

Meeting Agenda

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

Date:	16 th December 2013
Time:	9am – 10.30am
Venue:	Seminar Room, CYMHS, Cnr Roger and Water Streets Spring Hill (parking via Roger St entrance)
Video/ Teleconference Details:	Details will be provided on request ** Please advise secretariat if you want to dial in**

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

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

1. Presentations		
Item no	Item	Action Officer
1.0	• Nil	

Children's Health Queensland Hospital and Health Service

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

3. Business Arising from previous minutes		
Item no	Item	Action Officer
3.1	• Nil	

4. Matters for Decision		
Item no	Item	Action Officer
4.1	•	

5. Matters for Discussion		
Item no	Item	Action Officer
5.1	•	

6. Standard Agenda Items		
Item no	Item	Action Officer
6.1	Service Options Working Group Update • Status Update	SS
6.2	Clinical Care Transition Panels Update • Status Update	LJ
6.3	Risk Management • Nil changes to the Risk Register	IA
6.4	Progress of key milestones and deliverables • Refer progress against Project Gantt	IA
6.5	Other business	

7. Matters for Noting		
Item no	Item	Action Officer
7.1	Major correspondence • CHQ Web page is now live: http://www.health.qld.gov.au/rch/families/cymhs-extendedtreat.asp	IA

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

Next MeetingDate: Monday 13th January 2014

Time: 9am – 10.30am

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

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

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

Meeting Date	Action Item #	Previous Meeting Reference	Action Item	Action Officer	Due Date	Status Update	Status
09/10/13	3.1	Working Group Update	Establish web page for SW AETR Initiative - part of CHQ Communications Strategy	Ingrid Adamson	31/10/13	Completed	
04/11/13	5.1	Matters for Discussion	Add Lesley van Schoubroeck to BAC distribution list	Leanne Geppert	08/11/13	Completed	
18/11/13	6.3	Financial Data	Follow up BAC operational budget figures	Leanne Geppert	22/11/13		
02/12/13	4.1	Committee Meetings	Circulate the Steering Committee appointments for 2014	Ingrid Adamson	06/12/13	Completed	
02/12/13	5.1	Model of Care	Send through information on NPDI parameters to Stephen and Ingrid	Elisabeth Hoehn	06/12/13		
02/12/13	5.2	Communication of Model	Raise the idea of a ministerial announcement in late December	Deb Miller	02/12/13	Completed - scheduled for 10/01/14	
02/12/13	5.2	Communication of Model	Circulate model of care and service elements to the Service Options Working Group	Ingrid Adamson	06/12/13	Completed	

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)
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	• Nil			
4.	Matters for Decision			
4.1	• Nil			
5.	Matters for Discussion			
5.1	• Nil			
6.	Standard Agenda Items			
6.1	Service Options Working Group Update • 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			

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. 			

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! **

From: Stephen Stathis
To: Anne Brennan; Darren Neillie; Elisabeth Hoehn; Judi Krause; Leanne G...
CC: Laura Johnson
Date: 10/28/2013 3:30 pm
Subject: Re: Complex Care Panel - Pls review

Yes. Very comprehensive. Well done, Leanne.

Dr Stephen Stathis
Clinical Director
Child and Youth Mental Health Service

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

C/o. Child and Family Therapy Unit
Royal Children's Hospital
Herston, QLD 4029 (<http://www.health.qld.gov.au/childrenshealth>)
(<http://www.health.qld.gov.au/>) (<http://www.health.qld.gov.au/childrenshealth>
<http://www.health.qld.gov.au/childrenshealth>) (<http://www.health.qld.gov.au/childrenshealth>)

>>> Elisabeth Hoehn 28/10/2013 2:37 pm >>>
Looks fine Leanne

>>> Leanne Geppert 10/28/2013 1:37 pm >>>
Hi everyone
Thank you for your feedback to-date.

Based on your comments, please find attached a draft TOR for how we will progress the Complex Case Review Panel, and a draft template for completion by the Panel during their review process.

I would like to send these documents out as soon as possible to the nominated Panel members (and followup with a phone call to each), so we can aim to schedule the video conference this week. Please let me know of your approval for this to occur.

Regards
Leanne

Dr Leanne Geppert
A/Director of Strategy
Mental Health & Specialised Services

West Moreton Hospital and Health Service

The Park - Centre for Mental Health
Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076
Locked Bag 500, Sumner Park BC, QLD 4074

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>>> Judi Krause 10/28/2013 1:02 pm >>>

Thanks Leanne it would be good to be clear re time commitments as I have yet to flag this with CHQ staff and their line managers.

Many thanks

Judi

-----Original Message-----

From: Anne Brennan

Cc: Laura Johnson <[REDACTED]>

To: Leanne Geppert <[REDACTED]>

To: Stephen Stathis <[REDACTED]>

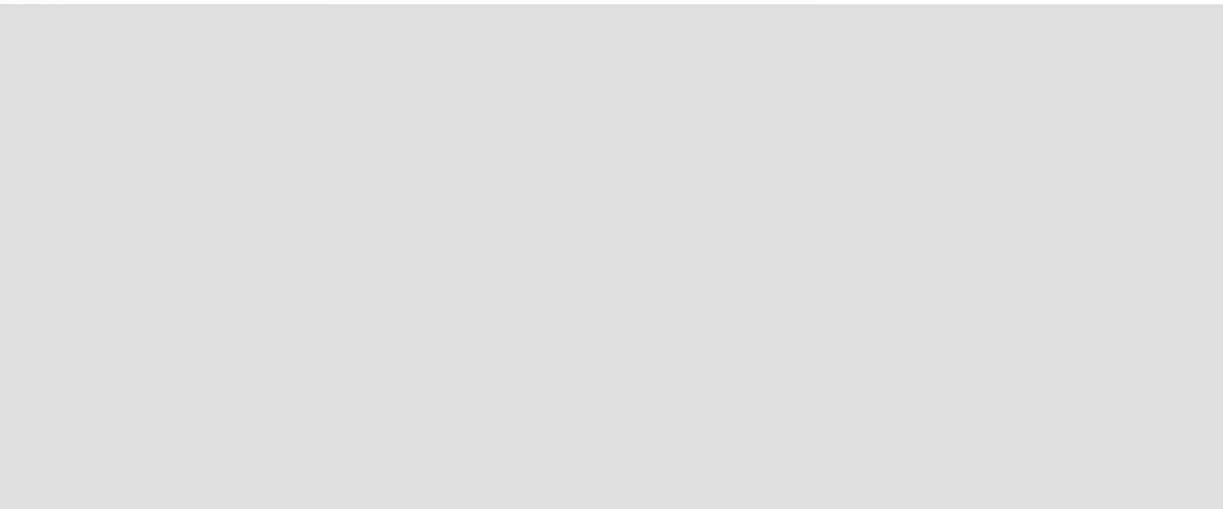
To: Elisabeth Hoehn <[REDACTED]>

To: Judi Krause <[REDACTED]>

To: Darren Neillie <[REDACTED]>

Sent: 28/10/2013 08:54:50

Subject: Re: Complex Care Panel - Pls review

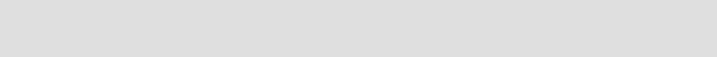


Cheers

Stephen

Dr Stephen Stathis
Clinical Director
Child and Youth Mental Health Service

Children's Health Queensland Hospital and Health Service QueenslandHealth



C/o. Child and Family Therapy Unit
Royal Children's Hospital

Herston, QLD 4029 (<http://www.health.qld.gov.au/childrenshealth>)
(<http://www.health.qld.gov.au/>) (<http://www.health.qld.gov.au/childrenshealth>)
)www.health.qld.gov.au/childrenshealth (<http://www.health.qld.gov.au/childrenshealth>)

>>> Leanne Geppert 24/10/2013 5:54 pm >>>

Hi All

As an urgent action from our discussions today, I have drafted the below email for your consideration and feedback (see in blue).

Once everyone is happy with the content, I was thinking the email should be sent by Darren? The possible Panel members are: Anne, Ray Cash, Ian Williams, Emma Hart, Richard Litster, Moira Ciocca/Josie Sorban, Penny Knight, Vanessa Clayworth.

I was also thinking we need to develop a TOR for the Panel, so we can assure members of their time commitments, clarify clinical accountabilities and other issues. Can you let me know if there is any similar document already in existence? If not, I will draft one and send it through asap - I won't let the document hold the process up, but do believe we need some guiding principles on how the Panel will work and an agreed governance.

I would also appreciate your input on how you want to functionally deliver the Panel sessions -
?videoconference, fortnightly, chair etc. West Moreton will be responsible for setting it up and supporting the process as required.

Regards

Leanne

Dear Colleagues

As you are aware, Dr Anne Brennan (A/Clinical Director, Barrett Adolescent Centre) and her team are in the process of planning and implementing the clinical transition of our Barrett Adolescent Centre consumers, in line with their individual clinical needs.

I am writing to seek your availability and interest to support this process by participating in a multidisciplinary Complex Care Panel. Clinical governance for the care of the consumers will remain with West Moreton HHS, however, your clinical expertise and knowledge of the sector has been identified as highly valuable to the transition processes we are planning.

The Panel will meet for an hour fortnightly via videoconference, and there are no anticipated out-of-session requirements. The Panel will be chaired by XX. The aim will be to seek your clinical expertise and advice with regard to the transition plans for nominated Barrett Adolescent Consumers, focusing on their extended treatment and rehabilitation mental health needs from a statewide perspective. Standard processes for maintaining consumer confidentiality will be implemented.

If you would like to discuss this request further, please contact me on XXXX XXXX.

Can you please nominate your interest by XX/XX/XX, and we will then contact you to identify suitable times within your schedule for participation.

Your consideration of this partnership is much appreciated.

Regards

Darren

Dr Leanne Geppert
A/Director of Strategy

Mental Health & Specialised Services

West Moreton Hospital and Health Service

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TITLE	Complex Care Review Panel, West Moreton Hospital and Health Service (WMHHS)
DESCRIPTION	A Complex Case Review Panel is to be convened to support the Barrett Adolescent Centre (BAC) clinical team in optimally managing the transition of care for a consumer with significant and sustained risk concern.
TARGET AUDIENCE	Dr Anne Brennan, A/Clinical Director, BAC, WMHHS (Chair) Vanessa Clayworth, A/Clinical Nurse Consultant (CNC), BAC, WMHHS Dr Ray Cash, Medical Officer, Future Families, Children's Health Queensland Hospital and Health Service (CHQHHS) Dr Ian Williams, Director of Adolescent Psychiatry, Adolescent Psychiatry Mental Health, Royal Brisbane and Women's Hospital Richard Litster, Senior Social Worker, Child and Youth Mental Health Service (CYMHS), CHQHHS Moira Ciocca, Psychologist, Child and Family Therapy Unit, CYMHS, CHQHHS Josie Sorban, Director of Psychology, CYMHS, CHQHHS Penny Knight, CNC, CYMHS, CHQHHS Emma Hart, Nurse Unit Manager, CYMHS, Townsville Hospital and Health Service
MEETING DETAILS	Video conference of 1.5 hours* Date and time to be confirmed <i>*Please note this panel is only required to meet once, unless it is deemed necessary to review the case</i>

PURPOSE

The WMHHS Complex Case Review Panel is intended convene to strengthen clinical governance by supporting the BAC clinical team in working towards preventing and reducing harm for an identified consumer by supporting:

- High standards of clinical care during a high risk period, including:
 - the identification and mitigation of high risk situations;
 - the development of a targeted and specialised Consumer Care Review Summary (CCRS) and other clinical planning documents that will guide the safe and most appropriate transition of care for the consumer;
 - the promotion of recovery focussed care and collaborative clinical service delivery including the promotion of consumer rights and responsibilities, and the development of Recovery Plans; and
- Clinical risk management during the consumer's transition of care from BAC to alternative care options.

PROCESS

The WMHHS Complex Case Review Panel is established to support the BAC clinical team in optimally managing an identified consumer with significant and sustained risk concerns, that may include some or all of the below:

- a. Significant and ongoing risk of suicide and/or serious and repeated deliberate self-behaviours; and/or
- b. Ongoing threatening or assaultive behaviours, or significant risk factors for violence; and/or

- c. Particular challenges in diagnosis or treatment leading to repeated and/or prolonged admissions.

