


Present: Eseta Nonu-Reid, Belinda Walker, Heather Turner, Liz Carrington, Katherine Fell, Marita Ranclaud, Anaru Ririnui, Dr Caroline Fraser, Jolene Proffitt, Aroha Panapa, Deirdre Mulligan, Janet Hanlon, Anja Theron, Jik Loy, Judie Smith and Jo van Leeuwen - via teleconference

Apologies: None

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> Welcome and introductions made by everyone 		
1.1	Overview of Meeting	<ul style="list-style-type: none"> The purpose of today's meeting to hear from the sector around CAMHS perspectives and what are the specific needs to local populations. All regions are to develop a model of care and identify the key deliverables. 		
2.0	AGENDA ITEMS			
2.1	Project Overview	<p>What do we know? – refer Power point presentation.</p> <p>National Guidelines</p> <ul style="list-style-type: none"> MOH released guidelines in December 2011 which look at national and regional levels The guidelines identified that each DHB works differently therefore we need to try and get consistency which has been a challenge Focus is on early point of entry Framework shows vision, key areas of service components. Best practices and how Ministry has gotten to this position Encouraging DHB's with regards to funding <p>Service Specifications</p> <ul style="list-style-type: none"> NB: Tier 1 & 2 is combined. New funding available 2012/2015 – timing has and will be an issue Agreement between midland DHB's to share funds – decision needed by beginning of March which does not allow for a lot of consultation Skills and capabilities of service providers Touches on interface between youth and adults along with the lack of inpatient services CAMHS and forensic services interface 	<ul style="list-style-type: none"> Guidelines to be sent to everyone. 	Deidre

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		<ul style="list-style-type: none"> ▪ Develop relationships between groups. ▪ RFP has been released for 8-10 inpatient beds (national service) – EOI closes in April <p>What has been developed to date?</p> <ul style="list-style-type: none"> ▪ MOH Workshops ▪ Draft Pathways ▪ 5 critical intervention points. 4 draft pathways – refer handout. ▪ Consultation/Liaison to CAMHS – focus is on level of risk, risk of violence or repeat offenders. No definition of what is a serious offence. <p>Youth Justice Residence/Custody Pathway</p> <ul style="list-style-type: none"> ▪ Assessment is the minimum standard ▪ The treatment/intervention is a shared treatment model ▪ Transfer of Care should be in an informed and planned way and documentation should be shared <p>Consult Liaison Function is the third pathway</p> <ul style="list-style-type: none"> ▪ A referral can be from the courts depending on the Judge. Judges need to consult first. ▪ The interventions is the hub and spoke model ▪ The focus is not to attend every family group conference but to be on those that will be in court <p>IDCCR Pathway is not always followed.</p> <ul style="list-style-type: none"> ▪ DSL = disability support. NB: Responsibility should be shared with DSL and Midland. Some judges are more familiar with this pathway than others. ▪ National RFP – funding by Ministry is very small to deliver. Priorities are to courts, In-reach to youth justice and prisons. We may be supporting people that don't come from this area due to no say over where Justice places people. 		
2.2	General Discussion	<ul style="list-style-type: none"> ▪ CAMHS Roadshows (Hauora Waikato) ▪ Local DHB needs ▪ Gaps and opportunities from CAMHS perspective <p>4 time AOD Cultural FTE</p> <p>Group Discussion Stakeholders were put into groups to provide feedback on the following – please</p>	Follow up with Anaru re Rangitahi Court	Deidre

No.	Topic	Discussion Points	Planned Action	By
		<p>refer to embedded feedback</p> <p>What are the problems, gaps and opportunities for the future.</p>  <p>H:\CTXSettings\ Profile\Desktop\2013-</p> <p>Feedback</p> <p>Discussion Notes</p> <ul style="list-style-type: none"> ▪ Te Rau Matatini and Werry Centre discussion. ▪ Two issues – service focus and given geographical locations are there DHB's that aren't getting the service that they need. Funding will probably only be two FTE's. Smaller DHB's work more effectively due to pulling resources together. AOD programme being rolled out to youth justice facilities. Need to articulate what our expectations are. We need to know what is occurring with regards to MSD. What was MSD's feedback regarding rollout of ?? ▪ Youth forensics is not getting smaller so we should look at governments relationship – justice, MSD, etc. ▪ Model of Care components discussed – high level sections. Service priorities – should these be included? 	<p>Follow up with Ministry and Werry centre</p>	<p>Eseta</p>
2.3	Where to from here	<p>Next Steps</p> <ul style="list-style-type: none"> ▪ Steering group meeting on 14 March ▪ Advice on how we engage with AOD providers – Waikato CAMHS and AOD are combined, BOP is fine and this sits outside in Lakes but this may change in the future. ▪ Our document needs to have AOD input. Eseta discussed co-existing problems as opposed to AOD. Go back to reference group and have consultation. 		
3.0	Meeting Concluded	<ul style="list-style-type: none"> ▪ 12.30pm 		
3.1	Next Meeting	<ul style="list-style-type: none"> ▪ To be confirmed 		