✓	SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4	✓	SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5	✓	SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6	✓	CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7	✓	SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8	✓	CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9	✓	WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10	✓	SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11	✓	CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12	✓	SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13	✓	CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
14	✓	WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%
15	✓	SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%
16	✓	SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		100%
17	✓	SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		100%
18	📅	SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		0%
19	📅	SW AETRS Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		0%
20	📅	SW AETRS Steering Committee	2 hrs	Mon 24/02/14	Mon 24/02/14		0%
21	📅	SW AETRS Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		0%
22	📅	SW AETRS Steering Committee	2 hrs	Mon 24/03/14	Mon 24/03/14		0%
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44	✓	Provide Victoria Site Visit Report to Steering Committee	4 days	Mon 19/08/13	Fri 23/08/13	43	100%
45	✓	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
46	✓	Collect current state service data	10 days	Mon 23/09/13	Mon 7/10/13	45	100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
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48	✓	First WG Forum	6 hrs	Tue 1/10/13	Tue 1/10/13		100%
49	✓	Draft service options	13 days	Tue 1/10/13	Fri 18/10/13	48	100%
50	✓	Circulate scenarios to working group	5 days	Fri 18/10/13	Fri 25/10/13	49	100%
51	✓	Conduct Site Visit to NSW	7 hrs	Wed 23/10/13	Wed 23/10/13		100%
52	✓	Provide NSW Site Visit Report to Steering Committee	5 days	Thu 24/10/13	Wed 30/10/13	51	100%
53	✓	Refine service options	5 days	Fri 25/10/13	Fri 1/11/13	50	100%
54	✓	Develop service model elements document for each service option	10 days	Fri 1/11/13	Fri 15/11/13	53	100%
55	✓	Submit draft service options to CE Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
56	✓	Submit draft service options to Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
57	✓	Submit draft service options to CHQ Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
58	✓	Organise presentation of draft service options to Consumers/Families/Carers	6 days	Thu 28/11/13	Fri 6/12/13	57	100%
59	📅	Develop Implementation Plan, including Business Case	11 days	Thu 28/11/13	Fri 13/12/13	57	80%
60	✓	Finalise service options	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	100%
61	📅	Define Governance Arrangements for new model of care	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	30%
62	✓	Presentation from Victorian MH Representative	1.88 days	Tue 10/12/13	Wed 11/12/13		100%
63	✓	Submit draft Implementation Plan/Business Case for internal review	5 days	Fri 13/12/13	Fri 20/12/13	59	100%
64	✓	Incorporate changes to Implementation Plan/Business Case	4 days	Mon 6/01/14	Fri 10/01/14	63	100%
65	✓	Submit draft Implementation Plan/Business Case for external review	5 days	Fri 10/01/14	Fri 17/01/14	64	100%
66	✓	Incorporate changes to Implementation Plan/Business Case	1 day	Fri 17/01/14	Mon 20/01/14	65	100%
67	✓	Submit Implementation Plan/Business Case to Steering Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	66	100%
68	✓	Submit Implementation Plan/Business Case to CE Oversight Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	66	100%
69	📅	Submit Implementation Plan/Business Case to CHQ Board	2 hrs	Thu 30/01/14	Thu 30/01/14		0%
70	📅	Draft budget submission for new funding	20 days	Mon 20/01/14	Mon 17/02/14		0%
71	📅	Submit budget submission to Relationship Management Group Meeting	9.88 days?	Mon 17/02/14	Fri 28/02/14	70	0%
72		Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		68%
73	✓	Establish Panels	5 days	Mon 16/09/13	Mon 23/09/13		100%
74	✓	Identify discharge planning process and principles	4 days	Mon 23/09/13	Fri 27/09/13	73	100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
75	✓	Identify waitlist consumers	4 days	Mon 23/09/13	Fri 27/09/13	73	100%
76	✓	Develop Communications Strategy for Consumers, Families, HHSs, and other service providers regarding transition plans	9 days	Mon 23/09/13	Fri 4/10/13	73	100%
77	✓	Develop waitlist transition care plans	60 days	Fri 27/09/13	Fri 20/12/13	75	100%
78	✓	Develop BAC consumer transition care plans	60 days	Fri 27/09/13	Fri 20/12/13	75	100%
79	✓	Develop plan for transitional service arrangements	14 days	Mon 4/11/13	Fri 22/11/13		100%
80		Establish transitional service arrangements	50 days	Fri 22/11/13	Fri 31/01/14	79	50%
81	📅	Close Barrett Adolescent Centre Building	20 days	Mon 3/02/14	Mon 3/03/14		0%
82	📅	Redirect web references to new location	4 days	Mon 3/02/14	Fri 7/02/14		0%
83		Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		68%
84	✓	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
85		Identify current BAC operational funding	5 days	Mon 23/09/13	Mon 30/09/13	84	80%
86	✓	Define options and workforce strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	84	100%
87	✓	Develop Communications Strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	84	100%
88		Identify cost drivers and implications of ABF	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	0%
89		Develop New Service Options Costings	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	90%
90		Develop New Service Options Workforce Requirements	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	90%
91		Identify process to transition funding to CHQ HHS	4 days	Mon 20/01/14	Fri 24/01/14	68	0%
92		Implementation - Phase II	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
99		Project Closure	9.88 days	Mon 16/06/14	Fri 27/06/14		0%

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	10/02/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Clinical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	SW AETR Project Manager (IA)
Attendees:	Director of Psychology, CHQ HHS (JS) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) 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) State Manager Headspace (AC) Carer Representative [REDACTED]
Teleconf.	
Teleconf.	
Teleconf.	
Apologies:	A/Director Planning & Partnership Unit MHAODB (MK) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Consumer Representative [REDACTED]
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	[REDACTED]	
2.4	Statement of achievements	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> The Service Implementation Working Group is still to be formally established – people interested in being involved included AT, JS, SS, JK, and IA SS, JK and IA visited a potential site for the new north Brisbane Day Program Unit. Work has also commenced on role descriptions for the AMYOS positions. Committee agreed that an action list needed to be developed for this Working Group as opposed to ToR. WM HHS is looking at a review of the initiative to date, including ECRG work, the BAC closure, and transition services. LG advised that the Mental Health Commission have indicated that they would be interested in conducting an independent assessment. JK raised that there is another piece of research around documenting the impact of new services. Some work is needed now to document current state in terms of service data. SS supported this by adding that it is important to determine what new 	Formally establish working group	JK	10/03
		Develop action list	IA	21/02

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Item No	Topic	Action	Comm'ee member	Due date
	<p>services are needed, especially in regard to a subacute bed-based inpatient unit. There is value in asking the Mental Health Commission to look at this independently, given some services are political.</p> <ul style="list-style-type: none"> • SS proposed that another area to evaluate included the clinical outcomes of the BAC inpatients. LG expressed reservation regarding this. • LG advised that there is a scoping meeting with the MH Commission scheduled for 14/02/14 from 2-3pm at the Park. These suggestions could be raised then. LG to confirm whether CHQ could attend the meeting. 	Advise on CHQ attendance at MH meeting	LG	13/02
3.2	<ul style="list-style-type: none"> • SS and LG conducted a review of the Assessment and Wait Lists, together with Anne Brennan, Acting Clinical Director, BAC. • There are a number of people that no longer require follow up. There are others that Anne will be following up. The Wait List is now being actively managed. 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> • Nil 			
5.	Matters for Discussion			
5.1	<p>SW AETR Model of Care Business Case</p> <ul style="list-style-type: none"> • The draft Business Case is being finalised for presentation at the Relationship Management Group meeting on 14/02/14 with Department of Health. • A key challenge has been providing data to support the increase in funding required for new services, such as quantitative data in: <ul style="list-style-type: none"> ○ Retention in education and vocation ○ Staying with the family ○ Reduced 28 day re-admission ○ 1-7 day follow up ○ Reduced burden on Adult Mental Health sector ○ Reduced burden on society 			
6.	Standard Agenda Items			
6.1	<p>Service Implementation Update</p> <ul style="list-style-type: none"> • Activities are on track, despite small slippage in Business Case development. • SS, JK and IA had a site visit of the Mater Day Program followed by a visit to the Salvation Army site at Stafford, as a potential site for the Day Program Unit on the north side of Brisbane. • The Salvation Army facility has an industrial kitchen and cafe, sporting facilities, and appropriately sized rooms for therapeutic programs and education. • It is co-located with the Everton Park State High Alternative Curriculum Environment (ACE) program. • Salvation Army also house their Youth Outreach Services in the same building. • Awaiting information from the Salvation Army regarding lease costs and room availability. 			
6.2	<p>Clinical Care Update</p> <ul style="list-style-type: none"> • LG advised that a couple of consumer transitions need to be finalised – securing service team and funding. Otherwise all is on track. 			

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Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> Committee agreed to change this standing agenda item to <i>Consumer Update</i>. 	Change standing agenda item.	IA	14/02
6.3	Risk Management <ul style="list-style-type: none"> There are no new risks or risks for escalation. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> As noted above, Service Implementation Working Group Action Items are to be added to Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> JK suggested revisiting the timing of the Steering Committee, changing it to monthly in future. The Committee supported this decision. 	Send out updated monthly Committee invites	IA	14/02
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Nil. 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: Monday 10th March 2014, 9am – 10.30am, CYMHS Spring Hill.				

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		SW AETRS Project Gantt 20131120	235 days?	Mon 5/08/13	Fri 27/06/14		42%
1		Boards and Committees	150.25 days	Mon 26/08/13	Mon 24/03/14		82%
2	✓	SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
3	✓	SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4	✓	SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5	✓	SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6	✓	CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7	✓	SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8	✓	CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9	✓	WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10	✓	SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11	✓	CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12	✓	SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13	✓	CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
14	✓	WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%
15	✓	SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%
16	✓	SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		100%
17	✓	SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		100%
18	✓	SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		100%
19	✓	CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		100%
20	📅	SW AETRS Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		0%
21	📅	SW AETRS Steering Committee	2 hrs	Mon 24/02/14	Mon 24/02/14		0%
22	📅	SW AETRS Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		0%
23	📅	SW AETRS Steering Committee	2 hrs	Mon 24/03/14	Mon 24/03/14		0%
24	✓	Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%
41		Service Options Working Group	140 days	Mon 5/08/13	Fri 14/02/14		93%
42	✓	Research other service options	20 days	Mon 5/08/13	Fri 30/08/13		100%
43	✓	Conduct Site Visit to Victoria	3 days	Wed 14/08/13	Mon 19/08/13		100%
44	✓	Provide Victoria Site Visit Report to Steering Committee	4 days	Mon 19/08/13	Fri 23/08/13	43	100%
45	✓	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
46	✓	Collect current state service data	10 days	Mon 23/09/13	Mon 7/10/13	45	100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
47	✓	Collect population data for Qld	1 day	Mon 23/09/13	Tue 24/09/13	45	100%
48	✓	First WG Forum	6 hrs	Tue 1/10/13	Tue 1/10/13		100%
49	✓	Draft service options	13 days	Tue 1/10/13	Fri 18/10/13	48	100%
50	✓	Circulate scenarios to working group	5 days	Fri 18/10/13	Fri 25/10/13	49	100%
51	✓	Conduct Site Visit to NSW	7 hrs	Wed 23/10/13	Wed 23/10/13		100%
52	✓	Provide NSW Site Visit Report to Steering Committee	5 days	Thu 24/10/13	Wed 30/10/13	51	100%
53	✓	Refine service options	5 days	Fri 25/10/13	Fri 1/11/13	50	100%
54	✓	Develop service model elements document for each service option	10 days	Fri 1/11/13	Fri 15/11/13	53	100%
55	✓	Submit draft service options to CE Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
56	✓	Submit draft service options to Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
57	✓	Submit draft service options to CHQ Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
58	✓	Organise presentation of draft service options to Consumers/Families/Carers	6 days	Thu 28/11/13	Fri 6/12/13	57	100%
59	✓	Develop Implementation Plan, including Business Case	11 days	Thu 28/11/13	Fri 13/12/13	57	100%
60	✓	Finalise service options	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	100%
61	✓	Presentation from Victorian MH Representative	1.88 days	Tue 10/12/13	Wed 11/12/13		100%
62	✓	Submit draft Implementation Plan/Business Case for internal review	5 days	Fri 13/12/13	Fri 20/12/13	59	100%
63	✓	Incorporate changes to Implementation Plan/Business Case	4 days	Mon 6/01/14	Fri 10/01/14	62	100%
64	✓	Submit draft Implementation Plan/Business Case for external review	5 days	Fri 10/01/14	Fri 17/01/14	63	100%
65	✓	Incorporate changes to Implementation Plan/Business Case	1 day	Fri 17/01/14	Mon 20/01/14	64	100%
66	✓	Submit Implementation Plan/Business Case to Steering Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	65	100%
67	✓	Submit Implementation Plan/Business Case to CE Oversight Committee	2 hrs	Mon 20/01/14	Mon 20/01/14	65	100%
68	✓	Submit Implementation Plan/Business Case to CHQ Board	2 hrs	Thu 30/01/14	Thu 30/01/14		100%
69	📅	Draft budget submission for new funding	16 days	Mon 20/01/14	Tue 11/02/14		50%
70	📅	Submit budget submission to Relationship Management Group Meeting	3 days	Wed 12/02/14	Fri 14/02/14	69	0%
71	✓	Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		100%
81		Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		98%
82	✓	Establish Working Group	5 days	Mon 16/09/13	Mon 23/09/13		100%
83		Identify current BAC operational funding	5 days	Mon 23/09/13	Mon 30/09/13	82	80%

ID		Task Name	Duration	Start	Finish	Predecessors	% Complete
84		Define options and workforce strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	82	100%
85		Develop Communications Strategy for BAC Staff	5 days	Mon 23/09/13	Mon 30/09/13	82	100%
86		Develop New Service Options Costings	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	100%
87		Develop New Service Options Workforce Requirements	11 days	Thu 28/11/13	Fri 13/12/13	57,59SS	100%
88		Identify process to transition funding to CHQ HHS	4 days	Mon 20/01/14	Fri 24/01/14	67	100%
89		Implementation - Phase I of Services	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
90		Rollout of new service options including:	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
91		Define Governance Arrangements for new model of care	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
92		Develop service level agreements with HHSs	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
93		Finalise funding through service amendments	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
94		Develop service facilities (fit out, etc)	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
95		Recruit for services	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
96		Develop contracts with NGOs as relevant	104.88 days	Mon 3/02/14	Fri 27/06/14		0%
97		Project Closure	9.88 days	Mon 16/06/14	Fri 27/06/14		0%
98		Capture Lessons Learned	9.88 days	Mon 16/06/14	Fri 27/06/14		0%
99		Prepare handover documentation for Implementation	9.88 days	Mon 16/06/14	Fri 27/06/14		0%

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	10/03/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Medical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	Director of Psychology, CHQ HHS (JS) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) Teleconf. Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Teleconf. 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) Teleconf. A/Director Planning & Partnership Unit MHAODB (MK) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) Consumer Representative [REDACTED] Carer Representative [REDACTED] State Manager Headspace (AC)
Apologies:	
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	[REDACTED] SS	
2.4	Statement of achievements <ul style="list-style-type: none"> Thanks to AT, SS, and IA for conducting site visit at short notice. 	Covered below	Chair	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> The Service Implementation Working Group is still to be formally established although informal communications with members are underway. Another site visit to Stafford was conducted last week – like all sites that are not purpose-built, there are aspects which work well and others which are not ideal but this site is workable. IA showed the committee photos of the Stafford Site. Have now commenced negotiations with Salvation Army to modify areas of the site and stipulate exclusive-use areas. There were concerns raised by a Salvation Army officer regarding the need to 	Formally establish working group Email photos of site to teleconferencing members	JK IA	07/04 07/04

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Item No	Topic	Action	Comm'ee member	Due date
	<p>occasionally use a room within the exclusive-use area. Usage expectations are trying to be clarified to see if the Day Program could work around this.</p> <ul style="list-style-type: none"> • One approach proposed is to test the arrangement through the signing of a 6 month lease as opposed to 12 months or longer. This could also serve to reassure the Salvation Army that sharing of space is manageable. • Unsure about education classes. Will need to have a conversation with Education Qld regarding provision of education services into the facility or offsite. • LG suggested a carer and/or consumer conduct a site visit with CHQ to put a human element to the service. JS supported this idea. AT suggested that current day program participants at the Mater could be possible – seeking their input on how they would use the space would be useful. AT also suggested Kerry also join us as a carer in the day program. • IA showed committee photos of the Stafford Site. • IA noted that the action list for Service Implementation has been included in the Project Gantt – input welcome on comprehensiveness of list. • LG provided an update on the outcome of their meeting with the Mental Health Commission (MHC). Original aim was to seek their support in conducting an evaluation of the project. The MCH would like to reconsider their direct involvement in the evaluation process, so now looking at alternatives for project evaluation. • JK said that it would be a missed opportunity to not review the project. • SS noted that MHAODB might be able to fund a research/evaluation officer. It was noted that funds for this could move money across in the 4th amendment window. It would require a business case. • DM suggested an email to Helen Cerron (cc MK) to advise of the necessary funding transfer. • It was agreed LG and IA would work on a business case for a resource to undertake research and evaluation (e.g. AO7). • The A/Clinical Director of BAC has followed up with each past BAC consumer that has transitioned to other services (including outpatients and day patients). It was noted that each consumer has moved successfully to other services with about a third citing that they no longer require mental health support. Three of the most critical 3 young people are now living semi-independently. • [redacted] asked if this information would be made public. LG said it would be something that WM HHS would need to do if they agreed. She will investigate this further. 	<p>Discuss education provision at day program.</p> <p>Mater to see if some day program consumers and a carer consultant might be available to attend a site visit</p> <p>Contact Helen Cerron re funding required for research officer.</p> <p>Explore message regarding ex-BAC young people.</p>	<p>IA/SS</p> <p>AT</p> <p>IA</p> <p>LG</p>	<p>07/04</p> <p>14/03</p> <p>21/03</p> <p>21/03</p>

