

Note: A release of information must be signed by client before completing referral.

How to complete Intake / Referral Form – NOTE: To ensure accuracy of information all Clinical / Legal information and Risk Assessment to be completed by relevant worker, NOT client.

ACSO Specialist Services

The Specialist Outreach Program provides direct support to people who are disadvantaged by the nature of their Mental illness and contact with the criminal justice system. There is also a specialist worker that targets women diagnosed with severe or borderline personality disorder.

Note support is Voluntary and cannot be conditional to any sentence condition, Bail condition or Mental Health treatment condition.

Services provided

Material Aid:

Participants are assisted to access services to assist in their financial and material support needs.

Advocacy:

When the person using the service feels they require assistance to preserve and maintain their rights.

Support:

Each participant is allocated a worker to provide assertive outreach support as appropriate. Support is focused around promotion of quality of life outside institutional settings by assisting participants to make informed decisions relating to their well-being and personal development. Assistance to access specialist services is also provided.

Accommodation:

McCormack House is semi supported short to medium term accommodation option for male participants of FMHP. McCormack House provides a base for participants whilst alternative longer-term accommodation is established dependent on the specific needs of the individual.

ACCESS: ELIGIBILITY CRITERIA

- 1. Being treated for an Axis 1 mental illness (Psychosis)***
- 2. Diagnosed Borderline Personality Disorder for women at DPFC***
- 2. Contact with the criminal justice system***
- 3. Homeless or at risk of becoming homeless***
- 4. No more than 20 klm from CBD see Melways key map***
- 5. Client demonstrates a willingness to have treatment and receive support***

REFERRAL PROCESS TO SPECIALIST SERVICES

Contact ACSO Switch 03 9413 7000 or Fax 03 9413 7189, or log on www.acso.org.au follow prompts to programs Click on Specialist Mental Health Program [link](#) to intake form. Before an ACSO assessment can be conducted an release of information form must be submitted. If after the ACSO assessment it is established that a referral is appropriate, additional information maybe be required from the referring body prior to commencement.

Referrals are preferably to be made several weeks pre release/discharge in order to establish rapport and identify individual needs to develop a quality service plan. However, individual cases can be discussed in certain circumstances.



ALL CLINICAL INFORMATION SHOULD BE SOURCED FROM CLINICAL SERVICES PROVIDER AND NOT POTENTIAL CLIENT.

ACSO Specialist Services Forensic Outreach referral/intake form

Client name:		DOB
		CRN/URN
Referring Person	Current Clinical Provider	
Position:		
Facility /unit Agency		
Date		
Contact details		
Current Address		PH:
Release /Discharge Date	APB Sitting Date	Court Date Where ?
Diagnosis Primary		Treatment if Known
		Oral injection
Secondary diagnosis		
Other Relevant clinical issues		



THIS INFORMATION TO BE SOURCED FROM ANYONE IN OFFICAL ROLE WITH CLIENT NOT CLIENT THEMSELVES.

Client name _____

<p align="center"><u>Mental health status</u></p> <p><input type="checkbox"/> CTO _____ <input type="checkbox"/> Other? _____</p> <p><input type="checkbox"/> FC _____</p> <p><input type="checkbox"/> Hosp leave _____</p> <p><input type="checkbox"/> None _____</p> <p><input type="checkbox"/> RCTO _____</p>	<p align="center"><u>Legal status</u></p> <p><input type="checkbox"/> None _____</p> <p><input type="checkbox"/> Bail _____</p> <p><input type="checkbox"/> CBO/ICO _____</p> <p><input type="checkbox"/> Parole _____</p> <p><input type="checkbox"/> Other _____</p>
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Support Needs/Ability	IF KNOWN	Tick Box			
		Not known	Always assist	No assist	With aids
Self care					
Mobility					
Communication					
Interact maintain relationships					
Learning/ Education					
Economic Life/Budget \$					
Domestic Life activities of daily living: cleaning\Cooking					
Working/ Employment					