These risks lead to challenges in developing therapeutic alliances, working with a recovery focus and loss of hope which can affect the consumer and their carers and the clinician, team and service working with them. They can be the cause of significant disagreement in options in relation to diagnosis and/or management in such cases, between clinicians within the treating HHS or with other clinical service providers, and/or consumers, carers or other agencies.

The role of the Panel is to review diagnostic formulations, risk assessment and management plans and provide support, advice and recommendations that enhance the decision-making processes within the treating team of a particular consumer who face such challenges. The intention is to support and augment the treating team's capabilities in management of complex and high risk clinical scenarios.

OBJECTIVES

- To review individual care needs of a consumer whose individual situation poses significant challenges to service provision because of high risk behaviours or diagnostic and therapeutic difficulties, and to make recommendations on individualised risk and care plans that are feasible, acceptable and facilitate timely review; and
- To enable a whole of service perspective and support consistent, coherent and seamless responses to the identified consumer.

MEMBERSHIP

The Panel will be comprised of senior staff members identified from a pool of Clinical Directors and other senior clinicians from across the state who can actively participate in the Panel, and have a particular expertise or interest in managing adolescent consumers who pose significant risks of self harm, violence towards others or are at risk of abuse or poor care. The Chair of the Panel will be the Clinical Director, BAC, WMHHS.

FREQUENCY

The panel will convene once to consider the transition plan of an identified BAC consumer.

1. REFERRAL

- 1.1 The BAC clinical team have identified the consumer, with approval by the Clinical Director, BAC, WMHHS.
- 1.2 The referral should be discussed with the consumer, and if appropriate, the carer/family member(s) concerned prior to referral. If there are clinical reasons to why this should not occur this must be approved by the Clinical Director of BAC. The referral should specifically note the consumer's and if appropriate, carer's views on the referral and their views regarding risk management; or reasons on why they were not consulted.
- 1.3 Clinicians and the treating team will formulate, develop and review risk management plans, including crisis plans, based on up-to-date assessment as per current policies and professional standards. The Complex Case Review Panel's role is to review and provide feedback on these diagnostic and management decisions.
- 1.4 The referral should consist of:
 - An updated CCRS including a Care Plan including detailed Risk Screen, Clinical and Risk formulation / Assessment Summary, Management Plan. This should include all relevant information including a longitudinal history including efficacy of previous treatment trials;
 - Consumer's Recovery Plan;

- Consumer's Personal Safety Plan;
- Crisis Intervention Plans (CIP) or any clinical crisis management plans
- Current social circumstances;
- Consumer's strengths and resources as well as those of their wider social support network if applicable; and
- Any significant information relating to other stakeholders, their views or concerns, e.g. QPS, mental health community sector. This may be in the CCRS, CIP or attached documents.

2. MEETING

- 2.1 The case should be presented by the treating Consultant Psychiatrist but the Case Manager and Team Leader are expected to attend.
- 2.2 The treating team is responsible for ensuring that all pertinent factors are presented as the Panel can only work on the information provided.
- 2.3 The Panel and members of the treating team will review the relevant factors and make a recommendation on the risk management and associated plans.
- 2.4 The Panel will decide on a review date, which should happen in one month of the initial meeting, and whether the full Panel or a Panel member will review the risk management plan at that time.
- 2.5 A contemporaneous record will be placed in the consumer's progress notes that a Complex Case Review Panel was convened. The Panel will provide a summary of the meeting within one week detailing: the issues discussed; the conclusions drawn; recommendations made; and review date.

3. IMPLEMENTATION

- 3.1. The management plan should be discussed fully, or as much as possible, with the consumer, and where appropriate his/her family, carers and significant others.
- 3.2. Their comments and whether they are in agreement or not are to be recorded.
- 3.3. Alerts identified by the Panel will be placed in the consumer's file and where appropriate on the CIMHA Alert field.
- 3.4. Working with people always involves a degree of uncertainty and this is especially pertinent in people with mental health difficulties who pose a significant risk of harm to themselves and/or others. WMHHS expectations are that the clinicians and treating team will review and revise risk management plans as required in light of new information, such as significant changes in the consumer's circumstances or presentation.

4. REVIEW

- 4.1 The management plan will be reviewed by the Panel or Panel Member within the time period as determined at the initial meeting.