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
3.2	<ul style="list-style-type: none"> AMHETI Business Case has been presented to the Department of Health Policy and Planning Unit. They have advised that there are no new funds for 2014/15. They have some questions regarding the business case, which they will email through to CHQ. Following answering of these questions, CHQ will provide a revised business case with new funding from 2015/16. In the meantime, it was recommended that the outcomes of established services be measured over the coming financial year to support the business case recommendations. CHQ are now looking at other funding sources to establish more services, such as Medicare Locals and private corporations that operate in regional and rural areas of Qld. 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<p>Statewide Communication of Services</p> <ul style="list-style-type: none"> We are now at a point where new services and their referral pathways need to be communicated to other HHSs. Message needs to clarify how HHSs access services – what the clinical pathway is now that the Barrett is closed. MK suggested tabling the process at the CD/ED meeting organised by MHAODB – JK said it would be a good forum to communicate to. It was also suggested that services are communicated to community CYMHS, for on-forwarding of information to families, community, and private providers. It has been identified that there is a need for different messages for different recipients, e.g. families and consumers versus community CYMHS It was noted that one parent and a Townsville journalist have been making enquiries. AC noted that a new youth hub is opening in Townsville – this message together with the opening of the Townsville day program would be positive news for the journalist. IA to advise CHQ Media and Communications. 	Advise CHQ Media and Comms re Townsville youth hub	IA	14/03
6.	Standard Agenda Items			
6.1	<p>Service Implementation Update</p> <ul style="list-style-type: none"> Conducted another site visit of the Salvation Army site at Stafford. Refer points above. Have met with Education Qld twice now – explaining the model of care and education aspects of each service elements. Meeting again on Thursday morning to further discuss the model and Education's involvement. LG answered Peter Blatch's enquiry regarding an ECRG report – LG advised that there was no report per se but rather a list of recommendations. Peter 			

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Item No	Topic	Action	Comm'ee member	Due date
	already has a copy of these.			
6.2	Consumer Update <ul style="list-style-type: none"> Nil issues to raise with the Committee. Waitlist has been reviewed and all consumers are being managed. There has been a plan put in place for each consumer. Some consumers were not on CIMHA or their case had been closed. Data on these consumers has been kept separately and now needs to be stored in the one document/location. LG will determine the best storage option. JS raised that there is a risk that people won't know to refer to the document. Committee discussed the feasibility of attaching a note onto the CIMHA file for each consumer. SS raised a concern that this might not be possible if the consumer file was closed. Committee agreed it was important to see if notes can be attached to the consumer file. 	Advise how documentation is stored and if a file note can be added to CIMHA	LG	21/03
6.3	Risk Management <ul style="list-style-type: none"> Following the closure of the BAC, a number of risks have also been closed. The risk of insufficient funding has been escalated to Very High following advice of no new funding. Mitigation strategies are now being implemented, which include exploring alternative funding sources. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> IA provided the committee with a high level overview of the next phase of project activities. Input and feedback on the project activities are welcomed. The Mater subacute inpatient beds were briefly discussed and it was confirmed that the Mater is setting up two "swing" beds. SS noted there are four actions needed to formalise the beds, which will be progressed by the Service Implementation Working Group: <ul style="list-style-type: none"> Terms of reference Referral pathway Communication to other HHSs Service Agreement with the Mater 			
6.5	Other Business <ul style="list-style-type: none"> 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> IA advised that CHQ has received an email from one interested parent wanting to support the initiative and hoping to receive information on where services are at. A response has been sent to this parent. 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: Monday 7th April 2014, 9am – 10.30am, CYMHS Spring Hill.				

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		AMHETI Project Gantt 20131120	296.13 day	Mon 5/08/13	Tue 23/09/14		50%
1		Boards and Committees	218.25 days	Mon 26/08/13	Thu 26/06/14		72%
2	✓	SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
3	✓	SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4	✓	SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5	✓	SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6	✓	CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7	✓	SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8	✓	CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9	✓	WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10	✓	SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11	✓	CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12	✓	SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13	✓	CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
14	✓	WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%
15	✓	SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%
16	✓	SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		100%
17	✓	SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		100%
18	✓	CE DoH Oversight Committee	2 hrs	Wed 22/01/14	Wed 22/01/14		100%
19	✓	SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		100%
20	✓	CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		100%
21	✓	AMHETI Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		100%
22	✓	CHQ HHS Board	2 hrs	Thu 27/02/14	Thu 27/02/14		100%
23	📅	AMHETI Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		0%
24	📅	CHQ HHS Board	2 hrs	Thu 27/03/14	Thu 27/03/14		0%
25	📅	AMHETI Steering Committee	2 hrs	Mon 7/04/14	Mon 7/04/14		0%
26	📅	CHQ HHS Board	2 hrs	Thu 24/04/14	Thu 24/04/14		0%
27	📅	AMHETI Steering Committee	2 hrs	Mon 5/05/14	Mon 5/05/14		0%
28	📅	CHQ HHS Board	2 hrs	Thu 29/05/14	Thu 29/05/14		0%
29	📅	AMHETI Steering Committee	2 hrs	Mon 2/06/14	Mon 2/06/14		0%
30	📅	CHQ HHS Board	2 hrs	Thu 26/06/14	Thu 26/06/14		0%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
31	✓	Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%
48	✓	Service Options Working Group	140 days	Mon 5/08/13	Fri 14/02/14		100%
78	✓	Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		100%
88	✓	Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		100%
96		Implementation - Phase I of Services	162 days	Mon 3/02/14	Wed 17/09/14		11%
97	✓	Appoint staff to assist with recruitment and service procedures	4 days	Mon 3/02/14	Fri 7/02/14		100%
98	✓	Communicate with HHSs regarding implementation activities	9 days	Mon 3/02/14	Fri 14/02/14		100%
99		Develop communication strategy for service implementation	14 days	Mon 3/02/14	Fri 21/02/14		0%
100	✓	Engage Education Queensland regarding future services	2 hrs	Thu 13/02/14	Thu 13/02/14		100%
101	📅	Transfer 2013/14 funds from WM HHS and MHAODB	14 days	Mon 10/02/14	Fri 28/02/14		50%
102	📅	Develop governance process: HHS Service Agreements	24 days	Mon 17/02/14	Fri 21/03/14		20%
103		Consumer Care	39 days	Mon 3/02/14	Fri 28/03/14		5%
104	✓	Review existing wait list	4 days	Mon 3/02/14	Fri 7/02/14		100%
105		Develop consumer care plans	35 days	Fri 7/02/14	Fri 28/03/14	104	0%
106		Establish reporting process for ex-BAC consumers (status update)	35 days	Fri 7/02/14	Fri 28/03/14	104	0%
107		Statewide Panel	34 days	Mon 3/02/14	Fri 21/03/14		0%
108	📅	Develop structure, Terms of Reference, and Referral Process	19 days	Mon 3/02/14	Fri 28/02/14		0%
109		Appoint panel members	5 days	Fri 28/02/14	Fri 7/03/14	108	0%
110		Convene first "establishment" meeting	10 days	Fri 7/03/14	Fri 21/03/14	109	0%
111		Resi Rehab Unit	166 days	Mon 3/02/14	Tue 23/09/14		18%
112		Finalise Service Agreement	14 days	Mon 3/02/14	Fri 21/02/14		80%
113		Finalise Model of Service	14 days	Mon 3/02/14	Fri 21/02/14		80%
114	📅	Finalise Terms of Reference and Panel Referral Process	19 days	Mon 3/02/14	Fri 28/02/14		0%
115		Intake first consumer	6 days	Fri 21/02/14	Mon 3/03/14	112	0%
116	📅	Prepare and deliver information sessions for NGOs	3 wks	Mon 12/05/14	Mon 2/06/14		0%
117	📅	Prepare tender documentation for Resi (finalise by Dec 2014)	3 mons	Tue 1/07/14	Tue 23/09/14		0%
118		AMYOS Teams	54 days	Mon 3/02/14	Fri 18/04/14		19%
119		Develop Position/Role Descriptions (confirm staffing profiles)	14 days	Mon 3/02/14	Fri 21/02/14		90%
120		Establish positions	10 days	Fri 21/02/14	Fri 7/03/14	119	0%
121		Advertise positions	11 days	Fri 7/03/14	Mon 24/03/14	120	0%
122	📅	Establish local recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	120	0%
123		Appoint positions	15 days	Mon 24/03/14	Mon 14/04/14	122	0%

ID	Task Name	Duration	Start	Finish	Predecessor	% Complete
124	Identify training and professional development requirements	4 days	Mon 14/04/14	Fri 18/04/14	123	0%
125	Refine Models of Service	14 days	Mon 3/02/14	Fri 21/02/14		50%
126	Document operating procedures	5 days	Fri 21/02/14	Fri 28/02/14	125	0%
127	Identify accommodation in local HHSs or CYMHS	11 days	Fri 21/02/14	Mon 10/03/14	125	0%
128	Lease vehicles for teams	9 days	Mon 10/03/14	Fri 21/03/14	127	0%
129	AMYOS Psychiatrists	116 days	Mon 3/02/14	Tue 15/07/14		10%
130	Develop Position/Role descriptions (confirm staffing profiles) – p	14 days	Mon 3/02/14	Fri 21/02/14		90%
131	Establish positions	10 days	Fri 21/02/14	Fri 7/03/14	130	0%
132	Advertise positions	11 days	Fri 7/03/14	Mon 24/03/14	131	0%
133	Establish local recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	131	0%
134	Appoint positions	70 days	Mon 24/03/14	Mon 30/06/14	133	0%
135	Identify training and professional development requirements	4 days	Mon 30/06/14	Fri 4/07/14	134	0%
136	Identify accommodation in local HHSs or CYMHS	11 days	Mon 30/06/14	Tue 15/07/14	134	0%
137	Day Program	89 days	Wed 5/02/14	Tue 10/06/14		0%
138	Develop Position/Role descriptions (confirm staffing profiles)	19 days	Mon 3/03/14	Fri 28/03/14		0%
139	Establish positions	19 days	Fri 28/03/14	Thu 24/04/14	138	0%
140	Advertise positions	11 days	Thu 24/04/14	Fri 9/05/14	139	0%
141	Establish local recruitment panel	11 days	Thu 24/04/14	Fri 9/05/14	139	0%
142	Appoint positions	15 days	Fri 9/05/14	Fri 30/05/14	141	0%
143	Identify training and professional development requirements	5 days	Fri 30/05/14	Fri 6/06/14	142	0%
144	Refine Models of Service	15 days	Fri 28/03/14	Fri 18/04/14	138	0%
145	Document operating procedures (leverage Toowoomba & Towns	5 days	Fri 18/04/14	Fri 25/04/14	144	0%
146	Define Educational Model	5 days	Fri 18/04/14	Fri 25/04/14	144	0%
147	Identify site	37 days	Wed 5/02/14	Fri 28/03/14		0%
148	Fit-out of site	51 days	Fri 28/03/14	Mon 9/06/14	147	0%
149	First day of opening	1 day	Mon 9/06/14	Tue 10/06/14	148,142	0%

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	07/04/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Medical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	A/Executive Director Office of Strategy Management, CHQ (DM) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC) 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)
Teleconf.	
Teleconf.	
Apologies:	Director of Psychology, CHQ HHS (JS) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Director Planning & Partnership Unit MHAODB (MK) Carer Representative [REDACTED] Consumer Representative [REDACTED]
Observers/ Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	SS,AT	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> The Service Implementation Working Group: to date have made contact informally. JK raised whether a working group is needed. Until a site for the day program is found, there is little to consult with a working group on. Noted that a Team Leader would be recruited to establish the day program once a site is found and they would drive consultation around that. JK proposed the working group no longer be progressed and this was supported by the committee. 			
3.2	<ul style="list-style-type: none"> Update on the proposed site at Stafford was given. Due to increasing demands on the exclusive-use areas being sought, it was decided to not progress with the Stafford facility. The site does offer some excellent options for external activities for the day program, which may be progressed once a new 			

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Item No	Topic	Action	Comm'ee member	Due date
	<p>site is found.</p> <ul style="list-style-type: none"> JK, SS, IA, and AT visited a CHQ-owned site at Ferny Hills. There were positives and negatives about the site. The main negatives being in a location that is difficult to access and in a very poor condition. It would require significant refurbishment to occupy. IA has requested a condition report to determine the level of work required, including an asbestos report. IA will continue working with the Qld Government Accommodation Office to identify other options. SS and JK visited the day program in Townsville, which was helpful in understanding what a purpose-built facility comprised. JK saw a site in Spring Hill however it is co-located near Department of Corrections, which is not ideal, and too close to the city, which makes accessibility challenging. It was noted that the time taken to identify a suitable site will impact on the ability to deliver a day program by 30 June 2014. 			
3.3	<ul style="list-style-type: none"> IA provided an update on the recruitment of a Research and Evaluation Officer – a candidate has been identified and will commence on 15th April 2014. Her name is Susan Hunt and she has worked both at ADAWS at the Mater and in the Townsville Mental Health service. 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Implementation Update			
	<ul style="list-style-type: none"> Resi Rehab: in the process of finalising the referral pathway and referral panel protocol this week. Day Program establishment: refer notes above. AMYOS: recruitment closes 8th April for the three Brisbane-based teams. SS noted that there are currently ten applications. Finalising the Service Agreement and Model of Service for circulation to HHSs this week. Recruitment of AMYOS psychiatrists is proving challenging – only two applicants received to date and not suitable for the roles. Have extended the application date to 28th April in the hope of attracting some more applicants. May have to put in interim measures for AMYOS team supervision. Funding Options: IA noted that a revised business case has been resubmitted to the Policy and Planning Unit in Department of Health in the hope of securing some funds in 2014/2015. Will keep the committee updated on progress. 			

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Item No	Topic	Action	Comm'ee member	Due date
6.2	Consumer Update <ul style="list-style-type: none"> Nil update. 			
6.3	Risk Management <ul style="list-style-type: none"> The risk of meeting timeframes has been escalated to Very High due to slippages in service establishment. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Presented Monthly Status Report. 			
6.5	Other Business <ul style="list-style-type: none"> 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> <i>Save the Barrett</i> correspondence has been received by the Minister's Office. Consequently, updating the public facing website with information on service establishment. With the current political environment, we will not progress a formal media announcement at this time. The website update will be a soft launch approach. At the same time, CHQ will be updating the CYMHS web pages on QHEPS so mental health staff can access more information on the services and their referral pathways. 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: Monday 5th May 2014, 9am – 10.30am, CYMHS Spring Hill.				

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date:	02/06/2014	Time:	09:00am	Venue:	Rm 30 CYMHS Cnr Rogers & Water Streets, Spring Hill
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Chair:	Medical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	AMHETI Project Manager (IA)
Attendees: Teleconf.	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Director Planning & Partnership Unit MHAODB (MK) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Operational Manager Alcohol, other Drugs & Campus, Mater (AT)
Teleconf.	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) Director of Psychology, CHQ HHS (JS) Carer Representative [REDACTED]
Apologies:	Consumer Representative [REDACTED] State Manager Headspace (AC) A/Executive Director Office of Strategy Management, CHQ (DM)
Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies <ul style="list-style-type: none"> Informed the committee of Susan Hunt's commencement 	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	SS, LG	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Nil 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS: interviews have been conducted for the three Brisbane-based teams. Initial indications are that further recruitment activities will be needed to fill all positions. Found four suitable applicants; however, require six staff to fill all positions. 			

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Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> • Also still in negotiations with HHSs regarding the AMYOS Service Agreements. There have been some concerns regarding the terms of the agreement and finances, which are being worked through. This has delayed the appointment of AMYOS teams in the regions. • Two AMYOS psychiatrists (1.3 FTE) have been successfully recruited, Dr Michael Daubney and Dr Anne Brennan, and they will commence in July and August respectively. • Resi Rehab: there are currently two consumers in the Resi. The Service Manager has visited some community CYMHS to promote the service. Feedback received is that people are interested in going below 16yo to 15yo plus. There are other consumers currently being assessed for referral. • The Referral Panel Protocol and Pathway has now been endorsed by the YPETRI Governance Committee, and is published on QHEPS for all staff to access. • JK noted that a CYMHS statewide clinical meeting is coming up next week, which awareness can again be raised at. • SS noted that the Statewide Referral Panel is also still under review (in partnership with the Mater) and it is anticipated that the YPETRI Referral Panel will be subsumed by the Statewide Panel over time. • LG has suggested that the next governance meeting be held at YPETRI House to re-engage with the service providers and have an opportunity for a first-hand look at the service. • Day Program: Conducted two more site visits on 27th May. Identified a suitable site at Stafford, round the corner from the Salvation Army previously visited. It is a shell at this stage with the ability to tailor the internal build to suit our needs. It is adjoining another Qld Health Unit, which means ICT can be leveraged resulting in potential savings for CHQ. • Now looking at recruiting the team leader for the unit so they can lead the site fit out and recruitment of other staff. JK noted that they are looking at bringing the team across through a matched process, which would alleviate the need for a full open merit recruitment process. • Subacute Beds: Service Agreement is still being finalised by the CHQ Chief Financial Officer prior to sending to the Mater. • AT confirmed that the beds are available at the Mater. • Further communication around the beds is needed. There have been no referrals to date and, if the beds are not used, it will make it difficult to get further funding for the beds planned for at the Lady Cilento. It is unclear whether these consumers are being treated at acute inpatient units or if there is 			

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Item No	Topic	Action	Comm'ee member	Due date
	<p>no need in the sector.</p> <ul style="list-style-type: none"> AT enquired as to whether it would be worthwhile enquiring what is happening at the adolescent acute inpatient units regarding length of stay. LG suggested having the Project Officer conduct a structured evaluation around communication and level of awareness – do staff know what is available and how they are able to use it. Funding Options: Still awaiting feedback on the revised business case – have put forward a revised request for funding in 2014/15. 	Survey re knowledge of model of care and the current use of acute inpatient beds.	SH	07/07
6.2	<p>Consumer Update</p> <ul style="list-style-type: none"> Nil update. 			
6.3	<p>Risk Management</p> <ul style="list-style-type: none"> The risk of meeting timeframes has been escalated to Very High due to slippages in service establishment. 			
6.4	<p>Progress of key milestones and deliverables</p> <ul style="list-style-type: none"> Presented Monthly Status Report. 			
6.5	<p>Other Business</p> <ul style="list-style-type: none"> AT raised the Barrett School – noted that the school is asking for psychiatry time. LG asked why the young people there are not engaged with their local community CYMHS. The Mater agrees with this position and has been advising such. The Barrett School has engaged a nurse to work onsite but she finishes up at end of June 2014. SS met with Peter Blatch from Dept. of Education. The plan is that the Barrett School will merge with the Tennyson School, and next year move into the Yeronga Tafe premises. It will be aimed at working with young people who are difficult to engage or have some mental health problems. The new school will be given an indigenous name. SS has been encouraging the Dept. of Education to engage with the Mater regarding services, as it is within their catchment. SS also encouraged the Dept. of Education to provide a model of care so mental health can determine how best to support it. It is believed that only 1 consumer attends the Barrett School regularly and another 9 who attended irregularly. SS will raise this again with Peter Blatch once details regarding the Day Program are confirmed and discussions are to be had around Day Program education provision. 			
7.	Matters for Noting			
7.1	<p>Major correspondence</p> <ul style="list-style-type: none"> The external website and CYMHS pages on QHEPS have been updated with information regarding service implementation. LG enquired as to how many hits there have been 	Advise number of	IA	13/06

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Item No	Topic	Action	Comm'ee member	Due date
	on the website.	web hits.		
8.	For Information			
8.1	• Nil			
Next meeting: Monday 30th June 2014, 9am – 10.30am, Level 2, Butterfield Street, Herston.				