RISK ASSESSMENT

Identified Risks	Risk Rating			Additional information & strategies to Address if known
	L	M	H	
Self Harm				
Aggression				
Inappropriate Sex Behaviour				
Non Compliant With Treatment				
Other medical Condition				
Cognitive Impairment				
Other				



OFFENDING HISTORY			YEAR IF KNOWN								
<i>NOTE for multiples of same crime category indicate how many times (?X) If known</i>											
Property	YEAR	? X	Person	YEAR	? X						
<input type="checkbox"/> Theft <input type="checkbox"/> Burg <input type="checkbox"/> Burg Equip <input type="checkbox"/> Arm Robbery <input type="checkbox"/> Break/Enter <input type="checkbox"/> Propty Damage <input type="checkbox"/> Arson <input type="checkbox"/> Vehicle theft <input type="checkbox"/> rec stolen goods <input type="checkbox"/> Agg Burg			<input type="checkbox"/> Murder <input type="checkbox"/> Manslaughter <input type="checkbox"/> Culpable driving <input type="checkbox"/> Assault <input type="checkbox"/> Assault Police <input type="checkbox"/> Threat to kill <input type="checkbox"/> Sexual assault <input type="checkbox"/> Sexual assault minor <input type="checkbox"/> Rape <input type="checkbox"/> Kidnapping <input type="checkbox"/> False imprison <input type="checkbox"/> Grievous bodily harm <input type="checkbox"/> Torture <input type="checkbox"/> Breach interv/n <input type="checkbox"/> Stalking <input type="checkbox"/> Int cause ser injury			<input type="checkbox"/> Trafficking <input type="checkbox"/> Cultivation <input type="checkbox"/> Manufacture <input type="checkbox"/> Possession <input type="checkbox"/> Drunk/disord <input type="checkbox"/> Use Heroin <input type="checkbox"/> Use Canabas <input type="checkbox"/> Use Amphet <input type="checkbox"/> Use XTC			<input type="checkbox"/> Fraud <input type="checkbox"/> Firearms <input type="checkbox"/> Cruel to animal <input type="checkbox"/> Deception <input type="checkbox"/> Child porn <input type="checkbox"/> Terrorism <input type="checkbox"/> Public nuisance <input type="checkbox"/> Prostitution <input type="checkbox"/> Loitering <input type="checkbox"/> Drink Driving <input type="checkbox"/> Drive Offences <input type="checkbox"/> Extortion <input type="checkbox"/> Conspir murder <input type="checkbox"/> Against courts <input type="checkbox"/> Weapons <input type="checkbox"/> In custody		
Other crime not found on list above									YEAR	? X	
Any additional information that is relevant, to assist with the intake re offences not included in selection above: Do you have knowledge of prior/criminal history?											



PERMISSION TO OBTAIN AND RELEASE INFORMATION

I, D.O.B:

Have agreed to the following:

TO OBTAIN OR RELEASE INFORMATION ABOUT ME

I give permission to Specialist Services Forensic Mental Health Program/ McCormick House to:

- a) Obtain information from; AND
- b) Release information to:

Name of individual or agency:

- 1.....
- 2.....3
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HOW THIS INFORMATION WILL BE USED

I understand that this information will only be used for the following purposes:

- To assist in assessing eligibility for service and/or for case planning purposes.
- For statistical data collection as per funding requirements (*Note all information used for this activity is de-identified*)

USING PHOTOCOPIES OF THIS PERMISSION

A photocopy or facsimile of this permission can be used to release to or receive information from the people or organisations set out above.

This agreement will be void after this review date, or when I exit from the service before that date, or when replaced by a new permission form.

The contents of this authorisation have been explained to me, and I understand the nature of the information that will be received and released about me will be treated with confidentiality.

Client signature: Date:

Staff name:

Staff signature:Date: