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**REFERRAL TO STEPPING STONE YOUTH SERVICES**

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| **[ ]  Residential** |
| **[ ]  Respite** |
| **[ ]  Mobile** |
| **[ ]  Community Mental Health Work** |

This form can be used to refer a young person to any of Stepping Stone Youth Services. Please select any of the options you are interested in referring to:

Patient Label

If you wish to discuss which services might be appropriate for the young person you are referring, please phone Malcolm (03-338-6390 ext 735). For respite referrals, please make contact directly with the Respite/Residential service to discuss a booking (03 332 6417/337 4997 or 027 489 5374).

[ ]  **Attach HEALTHLINKS FACE SHEET with CURRENT information including**:

CLIENT DETAILS / NEXT OF KIN DETAILS / GP / Case Manager and Consultant

[ ]  **Attach CONTACT AND DISCLOSURE form with Stepping Stone Trust added.**

**[ ]  Attach CRISIS/ACTION/TRANSITION PLAN including current risks. Clearly state objectives and role for SST.**

**[ ]  Attach current/most recent PSYCHIATRIC SUMMARY.**

**[ ]  Attach MEDICATION SCRIPTS & QUALMED CHARTS for Respite & Residential NB Blister packs required**

**Additional CLIENT INFORMATION required:**

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| * Legal Status: (eg. Mental Health Act, CYFS Act, Bail Conditions etc.)
* Client’s Diagnosis:
* Physical Health Issues (including Allergies):
* Alcohol and Drug Usage/History:
* Client’s Current Daily Activities:
* Are there any gender issues with staff that we should be aware of?
* What insights does this young person have about their mental health?
* Objectives of Referral to Stepping Stone Services:
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**RESPITE ONLY** (Please contact Youth Respite to enquire about availability, (03 3326417 or 027 489 5374):

***Clients with a history of arson and/or sexual or physical aggression towards others are unlikely to be accepted.***

A “Plan B” is essential (i.e. an alternative accommodation option).

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|  Are there any conditions on this young person coming and going from the house?**If there is an incident that requires the young person to be discharged from Respite, what is the plan for where they will go?** If this client goes AWOL, who should our first point of contact be?  |

**MOBILE** **and COMMUNITY SUPPORT WORK ONLY:**

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| Are there any issues around staff going to this client’s home address? Are there any specific dangers for the client at their current address?  |

**RESIDENTIAL ONLY:**

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| Please be aware accessing Youth Residential will require the following process: 1. An initial meeting involving case manager, client + family, Youth Residential team.2. Development of a Support Plan from the initial meeting.3. Offer of residential placement dependent upon agreement of Support Plan. |

***This referral will be actioned once we receive all the required information.***

Referrer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

& Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form can submitted to SPOE Co-ordinator via:

* Email: youthreferrals@stepstone.org.nz (Best pathway for prioritisation of referral)
* Post: PO BOX 33-103, Barrington, Christchurch
* Fax: (03) 338-6398
* For Respite referrals, please send the referral to Youth Respite/Residential service **and** to the SPOE Co-ordinator. Respite Email: yresidential@stepstone.org.nz Respite Fax: 338 7262



**CRITERIA FOR ACCESS TO YOUTH SERVICES**

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| **SERVICE** | **CRITERIA FOR ACCESS** | **ADDITIONAL NOTES** |
| Youth Residential | * Is aged between 14-18
* Is currently and will remain under SMHS (Specialist Mental Health Services)
* Clients 18 and over can be offered a place within Youth Residential if:
1. The referral has been received through the ROG (Residential Options Group) pathway, and
2. If there are no younger people under 18 on the waiting list for the service
 | * A client’s access to Youth Residential ends at the time of discharge from SMHS services
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| Youth Respite | * Is aged between 14-18
* Is currently under SMHS
* Has a ‘Plan B’ for accommodation, if discharge is required
 | * Clients over 17 are able to access Adult Respite
* Medication Prescribed Chart and Scripts are mandatory
* Respite slots are Mon/Tue, Wed/Thu, and Fri/Sat/Sun
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| Youth Mobile | * Is aged between 14-24
* Is currently and will remain under SMHS
* Requires support at a high level – with the frequency of visits a maximum of daily, and a minimum of twice weekly
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| Youth CMHW | * Is aged between 14-24
* Has been under SMHS in the last 12 months
 | * A client can access the Youth CMHW service for up to 12 months following their discharge from SMHS
* As SST (Stepping Stone Trust) has a contract for 1.5FTE Rural CSW, referrals for rural clients need to be at the top of the waiting list and picked up as soon as the next worker is available
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