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		AMHETI Project Gantt 20131120	345 days	Mon 5/08/13	Fri 28/11/14		49%
1		Boards and Committees	218.25 days	Mon 26/08/13	Thu 26/06/14		89%
2	✓	SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
3	✓	SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4	✓	SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5	✓	SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6	✓	CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7	✓	SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8	✓	CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9	✓	WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10	✓	SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11	✓	CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12	✓	SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13	✓	CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
14	✓	WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%
15	✓	SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%
16	✓	SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		100%
17	✓	SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		100%
18	✓	CE DoH Oversight Committee	2 hrs	Wed 22/01/14	Wed 22/01/14		100%
19	✓	SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		100%
20	✓	CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		100%
21	✓	AMHETI Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		100%
22	✓	CHQ HHS Board	2 hrs	Thu 27/02/14	Thu 27/02/14		100%
23	✓	AMHETI Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		100%
24	✓	CHQ HHS Board	2 hrs	Thu 27/03/14	Thu 27/03/14		100%
25	✓	AMHETI Steering Committee	2 hrs	Mon 7/04/14	Mon 7/04/14		100%
26	✓	CHQ HHS Board	2 hrs	Wed 30/04/14	Wed 30/04/14		100%
27	📅	CHQ HHS Board	2 hrs	Thu 29/05/14	Thu 29/05/14		0%
28	📅	AMHETI Steering Committee	2 hrs	Mon 2/06/14	Mon 2/06/14		0%
29	📅	CHQ HHS Board	2 hrs	Thu 26/06/14	Thu 26/06/14		0%
30	✓	Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
47	✓	Service Options Working Group	140 days	Mon 5/08/13	Fri 14/02/14		100%
77	✓	Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		100%
87	✓	Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		100%
95		Implementation - Phase I of Services	215 days	Mon 3/02/14	Fri 28/11/14		34%
96	✓	Appoint staff to assist with recruitment and service procedures	4 days	Mon 3/02/14	Fri 7/02/14		100%
97	✓	Engage Education Queensland regarding future services	2 hrs	Thu 13/02/14	Thu 13/02/14		100%
98	✓	Communicate with HHSs regarding implementation activities	9 days	Mon 3/02/14	Fri 14/02/14		100%
99	✓	Transfer 2013/14 funds from WM HHS and MHAODB	14 days	Mon 10/02/14	Fri 28/02/14		100%
100	✓	Communicate model of care and referral pathways to community C	14 days	Tue 1/04/14	Mon 21/04/14		100%
101	✓	Communicate model of care to the community - update Website	14 days	Tue 1/04/14	Mon 21/04/14		100%
102	📅	Prepare donor proposals in partnership with Children's Hospital Fou	105 days	Mon 3/02/14	Fri 27/06/14		10%
103	📅	Prepare funding options table: services vs donors	105 days	Mon 3/02/14	Mon 30/06/14		10%
104		Consumer Care	39 days	Mon 3/02/14	Fri 28/03/14		10%
105	✓	Review existing wait list	4 days	Mon 3/02/14	Fri 7/02/14		100%
106		Establish status reporting process for ex-BAC consumers	35 days	Fri 7/02/14	Fri 28/03/14	105	0%
107		Statewide Panel	94 days	Mon 3/02/14	Fri 13/06/14		21%
108	📅	Develop panel protocol (Terms of Reference) and process	19 days	Mon 3/02/14	Fri 28/02/14		80%
109		Endorse Panel Protocol	15 days	Fri 28/02/14	Fri 21/03/14	108	50%
110		Recruit AO3 Statewide Panel Coordinator	60 days	Fri 21/03/14	Fri 13/06/14	109	0%
111		Identify and appoint panel members	5 days	Fri 21/03/14	Fri 28/03/14	109	0%
112		Convene first "establishment" meeting	10 days	Fri 28/03/14	Fri 11/04/14	111	0%
113		Subacute Inpatient Beds	214.88 days	Mon 3/02/14	Fri 28/11/14		36%
114	✓	Develop Service Agreement and Model of Service	10 days	Mon 3/02/14	Mon 17/02/14		100%
115		Finalise Service Agreement and Model of Service with Mater	20 days	Mon 3/02/14	Mon 3/03/14	114	50%
116		Sign Service Agreement	5 days	Mon 3/03/14	Mon 10/03/14	115	0%
117	📅	Prepare transfer of service to Lady Cilento	20 days	Mon 3/11/14	Fri 28/11/14		0%
118		Resi Rehab Unit	166 days	Mon 3/02/14	Tue 23/09/14		29%
119	✓	Finalise Service Agreement with Aftercare	14 days	Mon 3/02/14	Fri 21/02/14		100%
120	✓	Finalise Model of Service	14 days	Mon 3/02/14	Fri 21/02/14		100%
121	✓	Finalise Terms of Reference for Governance Committee	19 days	Mon 3/02/14	Fri 28/02/14		100%
122	✓	Finalise Referral Protocol	19 days	Mon 3/02/14	Fri 28/02/14		100%

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124	📅	Develop evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%
125	📅	Prepare tender documentation for Resi (finalise by Dec 2014)	3 mons	Tue 1/07/14	Tue 23/09/14		0%
126		AMYOS Teams	160 days	Mon 3/02/14	Mon 15/09/14		50%
127	✓	Engage with HHS representatives receiving an AMYOS team	30 days	Mon 3/02/14	Mon 17/03/14		100%
128		Develop Service Agreements for HHSs	40 days	Mon 3/02/14	Mon 31/03/14		90%
129	✓	Finalise Model of Service	40 days	Mon 3/02/14	Mon 31/03/14		100%
130		Finalise Service Agreement with HHSs (signing)	20 days	Mon 31/03/14	Mon 28/04/14	128	50%
131	✓	Develop Position/Role Descriptions (confirm staffing profiles)	14 days	Mon 3/02/14	Fri 21/02/14		100%
132	✓	Establish CHQ positions	10 days	Fri 21/02/14	Fri 7/03/14	131	100%
133	✓	Advertise CHQ positions	15 days	Fri 7/03/14	Fri 28/03/14	132	100%
134	✓	Establish CHQ recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	132	100%
135	✓	Interview candidates and complete documentation to appoint	20 days	Mon 24/03/14	Mon 21/04/14	133	100%
136		Identify accommodation in local HHSs or CYMHS	11 days	Mon 24/03/14	Tue 8/04/14	133	80%
137		Lease vehicles for teams	11 days	Mon 24/03/14	Tue 8/04/14	133	80%
138		Appoint CHQ positions	15 days	Mon 21/04/14	Mon 12/05/14	135	80%
139		Develop training and development orientation	20 days	Mon 24/03/14	Mon 21/04/14	133	50%
140		Staff induction and training	20 days	Mon 12/05/14	Mon 9/06/14	138	0%
141		Document operating procedures	20 days	Mon 12/05/14	Mon 9/06/14	138	0%
142		Work with HHSs to recruit regionally-based AMYOS Teams	60 days	Mon 28/04/14	Mon 21/07/14	130	20%
143	📅	Establish evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%
144		AMYOS Psychiatrists and Coordinators	99 days	Mon 3/02/14	Fri 20/06/14		57%
145	✓	Engage with HHS representatives receiving an AMYOS team	30 days	Mon 3/02/14	Mon 17/03/14		100%
146	✓	Develop Role descriptions – psychiatrists (1.3)	14 days	Mon 3/02/14	Fri 21/02/14		100%
147	✓	Establish positions	10 days	Fri 21/02/14	Fri 7/03/14	146	100%
148	✓	Advertise positions	15 days	Fri 7/03/14	Fri 28/03/14	147	100%
149	✓	Establish local recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	147	100%
150		Develop training and development orientation	11 days	Mon 24/03/14	Tue 8/04/14	148	80%
151		Identify accommodation in local HHSs or CYMHS	11 days	Mon 24/03/14	Tue 8/04/14	148	80%
152		Interview candidates and complete documentation to appoint	20 days	Fri 28/03/14	Fri 25/04/14	148	90%
153		Appoint positions	20 days	Fri 25/04/14	Fri 23/05/14	152	90%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
154		Develop Role descriptions - coordinator position/s	14 days	Mon 3/03/14	Fri 21/03/14		30%
155		Establish positions	10 days	Fri 21/03/14	Fri 4/04/14	154	0%
156		Advertise positions	15 days	Fri 4/04/14	Fri 25/04/14	155	0%
157		Establish local recruitment panel	11 days	Fri 4/04/14	Mon 21/04/14	155	0%
158		Identify accommodation in local HHSs or CYMHS	11 days	Fri 25/04/14	Fri 30/05/14	156	0%
159		Interview candidates and complete documentation to appoint	20 days	Fri 25/04/14	Fri 23/05/14	156	0%
160		Appoint positions	20 days	Fri 23/05/14	Fri 20/06/14	159	0%
161		Day Program	164 days	Mon 3/02/14	Fri 19/09/14		17%
162		Identify site	30 days	Wed 5/02/14	Wed 19/03/14		100%
163		Develop and finalise lease agreement	10 days	Wed 19/03/14	Wed 2/04/14	162	10%
164		Fit-out of site	50 days	Wed 2/04/14	Wed 11/06/14	163	0%
165		Lease vehicles	60 days	Mon 3/02/14	Tue 10/06/14	162	80%
166		Develop Team Leader Role descriptions	14 days	Wed 19/03/14	Tue 8/04/14	162	0%
167		Establish position	10 days	Tue 8/04/14	Tue 22/04/14	166	0%
168		Advertise position	15 days	Tue 22/04/14	Tue 13/05/14	167	0%
169		Establish local recruitment panel	11 days	Tue 13/05/14	Wed 28/05/14	168	0%
170		Interview candidates and complete documentation to appoint	20 days	Tue 13/05/14	Tue 10/06/14	168	0%
171		Appoint position	14 days	Tue 10/06/14	Mon 30/06/14	170	0%
172		Develop Role Descriptions - Day Program Staffing	9 days	Mon 30/06/14	Fri 11/07/14	171	0%
173		Establish positions	19 days	Fri 11/07/14	Thu 7/08/14	172	0%
174		Advertise positions	15 days	Thu 7/08/14	Thu 28/08/14	173	0%
175		Establish local recruitment panel	11 days	Thu 7/08/14	Fri 22/08/14	173	0%
176		Interview candidates and complete documentation to appoint	20 days	Fri 22/08/14	Fri 19/09/14	175	0%
177		Appoint positions	15 days	Fri 22/08/14	Fri 12/09/14	175	0%
178		Develop training and development orientation	9 days	Mon 30/06/14	Fri 11/07/14	171	0%
179		Document operating procedures (leverage from Townsville)	9 days	Mon 30/06/14	Fri 11/07/14	171	0%
180		First day of opening	1 day	Fri 12/09/14	Mon 15/09/14	164,177	0%
181		Establish evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%
182		AMHETI Post Project Review	30 days	Mon 2/12/13	Mon 13/01/14		0%

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date: 30/06/2014 **Time:** 09:00am **Venue:** Conference Room 2.2, Butterfield St, Herston

Chair:	Medical Director CYMHS CHQ HHS (SS)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Director Planning & Partnership Unit MHAODB (MK) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Operational Manager Alcohol, other Drugs & Campus, Mater (AT)
Apologies:	Divisional Director CYMHS CHQ HHS (JK) A/Executive Director Office of Strategy Management, CHQ (DM) 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) Director of Psychology, CHQ HHS (JS) State Manager Headspace (AC) Carer Representative [REDACTED] Consumer Representative [REDACTED]
Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	MK	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> IA provided an update on the number of web hits since January 2014 – on the externally facing website there has been 672 visits and on the internally facing website, QHEPS, there have been 132 visits. At the last meeting it was raised that we should survey staff to determine level of awareness of the AMHETI model of care and service options. It was decided that an email survey would not be the best mechanism in light of the fact that all information about the services has previously been emailed – if an information email isn't reaching staff, then it is unlikely an email survey would reach the same cohort. In the meantime, JK has spoken with the CYMHS Statewide Clinical Network to determine how best to reach staff. Will obtain an update from her on their feedback. 	Follow up with JK in regard to approach for reaching CCYMHS staff	SS/JK	11/07

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<p>Service Evaluation Plan and BAC Review:</p> <ul style="list-style-type: none"> Barrett Review – LG noted that further work on this is held with WM HHS. Susan Hunt has revised the concept brief to mirror conversations with WM HHS. LG is not sure; however, if they have confirmed who the stakeholders would be; and whether contacting ex-BAC consumers would be in the best interests of consumers. It is now with WM HHS to consider the revised concept brief. SS felt there would be benefit from doing the review from the perspective of understanding the closure process, and using this opportunity to publish the findings. AT noted that the focus of the review needs to be clear before it progressed. Conversation turned to the Resi and Subacute Beds and the lack of apparent demand for these. A query was raised as to whether there are any young people who have been in an inpatient unit for an extended period of time who might be suitable for the Resi or subacute beds. It was agreed this might be a useful avenue to explore for the subacute beds or Resi. SS provided an update on the service evaluation process – it is going to involve all new services, and the NEAF will cover these. SS noted that it would be helpful to have a letter of support from the MHAODB for the NEAF. The Evaluation Plan is still under development but will be circulated to the Committee out-of-session for review and comment. It was noted that the Resi Contract with Aftercare expires in December 2014. MK suggested CHQ consider a Type 4 contract process to extend the service for another 6 months, to provide a greater time period to assess the service. SS agreed this would also avoid a lengthy tender process at the same time of transition to LCCH. Further discussion was had with regard to the level of use of the Resi: feedback suggests that some staff feel their consumers don't meet the criteria; another perspective is a lack of confidence in NGOs to deliver services; yet another perspective is that staff may not yet fully understand how the new services fit within the current way of doing business (how their clients would fit). Agreed more education and information is needed for staff. AT also raised whether Evolve may be caring for some of the target cohort for the new services. LG suggested a video or footage of the Resi that CCYMHS staff could look at. She suggested that the young people residing there could create the footage. 	<p>Follow up at WM HHS about progressing the BAC review</p> <p>Investigate length of stays in adolescent inpatient units for consumers who may be suitable for the Resi or subacute beds</p> <p>MHAODB to provide a letter of support for the evaluation</p> <p>Raise the idea of Resi footage with YPETRI Governance Committee</p>	<p>LG</p> <p>SS</p> <p>SS/MK</p> <p>SS/IA</p>	<p>04/07</p> <p>11/07</p> <p>11/07</p> <p>04/07</p>

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
6.	Standard Agenda Items			
6.1	Service Implementation Update <ul style="list-style-type: none"> • AMYOS: Two positions for one of the Brisbane-based teams are being readvertised. • Revised service agreements have been sent to HHSs – now awaiting return of signed agreements. Gold Coast and Townsville are in the process of signing. Metro South would like the location of the AMYOS to be updated in the Agreement, from Logan to Metro South. SS is to follow up with Darling Downs. • Resi Rehab: there are currently two consumers in the Resi, and other consumers being assessed for referral. • Day Program: The site found at Stafford is potentially being sold and all lease negotiations are now on hold. • CHQ will recommence the search for a suitable site. • Recruitment of the team leader will be part of the Phase 2 recruitment for the LCCH. This has alleviated the need for a full open merit recruitment process. The Team Leader would then assist with the Day Program fit out. • Subacute Beds: Service Agreement has been sent to the Mater – awaiting the return of signed copies. • There have still been no referrals to date. • Funding Options: The Children's Hospital Foundation (CHF) have advised that the AMHETI Business Case fits within their Major Campaign Proposal – work continues on how to integrate this. 	<p>Update Service Agreement for Metro South</p> <p>Follow up Darling Downs re Service Agreement</p>	<p>IA</p> <p>SS</p>	<p>04/07</p> <p>04/07</p>
6.2	Consumer Update <ul style="list-style-type: none"> • Nil update. 			
6.3	Risk Management <ul style="list-style-type: none"> • No new risks have been identified or change to existing risks. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> • Presented Monthly Status Report and Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> • 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> • WM HHS received a letter from the Commissioner for Children, Young People, and Child Guardian (CCYPCG). Concerns have been raised by parents and the CCYPCG is responding in an advocacy role. CCYPCG have requested a review of the AMHETI services and that the response be sent to the ombudsman. Items raised included 			







