

Saltbush Rehabilitation Service Intake Flowchart




Referral

Referrals may come from:

- Community Mental Health Team (CMHT)
- SA Government Mental Health Services; or
- Community referral (Note: GPs, NGOs, Aboriginal community controlled health service or clients wanting to self-refer can do so through their local CMHT)

Referrals received via email: Audrey.McCall@sa.gov.au



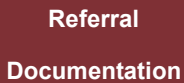
CMHT Key Worker:

- Application for resources form completed with client
- Forward to Saltbush Allocation Committee

SA Government Mental Health Services or Community referral:

- Application for resources form completed with client
- Liaise directly with relevant CMHT if client is known
- If client not known, a referral to the relevant CMHT must also be completed to inform them of intention to refer

Information required with referral:



Referral
Documentation

- Completed application for resources form
- Completed Community Health referral form
- An updated Risk assessment, Care Plan and NOCC measures
- Signed consent to referral
- Nominated GP



Consider:

- Expected outcomes
- Legal status
- Current functioning
- What the client wants to see happen
- Current supports
- Current strategies for managing any risk
- What else has been tried?

Where possible Saltbush team leader and or a senior clinician will conduct a **potential resident interview** with the client to provide information in addition to the written referral prior to an allocation meeting

This interview may provide additional information to assist with allocation

**Allocation
Committee**

Referral documentation provided to allocation committee for assessment

Chair of allocation committee (or proxy):

- Confirms outcome of referral with the referrer
- If a Saltbush bed not currently available: client is placed on priority waiting list and the referrer informed.

Saltbush Team Leader:

- Allocate a Saltbush rehabilitation coordinator
- Update bed availability records
- Coordinate and allocate a worker

Target Group and Eligibility

Saltbush is intended to support adults aged 18 to 65, People who are younger or older may be accepted if developmentally appropriate, and are assessed as suitable for the environment and service

Has a primary diagnosis of mental illness with high and complex needs

Some or all of the following features:

- Significant functional disabilities are indicated in the areas of life/social skills and self-care resulting in rehabilitation needs
- Would benefit from intensive rehabilitation management due to significant impact of the mental illness
- Would benefit from living in a supported residential environment to assist in returning to achievable & sustainable level of independent living
- A person's need cannot be met by a less restrictive option or trials of periods of less intensive community support have not been able to meet the client needs
- Risk assessment indicates the person does pose not a significant risk to themselves or others
- Be willing to live in a shared living environment (if single accommodation not available)
- Be willing to participate in planned rehabilitation support program

Homelessness, experience with the criminal justice system that may be associated with their mental or functional impairment and Legal orders under the Mental Health Act (2009) and/or the criminal law consolidation Act: mental impairment provisions do not impact on eligibility