

## REFERRAL TO STEPPING STONE YOUTH SERVICES

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:

- Residential
- Respite
- Mobile
- Community Mental Health Work

|               |
|---------------|
| 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
- Attach Family Care Plan

### Additional CLIENT INFORMATION required:

- 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?
- Does the client have children?
- What insights does this young person have about their mental health?
- Objectives of Referral to Stepping Stone Services:

**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).

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:**

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:**

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 be submitted to SPOE Co-ordinator via:

- Email: [youthreferrals@stepstone.org.nz](mailto: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](mailto:yresidential@stepstone.org.nz) Respite Fax: 338 7262

## CRITERIA FOR ACCESS TO YOUTH SERVICES

| SERVICE           | CRITERIA FOR ACCESS   | ADDITIONAL NOTES   |
|-------------------|---|--|
| Youth Residential | <ul style="list-style-type: none"> <li>Is aged between 14-18</li> <li>Is currently and will remain under SMHS (Specialist Mental Health Services)</li> <li>Clients 18 and over can be offered a place within Youth Residential if:               <ol style="list-style-type: none"> <li>The referral has been received through the ROG (Residential Options Group) pathway, and</li> <li>If there are no younger people under 18 on the waiting list for the service</li> </ol> </li> </ul> | <ul style="list-style-type: none"> <li>A client's access to Youth Residential ends at the time of discharge from SMHS services</li> </ul>  |
| Youth Respite     | <ul style="list-style-type: none"> <li>Is aged between 14-18</li> <li>Is currently under SMHS</li> <li>Has a 'Plan B' for accommodation, if discharge is required</li> </ul>  | <ul style="list-style-type: none"> <li>Clients over 17 are able to access Adult Respite</li> <li>Medication Prescribed Chart and Scripts are mandatory</li> <li>Respite slots are Mon/Tue, Wed/Thu, and Fri/Sat/Sun</li> </ul>   |
| Youth Mobile      | <ul style="list-style-type: none"> <li>Is aged between 14-24</li> <li>Is currently and will remain under SMHS</li> <li>Requires support at a high level – with the frequency of visits a maximum of daily, and a minimum of twice weekly</li> </ul>   |  |
| Youth CMHW        | <ul style="list-style-type: none"> <li>Is aged between 14-24</li> <li>Has been under SMHS in the last 12 months</li> </ul>  | <ul style="list-style-type: none"> <li>A client can access the Youth CMHW service for up to 12 months following their discharge from SMHS</li> <li>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</li> </ul> |