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Item No	Topic	Action	Comm'ee member	Due date
	transition planning, efficacy of new services, and risks to ex-BAC consumers. <ul style="list-style-type: none"> • WM HHS and CHQ HHS have prepared a joint response outlining the steps taken and services being provided. • The Mental Health Commissioner was copied into the CCYPCG letter and is supportive of the response sent in reply. 			
8.	For Information			
8.1	<ul style="list-style-type: none"> • Nil 			
Next meeting: Monday 4th August 2014, 9am – 10.30am, LOCATION TO BE ADVISED				

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		AMHETI Project Gantt 20131120	345 days	Mon 5/08/13	Fri 28/11/14		51%
1		Boards and Committees	218.25 days	Mon 26/08/13	Thu 26/06/14		93%
2	✓	SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
3	✓	SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4	✓	SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5	✓	SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6	✓	CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7	✓	SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8	✓	CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9	✓	WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10	✓	SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11	✓	CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12	✓	SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13	✓	CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
14	✓	WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%
15	✓	SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%
16	✓	SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		100%
17	✓	SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		100%
18	✓	CE DoH Oversight Committee	2 hrs	Wed 22/01/14	Wed 22/01/14		100%
19	✓	SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		100%
20	✓	CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		100%
21	✓	AMHETI Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		100%
22	✓	CHQ HHS Board	2 hrs	Thu 27/02/14	Thu 27/02/14		100%
23	✓	AMHETI Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		100%
24	✓	CHQ HHS Board	2 hrs	Thu 27/03/14	Thu 27/03/14		100%
25	✓	AMHETI Steering Committee	2 hrs	Mon 7/04/14	Mon 7/04/14		100%
26	✓	CHQ HHS Board	2 hrs	Wed 30/04/14	Wed 30/04/14		100%
27	✓	CHQ HHS Board	2 hrs	Thu 29/05/14	Thu 29/05/14		100%
28	📅	AMHETI Steering Committee	2 hrs	Mon 2/06/14	Mon 2/06/14		0%
29	📅	CHQ HHS Board	2 hrs	Thu 26/06/14	Thu 26/06/14		0%
30	✓	Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%

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99	✓	Transfer 2013/14 funds from WM HHS and MHAODB	14 days	Mon 10/02/14	Fri 28/02/14		100%
100	✓	Communicate model of care and referral pathways to community C	14 days	Tue 1/04/14	Mon 21/04/14		100%
101	✓	Communicate model of care to the community - update Website	14 days	Tue 1/04/14	Mon 21/04/14		100%
102	📅	Prepare donor proposals in partnership with Children's Hospital Fou	105 days	Mon 3/02/14	Fri 27/06/14		50%
103	📅	Prepare funding options table: services vs donors	105 days	Mon 3/02/14	Mon 30/06/14		10%
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109		Endorse Panel Protocol	15 days	Fri 28/02/14	Fri 21/03/14	108	50%
110		Recruit AO3 Statewide Panel Coordinator	60 days	Fri 21/03/14	Fri 13/06/14	109	0%
111		Identify and appoint panel members	5 days	Fri 21/03/14	Fri 28/03/14	109	0%
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115		Finalise Service Agreement and Model of Service with Mater	20 days	Mon 3/02/14	Mon 3/03/14	114	50%
116		Sign Service Agreement	5 days	Mon 3/03/14	Mon 10/03/14	115	0%
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127	✓	Engage with HHS representatives receiving an AMYOS team	30 days	Mon 3/02/14	Mon 17/03/14		100%
128	✓	Develop Service Agreements for HHSs	40 days	Mon 3/02/14	Mon 31/03/14		100%
129	✓	Finalise Model of Service	40 days	Mon 3/02/14	Mon 31/03/14		100%
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140		Staff induction and training	20 days	Mon 12/05/14	Mon 9/06/14	138	0%
141		Document operating procedures	20 days	Mon 12/05/14	Mon 9/06/14	138	0%
142		Work with HHSs to recruit regionally-based AMYOS Teams	60 days	Mon 28/04/14	Mon 21/07/14	130	20%
143	📅	Establish evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%
144		AMYOS Psychiatrists and Coordinators	99 days	Mon 3/02/14	Fri 20/06/14		61%
145	✓	Engage with HHS representatives receiving an AMYOS team	30 days	Mon 3/02/14	Mon 17/03/14		100%
146	✓	Develop Role descriptions – psychiatrists (1.3)	14 days	Mon 3/02/14	Fri 21/02/14		100%
147	✓	Establish positions	10 days	Fri 21/02/14	Fri 7/03/14	146	100%
148	✓	Advertise positions	15 days	Fri 7/03/14	Fri 28/03/14	147	100%
149	✓	Establish local recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	147	100%
150		Develop training and development orientation	11 days	Mon 24/03/14	Tue 8/04/14	148	80%
151		Identify accommodation in local HHSs or CYMHS	11 days	Mon 24/03/14	Tue 8/04/14	148	80%
152	✓	Interview candidates and complete documentation to appoint	20 days	Fri 28/03/14	Fri 25/04/14	148	100%
153	✓	Appoint positions	20 days	Fri 25/04/14	Fri 23/05/14	152	100%

ID		Task Name	Duration	Start	Finish	Predecessors	% Complete
154		Develop Role descriptions - coordinator position/s	14 days	Mon 3/03/14	Fri 21/03/14		80%
155		Establish positions	10 days	Fri 21/03/14	Fri 4/04/14	154	0%
156		Advertise positions	15 days	Fri 4/04/14	Fri 25/04/14	155	0%
157		Establish local recruitment panel	11 days	Fri 4/04/14	Mon 21/04/14	155	0%
158		Identify accommodation in local HHSs or CYMHS	11 days	Fri 25/04/14	Fri 30/05/14	156	0%
159		Interview candidates and complete documentation to appoint	20 days	Fri 25/04/14	Fri 23/05/14	156	0%
160		Appoint positions	20 days	Fri 23/05/14	Fri 20/06/14	159	0%
161		Day Program	164 days	Mon 3/02/14	Fri 19/09/14		14%
162		Identify site	30 days	Wed 5/02/14	Wed 19/03/14		50%
163		Develop and finalise lease agreement	10 days	Wed 19/03/14	Wed 2/04/14	162	0%
164		Fit-out of site	50 days	Wed 2/04/14	Wed 11/06/14	163	0%
165		Lease vehicles	60 days	Mon 3/02/14	Tue 10/06/14	162	80%
166		Develop Team Leader Role descriptions	14 days	Wed 19/03/14	Tue 8/04/14	162	0%
167		Establish position	10 days	Tue 8/04/14	Tue 22/04/14	166	0%
168		Advertise position	15 days	Tue 22/04/14	Tue 13/05/14	167	0%
169		Establish local recruitment panel	11 days	Tue 13/05/14	Wed 28/05/14	168	0%
170		Interview candidates and complete documentation to appoint	20 days	Tue 13/05/14	Tue 10/06/14	168	0%
171		Appoint position	14 days	Tue 10/06/14	Mon 30/06/14	170	0%
172		Develop Role Descriptions - Day Program Staffing	9 days	Mon 30/06/14	Fri 11/07/14	171	0%
173		Establish positions	19 days	Fri 11/07/14	Thu 7/08/14	172	0%
174		Advertise positions	15 days	Thu 7/08/14	Thu 28/08/14	173	0%
175		Establish local recruitment panel	11 days	Thu 7/08/14	Fri 22/08/14	173	0%
176		Interview candidates and complete documentation to appoint	20 days	Fri 22/08/14	Fri 19/09/14	175	0%
177		Appoint positions	15 days	Fri 22/08/14	Fri 12/09/14	175	0%
178		Develop training and development orientation	9 days	Mon 30/06/14	Fri 11/07/14	171	0%
179		Document operating procedures (leverage from Townsville)	9 days	Mon 30/06/14	Fri 11/07/14	171	0%
180		First day of opening	1 day	Fri 12/09/14	Mon 15/09/14	164,177	0%
181		Establish evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%
182		AMHETI Post Project Review	30 days	Mon 2/12/13	Mon 13/01/14		0%

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date: 04/08/2014 **Time:** 09:00am **Venue:** Boardroom, CitiLink Building, Bowen Hills

Chair:	Medical Director CYMHS CHQ HHS (SS)
Secretariat:	AMHETI Project Officer (SH)
Attendees:	A/Executive Director Office of Strategy Management, CHQ (DM) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Director of Psychology, CHQ HHS (JS) Carer Representative [REDACTED] State Manager Headspace (AC) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM)
Apologies:	Divisional Director CYMHS CHQ HHS (JK) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) AMHETI Project Manager (IA) A/Director Planning & Partnership Unit MHAODB (MK) Consumer Representative [REDACTED]
Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	MK	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Obtaining Resi footage with YPETRI Governance Committee for use in promoting the service with CCYMS staff Service Evaluation and BAC Review 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	Service Evaluation Plan and BAC Review: <ul style="list-style-type: none"> Meetings have taken place with WM HHS and CHQ regarding whether or not to proceed with the BAC Review. Advantages and disadvantages of the review have been explored. There are concerns that a review could raise concerns for consumers, families and staff by raising the closure. It was noted that the views of stakeholders have already 	LG to draft a document noting the decision to discontinue the BAC review - for submission to CEs of WM HHS and CHQ.	LG	29/08

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<p>been heard and documented.</p> <ul style="list-style-type: none"> It was agreed that the BAC review will not be progressed due to the recent serious adverse events. Matters could also become blurred between any coronial inquiries, and an external evaluation of the BAC Closure. Resi Service Evaluation Plan was discussed. Feedback from members indicates further consideration and discussion about the methodology and purpose of the evaluation is required; e.g. consider whether we need to narrow the evaluation as the measures are too broad; measuring cost effectiveness against what; etc. 	<p>SH to email LG information about discussions to date regarding the BAC Review.</p> <p>Members to email their feedback on the Resi Service Evaluation to SS</p>	<p>SH</p> <p>All</p>	<p>10/08</p> <p>22/08</p>
6.	Standard Agenda Items			
6.1	Service Implementation Update			
	<ul style="list-style-type: none"> AMYOS: Referrals to this service commenced this week. A management plan for intake has been developed. Dr Michael Daubney is now leading the AMYOS teams. In July, MD visited the IMYOS teams in Victoria to learn more about the service. Service Level agreements have been signed by most HHSs, and recruitment has commenced. Resi: Three young people are now being supported at the Resi with a view to this increasing up to four or five consumers – two more referrals pending. Day Program: Six sites have been viewed to date. The Stafford site was suitable but subsequently advised that it had been sold. Another site viewed at Kedron looks promising, but needs to be rezoned by Brisbane City Council to proceed. Advice indicates this could take between 3 – 6 months. CHQ continues to search for a suitable site. Subacute Beds: One young person is likely to be referred to a bed but there have been no other referrals to date. SS is flying to Cairns to review the TOHI and the continuum of care in Far North Queensland. BAC Closure – The recent sentinel events are very serious and sad. Brisbane Times media coverage of these deaths is concerning given the level of inaccurate reporting and non-compliance with code of conduct regarding the reporting of suicide and mental illness. Such media has potential to increase the suicide risk of other ex-Barrett consumers. Documentation of facts has occurred, and Dr Peter Steer has communicated concerns about recent media coverage to the Minister. A meeting is scheduled with Brisbane Times 	<p>AC to circulate link to 'Mindframe', which has resources and information on reporting suicide and mental illness.</p> <p>Media release to be circulated to</p>	<p>AC</p> <p>SH</p>	<p>04/08</p> <p>26/08</p>

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Item No	Topic	Action	Comm'ee member	Due date
	tomorrow. SS will discuss facts, incorrect reporting, and raise awareness of risks associated with reporting suicide, including code of conduct for journalists.	members with minutes.		
6.2	Consumer Update <ul style="list-style-type: none"> Nil update 			
6.3	Risk Management <ul style="list-style-type: none"> No new risks have been identified and no change to existing risks. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Presented Monthly Status Report and Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Nil 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: Monday 1st September 2014, 9am – 10.30am CYMHS Board Room, Citilink Building 2, Foyer 4, Level 2, 153 Campbell Street, Bowen Hills				

Residential Rehabilitation Unit (Resi) Evaluation Plan

Adolescent Mental Health Extended Treatment Initiative (AMHETI)

Children's Health Queensland Hospital and Health Service

July 2014

1 Evaluation Description

1.1 Background

In February 2014, a pilot Residential Rehabilitation Unit (Resi) was established at Greenslopes in partnership between Aftercare (a non-Government organisation) and Children's Health Queensland Hospital and Health Service (CHQ HHS), with the support of West Moreton HHS.

The Resi is one service along a continuum of services developed as part of the Adolescent Mental Health Extended Treatment Initiative (AMHETI) (refer **Attachment A**).

The pilot Resi, provided by Aftercare, currently provides services to young people aged between 16 to 18 years of age with severe and complex mental health problems seeking support and independent living skills development.

The pilot Resi is the first service of its kind in Queensland, and the outcomes achieved by this service will determine future investment into more Resi services across Queensland. Evaluation of the Resi is therefore a critical activity into the performance of this service.

This Resi Evaluation Plan outlines the approach and deliverables that will form part of the Resi Evaluation process.

Business Need

To evaluate the new Resi service, and identify and document health outcomes and service delivery effectiveness.

1.2 Purpose / Objective

The Resi evaluation (hereafter *the evaluation*) is based on a similar residential service model evaluation conducted for the Time Out House Initiative (TOHI), Queensland¹.

The evaluation aims to:

- Investigate and measure the impact of services provided through Resi's and identify the outcomes for young people accessing these services.
- Examine what works well/not well in delivering Resi services to young people and understand issues that impact on service delivery.
- Measure whether this type of approach is cost effective.
- Measure the effectiveness (seamlessness) of the collaborative relationship between public mental health systems and non-government Resi providers.

¹ Social Policy Research Centre Report Series, Griffith University (2012). *Evaluation of the Time Out House Initiative in Queensland*. August 2012.

Overall, evaluation objectives and outcomes include:

- Inform decision making regarding the viability and effectiveness of the Resi service, and the need for further Resi services throughout Queensland.
- Identify lessons learned and opportunities to improve Resi services, resulting in improved clinical care for consumers.
- Identify lessons learned and opportunities to improve public-community-private partnership arrangements to deliver those services, resulting in service efficiencies.

1.3 Evaluation Methodology/Design

The evaluation includes a longitudinal study that is retrospective in design and applies a mixed method, qualitative and quantitative approach.

Phase I: Preparation and planning phase, including evaluation tools development

- Document the evaluation approach for use in future evaluations of Resi services.
- Develop an information flyer about the evaluation to be provided to internal and external stakeholders, including information about informed consent. Internal stakeholders will include young people, their families, Resi staff, and the Child and Youth Mental Health Service (CYMHS). External stakeholders will include public and private service providers to young people in the Resi, and other State Government Departments such as the Department of Education.
- Develop a semi-structured questionnaire for stakeholder interviews.
- Develop a data collection tool for program data and information collection.
- Complete National Ethics Application and obtain Human Research Ethics Committee (HREC) approval.

Evaluation tools will include:

- Information brochure
- Consent forms
- Stakeholder questionnaire for semi structured interviews
- Excel spreadsheet data collection tool for quantitative data collection

Phase II: Data and information collection, analysis and reporting

- Circulate evaluation information brochure to internal and external stakeholders.
- Obtain consent and conduct interviews with young people, their families, staff and, internal and external stakeholders, as noted above in Phase I, for the period 3rd February 2014 to 30th June 2015.
- Conduct interviews.
- Transcribe stakeholder interviews and document case studies into de-identifiable themes.
- Interview transcripts reviewed by independent person for bias and feedback provided to evaluator.

- Access data and information provided to CHQ as per the Resi Service Level Agreement Reports and other information, including program data about services the young people received, costs associated with service delivery, and outcomes achieved.
- Analyse qualitative and quantitative data and information collected.
- Collate data and information, de-identifying consumer and stakeholder details for confidentiality and privacy reasons.
- Provide a final Evaluation Report.

Note: The initial evaluation will provide baseline data and information for future evaluations.

Phase III: Share knowledge of the Resi Evaluation

- Document and report on evaluation findings.
- Develop a paper for publication in a peer reviewed journal.

1.4 Assumptions

- HREC approval will be granted.
- Stakeholders will participate in the evaluation.

1.5 Constraints

- The quality of data will be constrained by the number of consumers residing at the Resi. If not at full capacity, the evaluation may not reflect the true capability of this service.
- Funding for the evaluation officer is in place until March 2015. Further funding will be required to conduct benchmarking and ongoing evaluations.

1.6 Dependencies

- Nil

1.7 Evaluation Scope

1.7.1 In-Scope

Quantitative data – includes Resi data and other information obtained from the Resi since commencement of services in February 2014.

Resi data:

- Needs Assessment Form (on entry to the Resi)
- Case management, lifestyle support, and referral to clinical and non-clinical services for young people.
- Data gathered using the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) and the Recovery Assessment Scale (RAS).

CYMHS outcomes data based on the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA).

Qualitative data will be collected through interviews with:

- Internal and external stakeholders including consumers, their families and friends, Resi staff, CYMHS staff, and government and private sector providers.
- Consumers are further defined as young people receiving residential and other support services, and young people receiving Resi support services only (excluding residential services).

1.7.2 Out of Scope

- Consumers who have not used or accessed the Resi, or its services, during the evaluation period.