Complex Case Review Panel West Moreton Hospital and Health Service	<i>Insert patient initials</i>
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Date of Review:	
Panel Members:	
Summary of presentation and issues highlighted:	
Conclusions of Panel re assessment, management plan and risks:	
Recommendations of the Panel (include strength, expected time and responsibility for completion):	
Signature of Panel Chair	Date

Date of Review of Complex Case Review Panel Recommendation Implementation:	
Finding in Review in relation to each Recommendation:	
Further Recommendations:	
Signature of Panel Chair	Date

From: Leanne Geppert
To: Laura Johnson
CC: Anne Brennan; Darren Neillie; Elisabeth Hoehn; Michelle Giles; Willi...
Date: 9/26/2013 2:14 pm
Subject: Clinical consumer transition panel - BAC

Hi Laura

We discussed in our weekly BAC Update Meeting this week the establishment of a Clinical Consumer Transition Panel that will meet regularly (?weekly on a Wednesday). The Panel will be chaired by Dr Anne Brennan, and will consist of a core group of BAC clinicians and a BAC school representative. Other key stakeholders (e.g., Dept of Communities, Housing, "home" HHSs) 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.

The purpose of the Panel is to plan and implement individual transition/discharge plans for each BAC consumer.

It has been identified that the process would benefit greatly from a senior support person, to assist with documentation, organisation of the panels and processes, etc.

I have nominated you as someone that could support Anne and the team in this way.

Can you please organise to touch base with Anne to discuss they ways in which you could support the process.

Thanks, Leanne

Dr Leanne Geppert
A/Director of Strategy
Mental Health & Specialised Services

West Moreton HHS and Health Service

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From: Sharon Kelly [REDACTED]
To: [REDACTED]
CC: [REDACTED]
Date: 9/29/2013 3:18 pm
Subject: Re: Clinical Care Transition Panels

I agree to get started, the board on Friday are aware and support the individualised care planning process for each adolescent.

Sharon

Sharon Kelly

Executive Director
Mental Health and Specialised Services
West Moreton Hospital and Health Service

Mobile:- 0457598191

On 27/09/2013, at 6:13 AM, "Elisabeth Hoehn" [REDACTED] wrote:

[REDACTED]

>
> >>> Anne Brennan 9/26/2013 2:14 pm >>>
> Hi Leanne
> Is it appropriate for me to go ahead and formally commence these panels or should that wait until further direction from you?
> Anne

From: Anne Brennan
To: Clayworth, Vanessa; Daniel, Susan; Hayes, Megan; Hughes, Carol; Kevi...
CC: Hoehn, Elisabeth
Date: 9/30/2013 5:40 pm
Subject: clinical care transition panel

Dear Colleague,

We are forming a clinical care transition panel for each current patient at BAC to plan and facilitate their care as they transition from BAC. For some this will be to other adolescent services, and for others it will be to adult services.

Their complex needs will require a range of supports and services that may involve education, health, housing, disability services, adult guardian and others. These may be public, private or a combination. We will have high level AO support from Laura Johnson

We will commence weekly meetings on Wednesdays on 16 October.

I would like to invite you to be a member of this panel. I am available to discuss any aspect of this plan with you in person, by phone or email.

Thank you for considering this invitation. I look forward to your reply.

Anne

From: Vanessa Clayworth
To: Anne Brennan; BAC
CC: Elisabeth Hoehn
Date: 10/3/2013 2:55 pm
Subject: Care Reviews- Clinical Care Transition Panels
Attachments: a_recovery_plan[1].pdf; BAC Adolescent Developmental Tasks Questionnaire (Vsn2-24.03.10) - EACH ICW.doc; CYMH CRISIS INTERVENTION PLAN - HIGH RISK CASES ONLY.pdf; Review & End of Episode - YOUTH SDQ - age 11-17 - EACH ICW.pdf

BAC Staff,

Care Reviews will no longer be taking place. In their place Clinical Care Transition Panels will be conducted.

Clinical Care Transition Panels have been planned for each individual young person at BAC, to review individual care needs and support transition to alternative service options when they are available. The Panels will be chaired by Dr Anne Brennan, and will consist of a core group of BAC clinicians and a BAC school representative. Other key stakeholders (HHS's, 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.

The first Clinical Care Transition Panels is to meet Tuesday 15th October at 0930 hours.

It would be muchly appreciated if Case Coordinators could meet with the adolescents to support them in identifying their needs by completing the following documents:

- Recovery Plan
- Developmental Tasks Questionnaire
- SDQ
- Crisis Intervention Plan

The first adolescents to be discussed are [REDACTED] and [REDACTED] on the Tuesday 15th October at 0930 hours. So if Case Coordinators and Associate Case Coordinators could meet with the adolescents and complete attached documents that would be greatly appreciated.

Thank you for your time,

Vanessa.

From: Leanne Geppert
To: Anne Brennan; Emma Hart; Ian Williams; Josie Sorban; Penny Knight; ...
CC: Darren Neillie; Elisabeth Hoehn; Judi Krause; Laura Johnson; Michael...
Date: 10/28/2013 5:24 pm
Subject: Complex Care Review Panel - Barrett Adolescent Consumer
Attachments: WMHHS_Complex_Care_Panel_ToR.doc; WMHHS_Complex Case Review
Panel_record_28
1013.doc

Dear Colleagues

As you are aware, Dr Anne Brennan (A/Clinical Director, Barrett Adolescent Centre) and her team are in the process of planning and implementing the clinical transition of our Barrett Adolescent Centre consumers, in line with their individual clinical needs.

On behalf of Anne, I am writing to seek your availability and interest to support this process by participating in a multidisciplinary Complex Care Review Panel for one particular consumer [REDACTED]. Clinical governance for the care of the consumer will remain with West Moreton HHS, however, your clinical expertise and knowledge of the sector has been identified as highly valuable to the transition process we are planning for this consumer.

The Panel is anticipated to meet once only for 1.5 hrs via videoconference, and there are no anticipated out-of-session requirements. The Panel will be chaired by Anne. Details of the purpose and operation of the Panel can be found in the attached Terms of Reference, along with a template for the Panel to complete associated with their process.

If you would like to discuss this request further, please contact me on ph [REDACTED] or via email. At this point in time, we are aiming to convene the Panel on **Thursday 31/10/13**, depending on member availability. Can you please nominate your interest at your earliest convenience, and Laura Johnson will then follow up with you to finalise the date and time of the Panel meeting.

Your consideration of this partnership is much appreciated.
Regards
Leanne

Dr Leanne Geppert
A/Director of Strategy
Mental Health & Specialised Services

West Moreton Hospital and Health Service
[REDACTED]

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"AA"

From: Anne Brennan
To: Neillie, Darren
CC: Hoehn, Elisabeth
Date: 9/26/2013 9:16 am
Subject: BAC clinical update

Hi Darren

I know you are on holidays. This does not require a response. I was made aware when I started at WPHS&S 2 weeks ago that you wanted to be kept informed of significant clinical events at BAC.

Anne

From: Anne Brennan
To: Stathis, Stephen
CC: Clayworth, Vanessa; Hoehn, Elisabeth; Krause, Judi
Date: 10/21/2013 8:35 am
Subject: Re: complex care panels

I have spoken to David but not to [REDACTED] does not have an acute adolescent bed and [REDACTED] and [REDACTED] adamant they will not accept [REDACTED]
Anne

>>> Stephen Stathis [REDACTED] 10/18/2013 2:35 pm >>>
thanks Anne

I think this is a good idea. We have organised these groups in the past, and they are often helpful. Depending on the recommendation/s, and given the sensitivities of this case, it may also provide support for you and the panel in the development of a treatment plan on discharge.

I'll invite a senior psychiatrist/s and other AH and nursing staff. perhaps for a fortnight's time. have you spoken to [REDACTED] It would be easiest for me to invite participants from CHQ, thought it would be good to have someone link in from [REDACTED]

Sent from my iPad

On 18/10/2013, at 1:58 PM, "Anne Brennan" [REDACTED] wrote:

> Hi Stephen

> I recommend that we convene a complex care panel to consider how best to provide appropriate care for [REDACTED] [REDACTED] comes from [REDACTED] There is some urgency to this request as BAC will close in January and [REDACTED] needs to be settled somewhere by Christmas.

> Anne