2 Evaluation Planning

2.1 Evaluation Overview

2.1.1 Related Evaluations/Activities

Service Planning in Queensland:

- Queensland Plan for Mental Health 2007-2017
- AMHETI Business Case

Service Planning in Australia:

- National Mental Health Service Standards 2010

Other State-wide Evaluations

- TOHI Evaluation

2.2 Key Deliverables

The table below details the key milestones / products / activities to be delivered by this evaluation:

Key Milestone / Product / Task / Activity	Responsible Officer	Completion Date
Develop Resi evaluation plan	Evaluator	June 2014
Document evaluation approach and process	Evaluator	June 2014
Develop an information brochure about the evaluation	Evaluator	July 2014
Develop semi-structured questionnaire for interviews	Evaluator	July 2014
Develop data collection tool for quantitative data collection	Evaluator	July 2014
Obtain feedback from stakeholders on the evaluation tools developed.	Evaluator	July 2014
Complete NEAF and obtain HREC Approval	Evaluation Team as per the NEAF	August – Oct 2014
Collect qualitative data - conduct and document internal and external stakeholder interviews	Evaluator	June-July 2015
Collect quantitative data - collect and collate quantitative Resi program data and information	Evaluator	June-July 2015
Independent review of interview transcripts for bias, with feedback provided to evaluator.	Independent Officer	July 2015

Key Milestone / Product / Task / Activity	Responsible Officer	Completion Date
Document evaluation findings	Evaluator	August-Sept 2015
Produce Evaluation Report	Evaluator	Sept-Oct 2015
Draft a paper for submission as a publication in a peer reviewed journal.	Divisional Director CYMHS	Sept-Oct 2015

2.3 Risk Management

2.3.1 Overall Assessment of Risks

Significant key risks to the Evaluation are listed below:

Risk Event & Impact	Likelihood*	Treatment	Owner
Scope creep	Unlikely	<ul style="list-style-type: none"> Clearly defined evaluation structure and plan. Active monitoring and reporting. 	Evaluator
Limitations of quality data due to: missing or incomplete data; a lack of stakeholder participation; staff turnover; and/or participant bias.	Likely	<ul style="list-style-type: none"> Promote the importance of qualitative and quantitative data for the purposes of meaningful evaluation. Provide information about the evaluation to internal and external stakeholders in advance and at commencement of evaluation. Maintain rigorous ethical and professional evaluation processes as per HREC requirements. Ongoing oversight by the evaluator's supervisor (Principal Investigator). 	Evaluator and Resi Management
Reputational, financial and political risk from any adverse findings	Likely	<ul style="list-style-type: none"> Clear communication strategies regarding the evaluation. 	CHQ HHS
Stress/distress for stakeholders, especially young people and/or their families	Unlikely	<ul style="list-style-type: none"> Active monitoring and reporting. Support mechanisms and referral pathways in place for stakeholders experiencing distress. 	Evaluator and Resi Management

* Likelihood assessed using CHQ Risk Matrix v2 Mar 14

2.3.2 Key Internal Stakeholders

Group/Individual	Impact / Influence	Summary of Information Needs
Consumers residing at the Resi	Direct impact on consumers keen to contribute to sound care and positive health outcomes for self and others	Evaluation process/other information provided, and staff and therapeutic support offered
Consumers receiving other support services from the Resi	Direct impact on consumers keen to contribute to sound care and positive health outcomes for self and others	Evaluation process/other information provided, and staff and therapeutic support offered
Families and other carers of consumers residing at the Resi	Direct impact on families/carers concerned about ongoing care and contributing to service improvement	Evaluation process/other information provided, and staff and therapeutic support offered
Resi staff	Direct impact on staff in terms of wanting to present the Resi in a positive light; fears of discontinuation of services; and concerns about positive working relationships with external stakeholders	Evaluation process/other information and management support provided
CYMHS staff providing clinical services to Resi consumers	Direct impact on staff concerned about continuity of care for consumers; preventing duplication of services; increased accountability; and efficient, effective service delivery	Evaluation process/other information and management support provided

2.3.3 Key External Stakeholders

Group/Individual	Impact / Influence	Summary of Information Needs
Service Providers/Staff providing other services and support (e.g. schools, physical health and well-being services, employment agencies, employers, etc.)	Indirect impact on external stakeholders; staff concern about quality of service provided to consumers and positive professional working relationships with Resi and CYMHS staff	Evaluation process/other information provided

Communication and engagement mechanisms include, but are not limited to:

- Phone and email communication
- Information brochures for stakeholders
- Briefing Notes
- Status Reports
- Evaluation Report
- Paper for publication

3 Evaluation

3.1.1 Evaluation Methodology (Process and Impact Evaluation)	<ul style="list-style-type: none"> • Timely management of risks, issues, and deliverables • HREC monitoring and reporting
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4 Quality Management

4.1 Applicable Standards

Standards which apply to deliverables produced by this project, or management of the project, are detailed in the table below:

Project Element	Applicable Standard
Evaluation Management	Queensland Health / Children's Health Queensland (CHQ) Project Management Methodology
Risk Management	CHQ Integrated Risk Management Framework

4.1.1 Quality Control Activities

The table below identifies the quality criteria for each major product and the technique for checking its quality:

Deliverable	Quality Criteria	How
Resi evaluation approach	Evidence-based Conforms with other similar state-wide evaluations Confirms with HREC requirements	Stakeholder feedback on quality of evaluation approach
Evaluation Plan	Clearly identified timeframes, activities, and stakeholders involved in the evaluation	Stakeholder feedback on comprehensiveness of the plan
Communication documents/activities	Awareness of the evaluation Understanding of the outcomes Engagement throughout delivery	Volume and nature of stakeholder feedback
Evaluation Report	Professionally written report documenting approach, findings and recommendations	Stakeholder feedback on comprehensiveness, accuracy, and quality of the report.

4.1.2 Responsibilities

Responsibilities	Who
Define, implement, and control evaluation quality Ensure that the evaluation products, processes, and deliverables satisfy the requirements of this evaluation plan Examine and escalate, as required, any identified deficiency	HREC Principal and Associate Investigators
Ensure timeliness of each evaluation task is met	HREC Principal and Associate Investigators
Make critical decisions regarding the evaluation and its product	HREC Principal and Associate Investigators CHQ HHS Executive
Ensure HREC requirements are met	HREC Principal and Associate Investigators
Publication of Findings	HREC Principal and Associate Investigators Peer Review

Attachment A

Adolescent Extended Treatment and Rehabilitation Service

Children's Health Queensland is leading the implementation of the Statewide Adolescent Mental Health Extended Treatment Initiative. The initiative aims to ensure young people and their families across Queensland have access to safe and high-quality mental health extended treatment and rehabilitation service options as close to their home or community as possible.

The Adolescent Mental Health Extended Treatment Initiative is the result of a comprehensive review of the way extended mental health treatment and rehabilitation care for young people is provided. In developing the initiative, mental health experts and care providers throughout Australia have been consulted to learn about and explore alternative, progressive approaches to adolescent extended treatment and rehabilitation care. The model of care for adolescents has also been developed in accordance with the principles and services outlined in the current draft of the [National Mental Health Services Planning Framework](#).

There are five service elements to the proposed model of care:

1. Assertive Mobile Youth Outreach Services (AMYOS)

The Assertive Mobile Youth Outreach Services (AMYOS) are a new state-wide assertive community treatment service, delivered by multidisciplinary mental health clinicians, who provide recovery-oriented assessment and treatment for young people with complex mental health needs in the family home or community.

AMYOS aim to promote the mental health and well-being of clients by working directly with the young person and systematically with their family, friends, and other service providers to develop a system of support and care around the young person. AMYOS staff uses a highly flexible outreach approach to engagement and treatment, and provide services in the least restrictive environment possible, including in the young person's home or residence, school, or other community settings as appropriate.

In general, referrals to AMYOS are received through existing community CYMHS triage and intake processes. Referrals may also come from community CYMHS team clinicians who, despite providing limited outreach appointments themselves, have been unable to engage clients in the community setting.

Seven assertive mobile youth outreach service (AMYOS) teams are currently being recruited by Children's Health Queensland and other Hospital and Health Services. These teams will be located in north Brisbane, south Brisbane, Redcliffe/Caboolture, Logan, Gold Coast, Darling Downs, and Townsville.

2. Adolescent Day Program Units

Adolescent day program units provide a range of intensive therapy and extended treatment options through individual and group therapy for young people with social difficulties and a history of school refusal or exclusion.

Day programs aim to reduce the severity of mental health symptoms and promote effective participation in areas such as schooling, social functioning, symptom management, and other life skills. They provide flexible and less restrictive treatment interventions that integrate with educational or vocational programs.

Work has begun on establishing a new adolescent day program unit on the north side of Brisbane. This unit will complement existing units at the Mater Children's Hospital (south Brisbane), Toowoomba, and Townsville.

3. Residential Rehabilitation Units

Residential rehabilitation units (Resi) are a new service for adolescents with severe or complex mental health needs who require long-term accommodation and recovery-oriented care, and may benefit from rehabilitation in a community setting. The Resi spans a gap in service for young people, aged 16 to 21 years, who do not have the skills or expertise for independent living, or a stable place of accommodation. This service focuses on supporting young people to:

- Improve their capacity to manage and be responsible for self-care;
- Enhance their adaptive coping skills and decrease self-harming behaviour;
- Enhance their social and daily living skills to improve their ability to live independently in the community; and
- Develop and maintain links with the community, family, and social networks, education and vocational opportunities.

This service is delivered by a non-government organisation in partnership with mental health specialists.

The first residential rehabilitation unit for Queensland has been established in Greenslopes, Brisbane.

4. Statewide Subacute Beds

The statewide subacute beds provide medium-term, developmentally-appropriate, hospital-based, treatment and rehabilitation services in a safe, structured environment for young people with severe or complex symptoms of mental illness that precludes them from receiving treatment in a less restrictive environment.

A range of individual, group and family-based assessment, treatment and rehabilitation programs are offered with the aim to treat mental illness, reduce emotional distress, and promote functioning and wellbeing within the community. This will include recovery-orientated treatment and discharge planning that will assist progression in developmental tasks that may have been arrested secondary to the mental illness, and support the safe transition of the young person to more functional or independent living on discharge.

As a statewide service, a strong emphasis is placed on the development of cross-sector partnerships, working with other key service providers in the community to facilitate joint, assertive management and discharge planning for the young person.

Subacute beds are available at the Mater Children's Hospital until the opening of the Lady Cilento Children's Hospital later in 2014. Information regarding the referral pathway to this service will be provided in the near future.

5. Step Up / Step Down Units

The step up / step down unit is a proposed future service to offer short-term residential treatment in purpose-built facilities delivered by mental health specialists in partnership with non-government organisations.

The units are provided for young people who have recently experienced, or who are at increased risk of experiencing, an acute episode of mental illness. The young person usually requires a higher intensity of treatment and care to reduce symptoms and/or distress that cannot be

adequately provided for in the community, but does not require the treatment intensity provided by acute inpatient units. Step up/step down units have proven effective at:

- Preventing further deterioration of a person's mental state and associated disability, and in turn reduced likelihood of admission to an acute inpatient unit (step up).
- Enabling early discharge from acute mental health inpatient units through the provision of an intensive safe and supportive sub-acute residential community program (step down).

A network of care

All of the above new services are supported by existing Child and Youth Mental Health Services, e-CYMHS tele-health service, and seven existing child and adolescent acute inpatient units located throughout Queensland (Royal Children's Hospital, Royal Brisbane and Women's Hospital, Mater, Logan Hospital, Robina Hospital, Toowoomba Hospital and Townsville Hospital).

ID	Task Name	Duration	Start	Finish	Predecessor	% Complete	August			
							22/07	29/07	5/08	12/08
							0	AMHETI Project Gantt 20131120	345.38 day	Mon 5/08/13
1	Boards and Committees	330.25 days	Mon 26/08/13	Mon 1/12/14		85%				
2	✓ SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%				
3	✓ SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%				
4	✓ SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%				
5	✓ SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%				
6	✓ CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%				
7	✓ SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%				
8	✓ CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%				
9	✓ WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%				
10	✓ SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%				
11	✓ CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%				
12	✓ SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%				
13	✓ CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%				
14	✓ WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%				
15	✓ SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%				
16	✓ SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		100%				
17	✓ SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		100%				
18	✓ CE DoH Oversight Committee	2 hrs	Wed 22/01/14	Wed 22/01/14		100%				
19	✓ SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		100%				
20	✓ CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		100%				
21	✓ AMHETI Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		100%				
22	✓ CHQ HHS Board	2 hrs	Thu 27/02/14	Thu 27/02/14		100%				
23	✓ AMHETI Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		100%				

Project: AMHETI Project Gantt 20 Date: Tue 29/07/14	Task		External Milestone		Manual Summary Rollup	
	Split		Inactive Task		Manual Summary	
	Milestone		Inactive Milestone		Start-only	
	Summary		Inactive Summary		Finish-only	
	Project Summary		Manual Task		Deadline	
	External Tasks		Duration-only		Progress	

ID		Task Name	Duration	Start	Finish	Predecessor	%	August			
								Comple			
								22/07	29/07	5/08	12/08
24	✓	CHQ HHS Board	2 hrs	Thu 27/03/14	Thu 27/03/14		100%				
25	✓	AMHETI Steering Committee	2 hrs	Mon 7/04/14	Mon 7/04/14		100%				
26	✓	CHQ HHS Board	2 hrs	Wed 30/04/14	Wed 30/04/14		100%				
27	✓	CHQ HHS Board	2 hrs	Thu 29/05/14	Thu 29/05/14		100%				
28	✓	AMHETI Steering Committee	2 hrs	Mon 2/06/14	Mon 2/06/14		100%				
29	✓	CHQ HHS Board	2 hrs	Thu 26/06/14	Thu 26/06/14		100%				
30	✓	AMHETI Steering Committee	2 hrs	Mon 30/06/14	Mon 30/06/14		100%				
31	📅	AMHETI Steering Committee	2 hrs	Mon 4/08/14	Mon 4/08/14		0%				
32	📅	AMHETI Steering Committee	2 hrs	Mon 1/09/14	Mon 1/09/14		0%				
33	📅	AMHETI Steering Committee	2 hrs	Mon 6/10/14	Mon 6/10/14		0%				
34	📅	AMHETI Steering Committee	2 hrs	Mon 3/11/14	Mon 3/11/14		0%				
35	📅	AMHETI Steering Committee	2 hrs	Mon 1/12/14	Mon 1/12/14		0%				
36	✓	Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%				
53	✓	Service Options Working Group	140 days	Mon 5/08/13	Fri 14/02/14		100%				
83	✓	Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		100%				
93	✓	Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		100%				
101		Implementation - Phase I of Services	215 days	Mon 3/02/14	Fri 28/11/14		49%				
102	✓	Appoint staff to assist with recruitment and service procedures	4 days	Mon 3/02/14	Fri 7/02/14		100%				
103	✓	Engage Education Queensland regarding future services	2 hrs	Thu 13/02/14	Thu 13/02/14		100%				
104	✓	Communicate with HHSs regarding implementation activities	9 days	Mon 3/02/14	Fri 14/02/14		100%				
105	✓	Transfer 2013/14 funds from WM HHS and MHAODB	14 days	Mon 10/02/14	Fri 28/02/14		100%				
106	✓	Communicate model of care and referral pathways to community C	14 days	Tue 1/04/14	Mon 21/04/14		100%				
107	✓	Communicate model of care to the community - update Website	14 days	Tue 1/04/14	Mon 21/04/14		100%				
108	📅	Prepare donor proposals in partnership with Children's Hospital For	105 days	Mon 3/02/14	Fri 27/06/14		80%				

Project: AMHETI Project Gantt 20 Date: Tue 29/07/14	Task		External Milestone		Manual Summary Rollup	
	Split		Inactive Task		Manual Summary	
	Milestone		Inactive Milestone		Start-only	
	Summary		Inactive Summary		Finish-only	
	Project Summary		Manual Task		Deadline	
	External Tasks		Duration-only		Progress	

ID	Task Name	Duration	Start	Finish	Predecessor	%	August			
							Comple			
							22/07	29/07	5/08	12/08
109	Consumer Care	39 days	Mon 3/02/14	Fri 28/03/14		10%				
110	Review existing wait list	4 days	Mon 3/02/14	Fri 7/02/14		100%				
111	Establish status reporting process for ex-BAC consumers	35 days	Fri 7/02/14	Fri 28/03/14	110	0%				
112	Statewide Panel	94 days	Mon 3/02/14	Fri 13/06/14		36%				
113	Develop panel protocol (Terms of Reference) and process	19 days	Mon 3/02/14	Fri 28/02/14		80%				
114	Endorse Panel Protocol	15 days	Fri 28/02/14	Fri 21/03/14	113	80%				
115	Recruit AO3 Statewide Panel Coordinator	60 days	Fri 21/03/14	Fri 13/06/14	114	20%				
116	Identify and appoint panel members	5 days	Fri 21/03/14	Fri 28/03/14	114	0%				
117	Convene first "establishment" meeting	10 days	Fri 28/03/14	Fri 11/04/14	116	0%				
118	Subacute Inpatient Beds	214.88 days	Mon 3/02/14	Fri 28/11/14		47%				
119	Develop Service Agreement and Model of Service	10 days	Mon 3/02/14	Mon 17/02/14		100%				
120	Finalise Service Agreement and Model of Service with Mater	20 days	Mon 3/02/14	Mon 3/03/14	119	80%				
121	Sign Service Agreement	5 days	Mon 3/03/14	Mon 10/03/14	120	0%				
122	Prepare transfer of service to Lady Cilento	20 days	Mon 3/11/14	Fri 28/11/14		0%				
123	Resi Rehab Unit	186 days	Mon 3/02/14	Tue 21/10/14		44%				
124	Finalise Service Agreement with Aftercare	14 days	Mon 3/02/14	Fri 21/02/14		100%				
125	Finalise Model of Service	14 days	Mon 3/02/14	Fri 21/02/14		100%				
126	Finalise Terms of Reference for Governance Committee	19 days	Mon 3/02/14	Fri 28/02/14		100%				
127	Finalise Referral Protocol	19 days	Mon 3/02/14	Fri 28/02/14		100%				
128	Intake first consumer	6 days	Fri 21/02/14	Mon 3/03/14	124	100%				
129	Develop evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		40%				
130	Prepare tender documentation for Resi (finalise by Dec 2014)	4 mons	Tue 1/07/14	Tue 21/10/14		0%				
131	AMYOS Teams	160 days	Mon 3/02/14	Mon 15/09/14		58%				
132	Engage with HHS representatives receiving an AMYOS team	30 days	Mon 3/02/14	Mon 17/03/14		100%				

Project: AMHETI Project Gantt 20
Date: Tue 29/07/14

Task		External Milestone		Manual Summary Rollup	
Split		Inactive Task		Manual Summary	
Milestone		Inactive Milestone		Start-only	
Summary		Inactive Summary		Finish-only	
Project Summary		Manual Task		Deadline	
External Tasks		Duration-only		Progress	

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete	August			
								22/07	29/07	5/08	12/08
								133	✓	Develop Service Agreements for HHSs	40 days
134	✓	Finalise Model of Service	40 days	Mon 3/02/14	Mon 31/03/14		100%				
135		Finalise Service Agreement with HHSs (signing)	20 days	Mon 31/03/14	Mon 28/04/14	133	80%				
136	✓	Develop Position/Role Descriptions (confirm staffing profiles)	14 days	Mon 3/02/14	Fri 21/02/14		100%				
137	✓	Establish CHQ positions	10 days	Fri 21/02/14	Fri 7/03/14	136	100%				
138	✓	Advertise CHQ positions	15 days	Fri 7/03/14	Fri 28/03/14	137	100%				
139	✓	Establish CHQ recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	137	100%				
140	✓	Interview candidates and complete documentation to appoint	20 days	Mon 24/03/14	Mon 21/04/14	138	100%				
141	✓	Identify accommodation in local HHSs or CYMHS	11 days	Mon 24/03/14	Tue 8/04/14	138	100%				
142		Lease vehicles for teams	11 days	Mon 24/03/14	Tue 8/04/14	138	90%				
143		Appoint CHQ positions	15 days	Mon 21/04/14	Mon 12/05/14	140	80%				
144		Develop training and development orientation	20 days	Mon 24/03/14	Mon 21/04/14	138	80%				
145		Staff induction and training	20 days	Mon 12/05/14	Mon 9/06/14	143	60%				
146		Document operating procedures	20 days	Mon 12/05/14	Mon 9/06/14	143	40%				
147		Work with HHSs to recruit regionally-based AMYOS Teams	60 days	Mon 28/04/14	Mon 21/07/14	135	20%				
148	📅	Establish evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%				
149		AMYOS Psychiatrists and Coordinators	99 days	Mon 3/02/14	Fri 20/06/14		63%				
150	✓	Engage with HHS representatives receiving an AMYOS team	30 days	Mon 3/02/14	Mon 17/03/14		100%				
151	✓	Develop Role descriptions – psychiatrists (1.3)	14 days	Mon 3/02/14	Fri 21/02/14		100%				
152	✓	Establish positions	10 days	Fri 21/02/14	Fri 7/03/14	151	100%				
153	✓	Advertise positions	15 days	Fri 7/03/14	Fri 28/03/14	152	100%				
154	✓	Establish local recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	152	100%				
155		Develop training and development orientation	11 days	Mon 24/03/14	Tue 8/04/14	153	80%				
156	✓	Identify accommodation in local HHSs or CYMHS	11 days	Mon 24/03/14	Tue 8/04/14	153	100%				

Project: AMHETI Project Gantt 20
Date: Tue 29/07/14

Task		External Milestone		Manual Summary Rollup	
Split		Inactive Task		Manual Summary	
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Summary		Inactive Summary		Finish-only	
Project Summary		Manual Task		Deadline	
External Tasks		Duration-only		Progress	

ID	Task Name	Duration	Start	Finish	Predecessor	% Complete	August			
							22/07	29/07	5/08	12/08
							157	Interview candidates and complete documentation to appoint	20 days	Fri 28/03/14
158	Appoint positions	20 days	Fri 25/04/14	Fri 23/05/14	157	100%				
159	Develop Role descriptions - coordinator position/s	14 days	Mon 3/03/14	Fri 21/03/14		80%				
160	Establish positions	10 days	Fri 21/03/14	Fri 4/04/14	159	10%				
161	Advertise positions	15 days	Fri 4/04/14	Fri 25/04/14	160	10%				
162	Establish local recruitment panel	11 days	Fri 4/04/14	Mon 21/04/14	160	0%				
163	Identify accommodation in local HHSs or CYMHS	11 days	Fri 25/04/14	Fri 30/05/14	161	0%				
164	Interview candidates and complete documentation to appoint	20 days	Fri 25/04/14	Fri 23/05/14	161	0%				
165	Appoint positions	20 days	Fri 23/05/14	Fri 20/06/14	164	0%				
166	Day Program	164 days	Mon 3/02/14	Fri 19/09/14		28%				
167	Identify site	30 days	Wed 5/02/14	Wed 19/03/14		50%				
168	Develop and finalise lease agreement	10 days	Wed 19/03/14	Wed 2/04/14	167	0%				
169	Fit-out of site	50 days	Wed 2/04/14	Wed 11/06/14	168	0%				
170	Lease vehicles	60 days	Mon 3/02/14	Tue 10/06/14	167	80%				
171	Develop Team Leader Role descriptions	14 days	Wed 19/03/14	Tue 8/04/14	167	100%				
172	Establish position	10 days	Tue 8/04/14	Tue 22/04/14	171	100%				
173	Advertise position	15 days	Tue 22/04/14	Tue 13/05/14	172	100%				
174	Establish local recruitment panel	11 days	Tue 13/05/14	Wed 28/05/14	173	100%				
175	Interview candidates and complete documentation to appoint	20 days	Tue 13/05/14	Tue 10/06/14	173	80%				
176	Appoint position	14 days	Tue 10/06/14	Mon 30/06/14	175	0%				
177	Develop Role Descriptions - Day Program Staffing	9 days	Mon 30/06/14	Fri 11/07/14	176	0%				
178	Establish positions	19 days	Fri 11/07/14	Thu 7/08/14	177	0%				
179	Advertise positions	15 days	Thu 7/08/14	Thu 28/08/14	178	0%				
180	Establish local recruitment panel	11 days	Thu 7/08/14	Fri 22/08/14	178	0%				

Project: AMHETI Project Gantt 20
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Task		External Milestone		Manual Summary Rollup	
Split		Inactive Task		Manual Summary	
Milestone		Inactive Milestone		Start-only	
Summary		Inactive Summary		Finish-only	
Project Summary		Manual Task		Deadline	
External Tasks		Duration-only		Progress	

ID	Task Name	Duration	Start	Finish	Predecessors	% Complete	August			
							22/07	29/07	5/08	12/08
							181	Interview candidates and complete documentation to appoint	20 days	Fri 22/08/14
182	Appoint positions	15 days	Fri 22/08/14	Fri 12/09/14	180	0%				
183	Develop training and development orientation	9 days	Mon 30/06/14	Fri 11/07/14	176	0%				
184	Document operating procedures (leverage from Townsville)	9 days	Mon 30/06/14	Fri 11/07/14	176	0%				
185	First day of opening	1 day	Fri 12/09/14	Mon 15/09/14	169,182	0%				
186	Establish evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%				
187	AMHETI Post Project Review	30 days	Mon 2/12/13	Mon 13/01/14		0%				

Project: AMHETI Project Gantt 20
Date: Tue 29/07/14

Task		External Milestone		Manual Summary Rollup	
Split		Inactive Task		Manual Summary	
Milestone		Inactive Milestone		Start-only	
Summary		Inactive Summary		Finish-only	
Project Summary		Manual Task		Deadline	
External Tasks		Duration-only		Progress	

Project Status Report

Project Name: Adolescent Mental Health Extended Treatment Initiative

Reporting Period: July 2014


Project Sponsor: Dr Peter Steer

Signature:	Date:
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Project Manager: Ingrid Adamson

Signature:	Date:
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Project at a Glance

Key Areas of Focus	Impact on Objectives	Key Comments
Project Milestones (Incl. Current / Future)		<ul style="list-style-type: none"> Work continues on the development of the service evaluation approach for the AMHETI services. A joint decision was taken, between West Moreton and Children's Health Queensland (CHQ) Hospital and Health Services (HHS), to put the review of the Barrett closure on hold. <p>AMYOS</p> <ul style="list-style-type: none"> Two positions for the Brisbane-based AMYOS teams have been re-advertised. Recruitment to the HHS-based AMYOS teams will commence upon receipt of signed agreements. Two signed service agreements have been returned from Townsville HHS and Gold Coast HHS. We now await the return of signed agreements from Metro North, Metro South, and the Darling Downs. <p>Residential Rehabilitation Unit (Resi)</p> <ul style="list-style-type: none"> The Resi currently has two consumers, who are progressing well. There have been a number of referrals to the Resi, with three consumers currently being considered for admission. A decision has been taken to not convert the Time Out House Initiative (TOHI) in Cairns into a Resi. It was determined that the service could not be redesigned and delivered within the available funding. The TOHI will continue in its current service format for the remainder of this financial year. <p>Day Program Unit</p> <ul style="list-style-type: none"> It has been confirmed that the potential site at Stafford has been

Children's Health Queensland Hospital and Health Service

Key Areas of Focus	Impact on Objectives	Key Comments
		<p>sold and is no longer an option for the day program.</p> <ul style="list-style-type: none"> • CHQ resumed the search for a suitable site and have identified a possible location in Kedron. This site would require rezoning from industrial to community zoning in order for the day program to operate there. CHQ have been advised that this process could take up to 3 months to finalise. • With this in mind, CHQ will continue to look for alternative sites in the event the Kedron site is unsuccessfully rezoned. Unfortunately there are limited suitable properties in the market. • It is now anticipated that the day program will not be operational until late 2014/early 2015. <p>Subacute bed-based unit (Mater)</p> <ul style="list-style-type: none"> • CHQ still await a signed service agreement from the Mater. • To date, there have been no referrals into this service.
Budget and Cost Management		<ul style="list-style-type: none"> • Project is underspent at this time.
Stakeholder Engagement and Participation		<ul style="list-style-type: none"> • Nil this month
Project Interdependencies		<ul style="list-style-type: none"> • Nil identified
Project Risks and Issues (incl. Escalation / Mitigation)		<ul style="list-style-type: none"> • Risk of sufficient funding for new services remains at very high – alternative funding options are being explored. • Risk of time slippage on service delivery remains at very high.
Other	N/A	

Legend:**C Critical** – Issue is impacting on project objectives**S Serious** – Issue COULD impact on project objectives**T On track** – Issue able to be managed to maintain project objectives

Please attribute the following to Dr Peter Steer, Chief Executive, Children's Health Queensland:

Claims that adolescents from the Barrett Centre were discharged without an appropriate care plan are simply incorrect.

Each transfer or discharge of these individuals was staggered and occurred only when the appropriate care package and support services had been secured.

This planning was paramount in ensuring that these somewhat institutionalised adolescents, many who had remained at Barrett for extraordinarily long periods, had clear future plans in place.

Two subacute beds were also opened at the Mater Children's Hospital should these, or any other young person with severe or complex symptoms of mental illness, require 24/7 care.

A patient admitted to these beds would also have access to the educational services provided through the Mater school.

To the end of last week, there had been no requirement for these beds across the sector since they opened in March 2014.

Regardless, similar beds and educational support will be available when the Lady Cilento Children's Hospital opens in late 2014.

This will provide recovery-orientated treatment and support the safe transition of the young person to more functional or independent living on discharge.

A strong emphasis will also be placed on working with other key service providers in the community to facilitate joint, assertive management and discharge planning for these young people.

The Adolescent Mental Health Extended Treatment Initiative (AMHETI) is the result of a comprehensive review of the way extended mental health treatment and rehabilitation care for young people is provided.

It also aims to consign to the past former models of care provided to Queensland adolescents with mental illness, which often left them institutionalised following extraordinarily long stays in unsuitable facilities.

In developing the initiative, mental health experts and care providers throughout Australia were consulted to learn about and explore alternative, progressive approaches to adolescent extended treatment and rehabilitation care.

AMHETI aims to ensure young people and their families across Queensland have access to safe and high-quality mental health extended treatment and rehabilitation service options as close to their home or community as possible.

In February, as part of the AMHETI initiative, CHQ opened a four-bed residential rehabilitation unit (Resi) on Brisbane's south for adolescents with severe or complex mental health needs who require longer-term accommodation.

This recovery oriented care is particularly for adolescents, up to 18 years of age, who may benefit from rehabilitation in a community setting.

Typically, these adolescents do not have the skills or expertise for independent living, or a stable place of accommodation.

Demand for the Resi has not yet reached full capacity.

Two of Children's Health Queensland's Brisbane-based Assertive Mobile Youth Outreach Services (AMYOS) teams have also commenced.

These assertive community treatment services, delivered by multidisciplinary mental health clinicians, provide recovery-oriented assessment and treatment for young people with complex mental health needs in the family home or community.

AMYOS teams work directly with a young person and systematically with their family, friends, and other service providers to develop a system of support and care around the young person.

AMYOS staff use a highly flexible outreach approach to engagement and treatment.

They also provide services in the least restrictive environment possible, including in a young person's home or residence, school, or other community setting.

Recruitment to the Redcliffe/Caboolture AMYOS team is now partially complete while recruitment to the Logan, Gold Coast, Darling Downs and Townsville AMYOS teams, managed by local Hospital and Health Services, will commence in coming weeks.

Adolescent Day Program Units are also offered at the Mater Children's Hospital (South Brisbane), Toowoomba, and Townsville.

Adolescent day program units provide a range of intensive therapy and extended treatment options through individual and group therapy for young people with social difficulties and a history of school refusal or exclusion.

Day programs aim to reduce the severity of mental health symptoms and promote effective participation in areas such as schooling, social functioning, symptom management, and other life skills.

They provide flexible and less restrictive treatment interventions that integrate with educational or vocational programs.

Children's Health Queensland is also working to establish a new adolescent day program unit on the north side of Brisbane and hope to secure a safe and appropriate site shortly. Plans to lease the most suitable building identified to date were derailed when the building's owner accepted a sale offer.

ENDS

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Call for inquiry after two Barrett Centre suicides

Tony Moore

Published: July 15, 2014 - 8:44AM

The family of an 18-year-old woman released after spending three years with 24 hour a day care at the Barrett Adolescent Centre at Wacol wants an urgent public inquiry into the reasons she committed suicide.

The two final patients to leave the former Barratt Adolescent Psychiatric Centre at Wacol when the state government closed it in January have since committed suicide.

Now the family of 18-year-old woman named Talieha wants a public inquiry into the state government's decision to close the Barrett Centre in January 2014 without providing a replacement adolescent mental health facility.

Talieha – an “arty, expressive wonderful girl” - tried to take her own life on April 1, before her life support was shut down on April 6.

She had turned 18 on February 6. She died two months after her 18th birthday. Talieha suffered depression, post-traumatic stress and she self-harmed.

At her funeral, family and friends released purple balloons.

A second former patient – a “funny-quieter” 18-year-old boy - from the final 10 at the Barrett Centre committed suicide at Wacol in June.

The issue of closing the Barrett Adolescent Centre without a replacement facility will be raised by Labor in the Queensland's Budget Estimates Hearings beginning today.

The state government rejects Labor's policy to build a replacement for the Barrett Centre.

A spokesman for Health Minister Lawrence Springborg insisted mental health clinicians tell them better mental health policy is to move young people to facilities closer to their families.

“It is just not our policy to build a replacement Barrett Centre because we think there are better mental care options,” he said.

The spokesman - who was unaware of the suicides - said he would ask the department to investigate the type of care offered to the two young people after the Barrett Centre closed.

However Talieha's aunt, Melinda, said Queensland parents need an urgent investigation into why a teenager with a history of self-harm could go from “24/7” care at the Barrett Adolescent Centre to “independent living” at the Pine Rivers Community Care.

Melinda has written to Premier Campbell Newman and Health Minister Lawrence Springborg asking for an inquiry.

Melinda said the clinical director of the mental health facility at the Prince Charles Hospital told the family at a meeting on May 16 that the Pine River Community Care was “the best option out of a list of bad options.”

Staff also told the family Taleiha should have been transitioned from the Barrett Centre to the Pine Rivers Community Care centre over six months, not over two short visits.

"We definitely want an inquiry, not only for our family and for Talieha, but for all the other kids in Queensland that have mental health problems," she said.

Melinda said the family was not completely happy with the care at the Barrett Centre, but said the 24/7 care had kept her alive.

"They kept her alive and she was there for three years," she said.

"So her mum wasn't really happy with her there, but at the end of the day they did keep her alive."

Melinda said Talieha was given just two short visits to the Pine River Community Care before they moved her from the Barrett Centre.

"They promised her she would have six weeks of 24/7 care – that's 24 hours a day care - and that lasted about two weeks," Melinda said.

"So she went from the Barrett Centre – which is like a hospital with 24-hour care with nurses on staff - to independent living.

"She was living by herself in a little unit within the Pine Rivers Community Care centre."

"So she spent three years in a hospital-type accommodation – I mean she was still a teenager at heart – she hadn't learnt all the everyday things you need to live by yourself."

Melinda said Talieha was a "selfie queen", who adored her younger cousins and loved drawing, dancing, music and videos.

"My kids are 8, 6 and 4. And she was the best big cousin they could ever have."

"Ninety per cent of her was this happy, vibrant, loving, very, very caring person.

"And that is why I am doing this. It will never ever bring her back but she would hate us if we did not fight for the rest of the kids with problems."

"She was absolutely gorgeous."

Former staff at the Barrett Centre are devastated to learn of the two suicides.

They insist the LNP made a mistake by not keeping the centre – inside the grounds of The Park adult mental health facility at Wacol - open until a replacement centre could be built.

"They did not just get moved," one staff member told Fairfax Media yesterday.

"They got dumped. That was the day they both got dumped."

"We never expected the first one to come and then the second one comes," the staff member said.



"And here's two kids, just turned 18 - who six months ago were in full-time care – who have found themselves trying to look after themselves with severe mental health issues."

The government spent the first 12 months of its time in office investigating alternative care for patients for the former Barrett Centre, before deciding to close it in January 2014.

Support is available for anyone who may be distressed by calling Lifeline 131 114, Mensline 1300 789 978, Kids Helpline 1800 551 800.

** Fairfax Media has not published Talieha's surname at the request of her family.*

This story was found at: <http://www.brisbanetimes.com.au/queensland/call-for-inquiry-after-two-barrett-centre-suicides-20140714-zt7a0.html>

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Barrett centre suicide link to be investigated: Springborg

Tony Moore

Published: July 17, 2014 - 12:01AM

Health Minister Lawrence Springborg says his department will investigate the April suicide of an 18-year-old woman removed from 24-hour-a-day care when the former Barrett Adolescent Centre at Wacol was closed.

The woman, Talieha, was moved to a unit by herself at community centre at Pine Rivers in January and committed suicide three months later.

Reports of the incident have prompted parents of other former patients to question the care provided to their children since the state government closed the Barrett centre, without providing an alternative facility.

Mr Springborg told the Queensland Budget Estimates Hearings in Brisbane on Tuesday that the young lady's death in care would be investigated by a "root cause analysis" and then a coroner's inquiry.

"We have no issue with the coronial inquest," Mr Springborg said.

"The coroner is an independent person. The information will be made available to them and they will consider that based on the evidence within that root cause analysis," he said.

A "root cause analysis" is health industry terminology for an investigation into the reasons why an incident took place.

The Barrett centre was closed in January and families of patients were promised that equivalent community mental health services would be provided closer to the patients' homes.

Parents say this has not happened.

Of the 10 final patients to be placed in community care since January, two have committed suicide.

Five parents have contacted Fairfax Media since Tuesday morning to say their children – all former patients at the Barrett centre – are not receiving the equivalent care.

Parents who supported keeping the centre open praised its links with a school run by the Education Department on the site. The school has been closed and shifted to Yeronga.

Other parents – who are not upset the Barrett centre is closed - are disappointed no consistent, alternative mental health care has been provided.

In September 2013, Mr Springborg promised Barrett Centre patients would be treated at other centres when the centre closed in January.

"Residents at the Barrett Centre will continue to receive the care they need," Mr Springborg said.

"In some instances, that might need to occur in adolescent care facilities in other hospital and health services," he said.

The family of 18-year-old Talieha have asked for a coronial inquiry into her April suicide death, after she was transferred from the 24-hour-a day care at the Barrett centre.

"She was living by herself in a little unit within the Pine Rivers Community Care centre," her family said on Tuesday.

Mr Springborg repeated the assurance on Wednesday care would be provided when he was questioned over Talieha's death at Queensland Budget estimates hearings.

"If you look at the best advice available to me and others, young people should be actually supervised, if need be, on a

24-hour basis in the community with the support and in many cases close to their own family," he said.

"We had adolescents that were transferred from right around Queensland, as far away as Cairns and beyond, to this particular facility and we are now trying to accommodate them in their own environment."

However, a Cairns-based mother of a 17-year-old girl who spent 12 months at the Barrett centre before it closed - after a complex, tragic and disappointing series of treatments at adult mental health centres - said care was simply not immediately provided to her daughter.

Since then, it has been sporadic.

"She came back to Cairns - where services had not improved since February 2013 - and where we went without support for nearly a month," the girl's mother said.

"She went from having 24-hour support in a specialised service, to home with nothing."

Eventually care was found through HeadSpace - but that care finished on June 30 when funding ran out.

"I couldn't believe that we would go from 24/7 intensive support to nothing in four months," the mother said.

Her daughter now receives 12 hours' care a week, after the woman made a panicked phone call to Sharon Kelly, director of West Moreton Health's Mental Health unit, which managed the Barrett centre.

The woman presented a parent's alternative care model - on behalf of Barrett centre parents - to Premier Campbell Newman and his wife Lisa in October 2013, when Community Cabinet met in Cairns.

That report included a reference to a promise from West Moreton Hospital chief executive Lesley Dwyer that the Barrett would stay open until suitable, appropriate and effective Tier 3 placements could be found for all adolescents at the Barrett.

"That was told to me in person by Lesley Dwyer, CEO of West Moreton Hospital," said the mother.

Adolescent mental health is now run by Queensland Health's comparatively new body, Children's Health Queensland.

The issue, "Discussion on the Adolescent Mental Health Extended Treatment Initiative and future reporting requirements" was raised at the board meeting on Children Health Queensland on March 27, although no details on replacement facilities were included in the minutes.

A new adolescent and child mental health unit is included in the [new Lady Cilento Children's Hospital](#) soon to open at South Brisbane.

Mr Springborg said it was wrong to jump to conclusions before any coroner's inquiry was finished.

Parents and supporters criticised Mr Springborg's comments made at the Budget Estimates session on Tuesday about the number of "attempted suicides" at the Barrett centre.



"Of course a mental health facility for adolescents with severe and complex mental health issues is going to have suicide attempts," one said.

"The fact that they were only 'attempts' illustrates that Barrett saved their lives."

Support is available for anyone who may be distressed by calling Lifeline 131 114, Mensline 1300 789 978, Kids Helpline 1800 551 800.

** Fairfax Media has not published Talieha's surname at the request of her family.*

This story was found at: <http://www.smh.com.au/queensland/barrett-centre-suicide-link-to-be-investigated-springborg-20140716-trye.html>

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Petition calls for probe into Barrett centre closure

Tony Moore

Published: July 19, 2014 - 12:01AM

A former worker at the Barrett Adolescent Centre has set up a petition calling for a Commission of Inquiry into the closure of the psychiatric care facility.

The state government closed the centre - which offered 24/7 psychiatric care - in January despite concerns from some parents that inadequate replacement mental health treatment was available.

Health Minister Lawrence Springborg denies this and insists that replacement treatment - in some cases physically closer to the homes of the former patients - was, and is, available for the patients.

However, since the centre closed in January, two of the Barrett centre's final 10 patients have committed suicide.

Families have contacted Fairfax Media to say the treatment provided to their children was "sporadic", "ran out when funding stopped" or was "non-existent".

Chief executive of Queensland Health's new childrens' health division, Peter Steer, said extensive planning was conducted before patients were allowed to leave the Barrett centre in January.

Dr Steer said parents were wrong to claim their children were released without appropriate care plans.

Mr Springborg this week promised an investigation into the April suicide of an 18 year-old girl named Talieha, who spent three years as a patient at the Barrett centre.

Rob Ellis, a former teacher aide at the Barrett centre school - which adjoined the psychiatric facility - has now set up the online petition.

He believes the deadline for the closure of the Barrett centre should have been pushed back, to give the "transitional committee" more time to prepare long-term care and observe the response by patients to the news the centre would close.

"My major concern is that the deadline for the centre's closure was not pushed back further to allow for this long-term observation to occur," Mr Ellis said.

"The investigations proposed by the minister are far from adequate, considering the severity of this situation.

"... I was deeply saddened by the deaths of my two students, and have serious concerns for the welfare of the remaining patients."

The petition asks signatories to petition Queensland Governor Penelope Wensley to order a Commission of Inquiry into the decision to close the Barrett centre before alternatives were in place.

"Specifically, we call for the investigation into allegations of misconduct and negligent behaviour, at all levels, leading to the closure of the centre without providing adequate transitional care to the patients who were displaced; and the initiation of this process without proper regard for the wellbeing of the patients of the centre."

Dr Steer disagreed, and said the former patients were released over a staggered time path, "and occurred only when the appropriate care package and support services had been secured".

"This planning was paramount in ensuring that these somewhat institutionalised adolescents, many who had remained at Barrett for extraordinarily long periods, had clear future plans in place," he said.

Dr Steer said two subacute mental health beds - where patients could receive 24/7 care - had been opened at the Mater Children's Hospital in March 2014.

A patient in this area would also be able to use the Mater Hospital's school, he said.

"To the end of last week, there had been no requirement for these beds across the sector since they opened in March 2014," he said.

"Regardless, similar beds and educational support will be available when the Lady Cilento Children's Hospital opens in late 2014."

The new Lady Cilento Children's Hospital opens at South Brisbane in late 2014. It will include an adolescent mental health facility.

Dr Steer said there were spaces available at a new four-bed adolescent mental health facility, called Resi, that opened on Brisbane's southside in February.

"This recovery-oriented care is particularly for adolescents, up to 18 years of age, who may benefit from rehabilitation in a community setting," he said.

"Typically, these adolescents do not have the skills or expertise for independent living, or a stable place of accommodation."

New adolescent mental health day programs are provided from the Mater Childrens' Hospital in South Brisbane, Toowoomba and Townsville, Dr Steer said.

However, a building on Brisbane's northside being sought as an adolescent day care program is subject to funding.

However, as one parent said on Friday, "there is still nowhere for adolescents with severe and complex mental health issues to receive extended treatment and rehabilitation services."

"And that was promised to us. And it was a recommendation of the Expert Clinical Panel that was guiding the decision to close the Barrett."

This story was found at: <http://www.brisbanetimes.com.au/queensland/petition-calls-for-probe-into-barrett-centre-closure-20140718-zufem.html>

Melissa Gasser

From: Ingrid Adamson
Sent: Friday, 18 July 2014 1:03 PM
To: [REDACTED] Amelia Callaghan; Bernice Holland; Cara McCormack; [REDACTED] Deborah Miller; Josie Sorban; Judi Krause; Leanne Geppert; Marie Kelly; [REDACTED] Raymond Ho; Stephen Stathis; Susan Hunt
Subject: Recent Media regarding the Barrett Adolescent Centre

Good Morning,

We just wanted to advise the Committee that there has been recent media stories regarding the Barrett Adolescent Centre. Children's Health Queensland has prepared a media statement in regard to these and a copy of this will be made available to the Committee at the upcoming Steering Committee.

In the meantime, if you have any questions or concerns, please feel free to contact me.

Warm regards,

Ingrid Adamson

Project Manager, AMHETI

Office of Strategy Management

Children's Health Queensland Hospital and Health Service | Queensland Government

Level 1, Foundation Building, Royal Children's Hospital

Herston QLD 4029

[REDACTED]
www.health.qld.gov.au/childrenshealth



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Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date: 01/09/2014 **Time:** 09:00am **Venue:** Boardroom, CitiLink Building, Bowen Hills

Chair:	Medical Director CYMHS CHQ HHS (SS)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	A/Executive Director Office of Strategy Management, CHQ (DM) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) Director of Psychology, CHQ HHS (JS) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) A/Director Planning & Partnership Unit MHAODB (MK) A/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 (VH) Consumer Representative [REDACTED] Carer Representative [REDACTED] State Manager Headspace (AC)
Apologies:	Divisional Director CYMHS CHQ HHS (JK) 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)
Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	[REDACTED]	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Resi Service Evaluation Plan – feedback has been received from [REDACTED] Remainder of committee asked to submit feedback. 	Provide feedback on Resi Service Evaluation Plan	Committee	19/09
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS: Three Service Level agreements have 			

Children's Health Queensland Hospital and Health Service


































Item No	Topic	Action	Comm'ee member	Due date
	<p>been signed by HHSs, with Metro South and North still to be received. Recruitment for the remaining Brisbane-based positions has commenced.</p> <ul style="list-style-type: none"> • Resi: The Resi is now full with four young people now being supported, with a view to this increasing up to five consumers. The fifth young person is currently in the subacute beds and will step down into the Resi. • TOHI update: In early August, SS visited the Time Out House Initiative (TOHI) in Cairns. This is run in collaboration with Aftercare. We were under the impression they were looking after young people with mild to moderate mental health problems between 22 and 25 years of age. SS discovered the cohort was quite severe and complex. The safety and care of these young people is of key concern and needs to be addressed with extra staffing. CHQ has asked Aftercare to provide a quote for an increase in staffing, and an increase in salary to attract a high level of skill for the house manager. Also looking at a review of the referral pathway, age of the cohort, and for the TOHI to provide a life skills program – bringing the TOHI more into line with the Resi. <p>Aftercare has provided a quote which CHQ will fund through 2013/14 service underspend. This can only be provided for the 2014/15 financial year. Future funding for the TOHI will need to be revisited prior to June 2015. SS has a meeting with Aftercare/ TOHI next Tuesday to discuss this further, and look at modifying into a Resi</p> <p>AC noted that there is a working party looking at referral pathways in Cairns. SS is hoping this group could be the governance party for referrals into the TOHI.</p> <ul style="list-style-type: none"> • Day Program: CHQ continues to search for a suitable site. In the interim, the plan is to establish the day program at the Child and Family Therapy Unit (CAFTU) on the Royal Children's (RCH) campus. The unit will become available from end of November when staff move across to the Lady Cilento. This will provide an interim facility until a more permanent site can be located. CAFTU will also be used to house the AMYOS teams. Some minor works will be required to refurbish CAFTU. <p>The plan is to find a large enough space to house the AMYOS teams and Day Program. JS queried whether CAFTU could be used longer term. SS noted that ideally the day program is located further north so it is not the best site, and the entire campus will be unavailable from June 2015.</p>			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> • Subacute Beds: One young person has been referred to a bed – no other referrals received to date. 			
6.2	<p>Consumer Update</p> <ul style="list-style-type: none"> • The DG of Health has called an external health service investigation into the transition planning for consumers who were at the Barrett. CHQ has provided documentation as provided to the Steering Committee and CE Oversight Committee. • WM HHS welcomes the investigation and notes that all information provided through the investigation is highly confidential. The final report is due by mid-September but it is anticipated that it could take longer. • SS noted that there has been a cluster of three deaths and the Coroner will investigate, to make a determination as to the cause of death. CHQ has contacted treating teams of ex-BAC consumers to inform them of the third death. • SS acknowledged the support being provided by Headspace of both ex-BAC consumers and current consumers. It is sincerely appreciated. • SS is confident that it will be found that the transition plans prior to the closure of the Barrett were as good as could be expected with the resources available at that time. SS acknowledges that it has been a difficult time for people. • [redacted] asked if there is information on what we have researched and put in place. [redacted] noted that there is a lot of negative communication on Facebook due to the lack of information on new services and how these were arrived at. SS noted that there have been newspaper articles and the 7.30 Report, where SS has discussed what we have done however very little of this information makes it into those articles or the 7.30 report. The media have only chosen minimal detail. • It was noted that the current website information does not include references to services in other states that were researched in the preparation of the Qld service – that similar services are being successfully delivered in other states. IA will follow up with the CHQ Media and Comms team to improve the information presented on the AMHETI web page. [redacted] has offered to put a link up on Facebook. RH suggested also putting out a message to consumer consultants. 	<p>Speak to CHQ Media and Comms regarding improved information on web page – send link to committee for circulation.</p>	IA	26/09
6.3	<p>Risk Management</p> <ul style="list-style-type: none"> • No new risks have been identified and no change to existing risks. 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Presented Monthly Status Report and Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> There has been quite a bit of correspondence in response to the recent sentinel events. SS noted the opposition (Labour Party) has released a statement about services they would establish if successfully voted in, including establishment of a 22 bed Barrett Centre, and a review the AMYOS and Resi services. 	Circulate link to the opposition's report.	IA	05/09
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: Monday 20th October 2014, 9am – 10am CYMHS Board Room, Citilink Building 2, Foyer 4, Level 2, 153 Campbell Street, Bowen Hills				

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
0		AMHETI Project Gantt 20131120	430 days	Mon 5/08/13	Fri 27/03/15		66%
1		Boards and Committees	330.25 days	Mon 26/08/13	Mon 1/12/14		88%
2		SW AETRS Steering Committee	2 hrs	Mon 26/08/13	Mon 26/08/13		100%
3		SW AETRS Steering Committee	2 hrs	Mon 9/09/13	Mon 9/09/13		100%
4		SW AETRS Steering Committee	2 hrs	Mon 23/09/13	Mon 23/09/13		100%
5		SW AETRS Steering Committee	2 hrs	Wed 9/10/13	Wed 9/10/13		100%
6		CE DoH Oversight Committee	2 hrs	Thu 17/10/13	Thu 17/10/13		100%
7		SW AETRS Steering Committee	2 hrs	Mon 21/10/13	Mon 21/10/13		100%
8		CHQ HHS Board	2 hrs	Thu 31/10/13	Thu 31/10/13		100%
9		WM HHS Board	2 hrs	Fri 1/11/13	Fri 1/11/13		100%
10		SW AETRS Steering Committee	2 hrs	Mon 4/11/13	Mon 4/11/13		100%
11		CE DoH Oversight Committee	2 hrs	Fri 15/11/13	Fri 15/11/13		100%
12		SW AETRS Steering Committee	2 hrs	Mon 18/11/13	Mon 18/11/13		100%
13		CHQ HHS Board	2 hrs	Thu 28/11/13	Thu 28/11/13		100%
14		WM HHS Board	2 hrs	Fri 29/11/13	Fri 29/11/13		100%
15		SW AETRS Steering Committee	2 hrs	Mon 2/12/13	Mon 2/12/13		100%
16		SW AETRS Steering Committee	2 hrs	Mon 16/12/13	Mon 16/12/13		100%
17		SW AETRS Steering Committee	2 hrs	Mon 13/01/14	Mon 13/01/14		100%
18		CE DoH Oversight Committee	2 hrs	Wed 22/01/14	Wed 22/01/14		100%
19		SW AETRS Steering Committee	2 hrs	Tue 28/01/14	Tue 28/01/14		100%
20		CHQ HHS Board	2 hrs	Thu 30/01/14	Thu 30/01/14		100%
21		AMHETI Steering Committee	2 hrs	Mon 10/02/14	Mon 10/02/14		100%
22		CHQ HHS Board	2 hrs	Thu 27/02/14	Thu 27/02/14		100%
23		AMHETI Steering Committee	2 hrs	Mon 10/03/14	Mon 10/03/14		100%
24		CHQ HHS Board	2 hrs	Thu 27/03/14	Thu 27/03/14		100%
25		AMHETI Steering Committee	2 hrs	Mon 7/04/14	Mon 7/04/14		100%
26		CHQ HHS Board	2 hrs	Wed 30/04/14	Wed 30/04/14		100%
27		CHQ HHS Board	2 hrs	Thu 29/05/14	Thu 29/05/14		100%
28		AMHETI Steering Committee	2 hrs	Mon 2/06/14	Mon 2/06/14		100%
29		CHQ HHS Board	2 hrs	Thu 26/06/14	Thu 26/06/14		100%
30		AMHETI Steering Committee	2 hrs	Mon 30/06/14	Mon 30/06/14		100%
31		AMHETI Steering Committee	2 hrs	Mon 4/08/14	Mon 4/08/14		100%
32		AMHETI Steering Committee	2 hrs	Mon 1/09/14	Mon 1/09/14		0%
33		AMHETI Steering Committee	2 hrs	Mon 6/10/14	Mon 6/10/14		0%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
34		AMHETI Steering Committee	2 hrs	Mon 3/11/14	Mon 3/11/14		0%
35		AMHETI Steering Committee	2 hrs	Mon 1/12/14	Mon 1/12/14		0%
36		Project Planning and Initiation	54.25 days	Mon 5/08/13	Fri 18/10/13		100%
53		Service Options Working Group	140 days	Mon 5/08/13	Fri 14/02/14		100%
83		Consumer Care Transition Panels	120 days	Mon 16/09/13	Mon 3/03/14		100%
93		Financial and Workforce Planning Working Group	94.25 days	Mon 16/09/13	Fri 24/01/14		100%
101		Implementation - Phase I of Services	300 days	Mon 3/02/14	Fri 27/03/15		57%
102		Appoint staff to assist with recruitment and service procedures	4 days	Mon 3/02/14	Fri 7/02/14		100%
103		Engage Education Queensland regarding future services	2 hrs	Thu 13/02/14	Thu 13/02/14		100%
104		Communicate with HHSs regarding implementation activities	9 days	Mon 3/02/14	Fri 14/02/14		100%
105		Transfer 2013/14 funds from WM HHS and MHAODB	14 days	Mon 10/02/14	Fri 28/02/14		100%
106		Communicate model of care and referral pathways to community C	14 days	Tue 1/04/14	Mon 21/04/14		100%
107		Communicate model of care to the community - update Website	14 days	Tue 1/04/14	Mon 21/04/14		100%
108		Prepare donor proposals in partnership with Children's Hospital Fou	105 days	Mon 3/02/14	Fri 27/06/14		80%
109		Consumer Care	4 days	Mon 3/02/14	Fri 7/02/14		100%
111		Statewide Panel	94 days	Mon 3/02/14	Fri 13/06/14		52%
112		Develop panel protocol (Terms of Reference) and process	19 days	Mon 3/02/14	Fri 28/02/14		80%
113		Endorse Panel Protocol	15 days	Fri 28/02/14	Fri 21/03/14	112	80%
114		Recruit AO3 Statewide Panel Coordinator	60 days	Fri 21/03/14	Fri 13/06/14	113	50%
115		Identify and appoint panel members	5 days	Fri 21/03/14	Fri 28/03/14	113	0%
116		Convene first "establishment" meeting	10 days	Fri 28/03/14	Fri 11/04/14	115	0%
117		Subacute Inpatient Beds	214.88 days	Mon 3/02/14	Fri 28/11/14		47%
118		Develop Service Agreement and Model of Service	10 days	Mon 3/02/14	Mon 17/02/14		100%
119		Finalise Service Agreement and Model of Service with Mater	20 days	Mon 3/02/14	Mon 3/03/14	118	80%
120		Sign Service Agreement	5 days	Mon 3/03/14	Mon 10/03/14	119	0%
121		Prepare transfer of service to Lady Cilento	20 days	Mon 3/11/14	Fri 28/11/14		0%
122		Resi Rehab Unit	299.88 days	Mon 3/02/14	Fri 27/03/15		40%
123		Finalise Service Agreement with Aftercare	14 days	Mon 3/02/14	Fri 21/02/14		100%
124		Finalise Model of Service	14 days	Mon 3/02/14	Fri 21/02/14		100%
125		Finalise Terms of Reference for Governance Committee	19 days	Mon 3/02/14	Fri 28/02/14		100%
126		Finalise Referral Protocol	19 days	Mon 3/02/14	Fri 28/02/14		100%
127		Intake first consumer	6 days	Fri 21/02/14	Mon 3/03/14	123	100%
128		Develop evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		40%
129		Prepare tender documentation for Resi	5.24 mons	Mon 3/11/14	Fri 27/03/15		0%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
130		AMYOS Teams	160 days	Mon 3/02/14	Mon 15/09/14		61%
131	✓	Engage with HHS representatives receiving an AMYOS team	30 days	Mon 3/02/14	Mon 17/03/14		100%
132	✓	Develop Service Agreements for HHSs	40 days	Mon 3/02/14	Mon 31/03/14		100%
133	✓	Finalise Model of Service	40 days	Mon 3/02/14	Mon 31/03/14		100%
134		Finalise Service Agreement with HHSs (signing)	20 days	Mon 31/03/14	Mon 28/04/14	132	80%
135	✓	Develop Position/Role Descriptions (confirm staffing profiles)	14 days	Mon 3/02/14	Fri 21/02/14		100%
136	✓	Establish CHQ positions	10 days	Fri 21/02/14	Fri 7/03/14	135	100%
137	✓	Advertise CHQ positions	15 days	Fri 7/03/14	Fri 28/03/14	136	100%
138	✓	Establish CHQ recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	136	100%
139	✓	Interview candidates and complete documentation to appoint	20 days	Mon 24/03/14	Mon 21/04/14	137	100%
140	✓	Identify accommodation in local HHSs or CYMHS	11 days	Mon 24/03/14	Tue 8/04/14	137	100%
141	✓	Lease vehicles for teams	11 days	Mon 24/03/14	Tue 8/04/14	137	100%
142		Appoint CHQ positions	15 days	Mon 21/04/14	Mon 12/05/14	139	80%
143		Develop training and development orientation	20 days	Mon 24/03/14	Mon 21/04/14	137	80%
144		Staff induction and training	20 days	Mon 12/05/14	Mon 9/06/14	142	80%
145		Document operating procedures	20 days	Mon 12/05/14	Mon 9/06/14	142	80%
146		Work with HHSs to recruit regionally-based AMYOS Teams	60 days	Mon 28/04/14	Mon 21/07/14	134	20%
147	📅	Establish evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%
148		AMYOS Psychiatrists and Coordinators	99 days	Mon 3/02/14	Fri 20/06/14		88%
149	✓	Engage with HHS representatives receiving an AMYOS team	30 days	Mon 3/02/14	Mon 17/03/14		100%
150	✓	Develop Role descriptions – psychiatrists (1.3)	14 days	Mon 3/02/14	Fri 21/02/14		100%
151	✓	Establish positions	10 days	Fri 21/02/14	Fri 7/03/14	150	100%
152	✓	Advertise positions	15 days	Fri 7/03/14	Fri 28/03/14	151	100%
153	✓	Establish local recruitment panel	11 days	Fri 7/03/14	Mon 24/03/14	151	100%
154	✓	Develop training and development orientation	11 days	Mon 24/03/14	Tue 8/04/14	152	100%
155	✓	Identify accommodation in local HHSs or CYMHS	11 days	Mon 24/03/14	Tue 8/04/14	152	100%
156	✓	Interview candidates and complete documentation to appoint	20 days	Fri 28/03/14	Fri 25/04/14	152	100%
157	✓	Appoint positions	20 days	Fri 25/04/14	Fri 23/05/14	156	100%
158	✓	Develop Role descriptions - coordinator position/s	14 days	Mon 3/03/14	Fri 21/03/14		100%
159	✓	Establish positions	10 days	Fri 21/03/14	Fri 4/04/14	158	100%
160	✓	Advertise positions	15 days	Fri 4/04/14	Fri 25/04/14	159	100%
161	✓	Establish local recruitment panel	11 days	Fri 4/04/14	Mon 21/04/14	159	100%
162	✓	Identify accommodation in local HHSs or CYMHS	25.5 days	Fri 25/04/14	Fri 30/05/14	160	100%
163		Interview candidates and complete documentation to appoint	20 days	Fri 25/04/14	Fri 23/05/14	160	50%

ID		Task Name	Duration	Start	Finish	Predecessor	% Complete
164		Appoint positions	20 days	Fri 23/05/14	Fri 20/06/14	163	0%
165		Day Program	164 days	Mon 3/02/14	Fri 19/09/14		37%
166		Identify site	30 days	Wed 5/02/14	Wed 19/03/14		50%
167		Develop and finalise lease agreement	10 days	Wed 19/03/14	Wed 2/04/14	166	0%
168		Fit-out of site	50 days	Wed 2/04/14	Wed 11/06/14	167	0%
169		Lease vehicles	60 days	Mon 3/02/14	Tue 10/06/14	166	100%
170		Develop Team Leader Role descriptions	14 days	Wed 19/03/14	Tue 8/04/14	166	100%
171		Establish position	10 days	Tue 8/04/14	Tue 22/04/14	170	100%
172		Advertise position	15 days	Tue 22/04/14	Tue 13/05/14	171	100%
173		Establish local recruitment panel	11 days	Tue 13/05/14	Wed 28/05/14	172	100%
174		Interview candidates and complete documentation to appoint	20 days	Tue 13/05/14	Tue 10/06/14	172	100%
175		Appoint position	14 days	Tue 10/06/14	Mon 30/06/14	174	100%
176		Develop Role Descriptions - Day Program Staffing	9 days	Mon 30/06/14	Fri 11/07/14	175	50%
177		Establish positions	19 days	Fri 11/07/14	Thu 7/08/14	176	50%
178		Advertise positions	15 days	Thu 7/08/14	Thu 28/08/14	177	0%
179		Establish local recruitment panel	11 days	Thu 7/08/14	Fri 22/08/14	177	0%
180		Interview candidates and complete documentation to appoint	20 days	Fri 22/08/14	Fri 19/09/14	179	0%
181		Appoint positions	15 days	Fri 22/08/14	Fri 12/09/14	179	0%
182		Develop training and development orientation	9 days	Mon 30/06/14	Fri 11/07/14	175	0%
183		Document operating procedures (leverage from Townsville)	9 days	Mon 30/06/14	Fri 11/07/14	175	0%
184		First day of opening	1 day	Fri 12/09/14	Mon 15/09/14	168,181	0%
185		Establish evaluation process for service	6 mons	Mon 31/03/14	Mon 15/09/14		0%
186		AMHETI Post Project Review	30 days	Mon 2/12/13	Mon 13/01/14		0%

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date: 20/10/2014 **Time:** 09:00am **Venue:** Boardroom, CitiLink Building, Bowen Hills

Chair:	Medical Director CYMHS CHQ HHS (SS)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Director Planning & Partnership Unit MHAODB (MK) 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) Carer Representative [REDACTED]
Apologies:	Divisional Director CYMHS CHQ HHS (JK) A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) Director of Psychology, CHQ HHS (JS) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC) Consumer Representative [REDACTED]
Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	MK	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Resi Service Evaluation Plan – feedback has been received by two committee members and will be incorporated. Improved information on AMHETI web page – link on Facebook – held up with LCCH web site update – will circulate link to new page when available. 	Circulate link to Committee, when available	IA	
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS: Recruitment – now fully recruited in Brisbane north, south and Red/Cab. 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> • Townsville have interviewed (have 1 FTE and some part time interest in the clinicians). Will be delivering the 0.2 out of existing psychiatry hours. SS offered additional support from Brisbane if needed. • Logan has just received confirmation that recruitment can progress to advertising. 0.2 psychiatry time will be absorbed by current resources. • Toowoomba and Gold Coast have yet to update on their recruitment activities. • Resi: The Resi is now at full capacity, with a small waiting list. There is growing awareness in the community CYMHS clinics regarding the service. • SS advised that the lease on the current Resi house expires at the end of December. CHQ has decided to extend the current contract until 30 June 2015. Aftercare will attempt to extend the current lease for 6 months but if unsuccessful, he will lease for 12 months. • asked whether consent will be sought from consumers and their guardians prior to resi footage being filmed. IA confirmed this would definitely be part of the process. • TOHI update: MK advised that they have been progressing the contract with Aftercare. Recruitment has commenced. TOHI funding is still only available until June 2015. MK will follow up with Aftercare regarding the expiry date of the house lease for this service. • MK advised that the Step Up/Step Down proposal is still under consideration by Treasury and there is no guarantee of approval. Won't have an outcome until March 2015. • Day Program: CHQ continues to search for a suitable site. A site at Chermside was inspected last Thursday. IA advised that the barriers to finding an appropriate site is predominantly due to inappropriate size (too large or too small) or inappropriate zoning (e.g. residential or industrial). • In the interim, the plan is to establish the day program at the Child and Family Therapy Unit (CFTU) on the Royal Children's (RCH) campus. Plan B would be to extend the use of CFTU beyond 30 June 2015; however, unclear who will own the property at that time. • In the meantime, all staff have been recruited for the Day Program. • Subacute Beds: We are of the understanding (informally informed) that one or two young people are now in the beds. The Mater is not strictly following the referral approach; however, with the Lady Cilento opening in 5 weeks, CHQ feels focus is better placed on developing a detailed model of service for when the beds transition to LCCH. 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
6.2	Consumer Update <ul style="list-style-type: none"> The external health service investigation is continuing and the due date for the final report has been extended to end of October. CHQ doesn't expect to see the report until November. 			
6.3	Risk Management <ul style="list-style-type: none"> No new risks have been identified and no change to existing risks. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Presented Monthly Status Report and Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Nil 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			
Next meeting: 15th December 9am – 10am; venue to be confirmed				

Minutes

Adolescent Mental Health Extended Treatment Initiative Steering Committee

Date: 15/12/2014 **Time:** 09:00am **Venue:**

Chair:	Medical Director CYMHS CHQ HHS (SS) Divisional Director CYMHS CHQ HHS (JK)
Secretariat:	AMHETI Project Manager (IA)
Attendees:	A/Director of Strategy, Mental Health & Specialised Services WM HHS (LG) A/Executive Director Office of Strategy Management, CHQ (DM) Director of Psychology, CHQ HHS (JS) Clinical Services Program Manager, Metro South Addiction and Mental Health Service (RH) A/Director Planning & Partnership Unit MHAODB (MK) Program Manager Rural, Remote and Indigenous Mental Health Services & Child, Adolescent and Young Adult Services/ Assistant Director of Allied Health, Mental Health Service Group, Townsville Hospital and Health Service (CM) Operational Manager Alcohol, other Drugs & Campus, Mater (AT) State Manager Headspace (AC) Consumer Representative [REDACTED] Carer Representative [REDACTED]
Apologies:	
Guests:	

Item No	Topic	Action	Comm'ee member	Due date
1.	Presentations			
	Nil			
2.	Meeting opening			
2.1	Welcome and Apologies	Nil	Chair	
2.2	Statement of Conflict/Interest	Nil	Chair	
2.3	Confirmation of Minutes	Confirmed	MK	
	Business			
3.	Business Arising from Previous Meetings			
3.1	<ul style="list-style-type: none"> Improved information on AMHETI web page – 			
4.	Matters for Decision			
4.1	<ul style="list-style-type: none"> Nil 			
5.	Matters for Discussion			
5.1	<ul style="list-style-type: none"> Nil 			
6.	Standard Agenda Items			
6.1	Service Implementation Update <ul style="list-style-type: none"> AMYOS: Recruitment Townsville have interviewed (have 1 FTE and some part time interest in the clinicians). Will be delivering the 0.2 out of existing psychiatry hours. SS offered additional support from Brisbane if needed. 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
	<ul style="list-style-type: none"> • Logan has just received confirmation that recruitment can progress to advertising. 0.2 psychiatry time will be absorbed by current resources. • Toowoomba and Gold Coast have yet to update on their recruitment activities. • Resi: The Resi is now at full capacity, with a small waiting list. There is growing awareness in the community CYMHS clinics regarding the service. • SS advised that the lease on the current Resi house expires at the end of December. CHQ has decided to extend the current contract until 30 June 2015. Aftercare will attempt to extend the current lease for 6 months but if unsuccessful, he will lease for 12 months. • [redacted] asked whether consent will be sought from consumers and their guardians prior to resi footage being filmed. IA confirmed this would definitely be part of the process. • TOHI update: MK advised that they have been progressing the contract with Aftercare. Recruitment has commenced. TOHI funding is still only available until June 2015. MK will follow up with Aftercare regarding the expiry date of the house lease for this service. • MK advised that the Step Up/Step Down proposal is still under consideration by Treasury and there is no guarantee of approval. Won't have an outcome until March 2015. • Day Program: CHQ continues to search for a suitable site. A site at Chermside was inspected last Thursday. IA advised that the barriers to finding an appropriate site is predominantly due to inappropriate size (too large or too small) or inappropriate zoning (e.g. residential or industrial). • In the interim, the plan is to establish the day program at the Child and Family Therapy Unit (CFTU) on the Royal Children's (RCH) campus. Plan B would be to extend the use of CFTU beyond 30 June 2015; however, unclear who will own the property at that time. • In the meantime, all staff have been recruited for the Day Program. • Subacute Beds: We are of the understanding (informally informed) that one or two young people are now in the beds. The Mater is not strictly following the referral approach; however, with the Lady Cilento opening in 5 weeks, CHQ feels focus is better placed on developing a detailed model of service for when the beds transition to LCCH. 			
6.2	<p>Consumer Update</p> <ul style="list-style-type: none"> • The external health service investigation is continuing and the due date for the final report has been extended to end of October. CHQ doesn't expect to see the report until November. 			

Children's Health Queensland Hospital and Health Service

Item No	Topic	Action	Comm'ee member	Due date
6.3	Risk Management <ul style="list-style-type: none"> No new risks have been identified and no change to existing risks. 			
6.4	Progress of key milestones and deliverables <ul style="list-style-type: none"> Presented Monthly Status Report and Project Gantt. 			
6.5	Other Business <ul style="list-style-type: none"> Nil 			
7.	Matters for Noting			
7.1	Major correspondence <ul style="list-style-type: none"> Nil 			
8.	For Information			
8.1	<ul style="list-style-type: none"> Nil 			

Next meeting: XX 2015; 9am – 10am; venue to be confirmed