

## Referrals to the Community Integration Team

**Policy Number** 1.335

**Policy Function** Continuum of Care

**Issue Date** 9 September 2019

**Summary** This policy provides a framework for the referral of young people to the Community Integration Team from Justice Health and Forensic Mental Health Network facilities and Youth Justice NSW referrers.

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice NSW Centres)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 1.335 (Nov 2013, July 2010, Oct. 2016)

**Change Summary**

- Removal of CIT consent form and insertion of consent obtained at initial contact in custody.
- CIT referrals email address updated.
- Removed DDCNC as referrer.
- Adolescent Health AO amended to Adolescent Mental Health AO
- Inclusion of parents and carers ability to make referrals to CIT

**HPRM Reference** POLJH/1335

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

# 1. Preface

This policy is for the referral of young people to the Community Integration Team (CIT) from Justice Health and Forensic Mental Health Network (the Network) and Youth Justice NSW referrers.

The aim of the CIT is to coordinate integrated, ongoing care for young people with mental health (MH) and/or drug and alcohol (D&A) concerns leaving a custodial centre or the Forensic Hospital to aid successful reintegration into the community. Care is coordinated prior to and during the critical post release period by linking the young person with appropriate specialist and generalist community health services.

## 2. Policy Content

### 2.1 Mandatory Requirements

- Staff must adhere to the requirements and procedures set out in this policy when referring a young person to the CIT.
- To meet the eligibility criteria for referral to the CIT, the young person must have a MH and/or D&A problem requiring follow up in the community on release.
- Verbal and written consent must be received from the young person or their primary carer.

### 2.2 Implementation - Roles & Responsibilities

#### 2.2.1 Referrers:

- To identify young people based on the eligibility criteria (see [Section 3.2](#)) that may be suitable for referral to the CIT.
- To complete the referral in collaboration with the treating custodial MH/D&A team, where possible.

#### 2.2.2 CIT Manager (or delegate):

- To receive and review CIT referrals.
- To monitor and action referrals received via the generic CIT email account.
- To assess eligibility against the referral criteria and allocate to CIT clinicians based on geographical locations, clinician capacity and inform the outcome to the Adolescent Mental Health Administration Officer.

#### 2.2.3 Adolescent Mental Health Administration Officer:

- To notify the referrer of an outcome, in writing once the referral has been assessed.

#### 2.2.4 CIT Clinician

- To review CIT Clinician Waiting Lists in the *Patient Administration System* (PAS) on a daily basis.
- To initiate contact with the young person.
- To liaise with the relevant Health Centre staff (nursing or treating MH/D&A team) for handover of information and obtaining the health record.

### 2.2.5 CIT Psychiatrist

- To assist in the assessment of eligibility of CIT referrals, as required.

## 3. Procedure Content

### 3.1 Referrals

The CIT accept referrals from the Network and Youth Justice NSW. A flowchart of the CIT referral process can be found in [Appendix A](#).

Referrals to CIT can be made by Network and Youth Justice NSW staff on behalf of families and carers of patients as long as the basic CIT referral criteria have been met. Refer to section 3.2.

The young person's verbal consent to engage with CIT should be obtained by clinical staff at the same time written consent is obtained for treatment in custody, during the initial assessment process. This must be documented on the JUS020.450 *Adolescent Health Consent for Treatment* form and uploaded to JHeHS. The verbal consent must also be obtained from the young person or the young person's primary carer for an Adolescent Health referral (excluding the Forensic Hospital), verbal consent should be documented in PAS under the *PAS CIT Referral Tab*.

For a Forensic Hospital or Youth Justice NSW referral, verbal consent must be documented on the JUS020.458 *CIT - Referral Form* and filed in the young person's health record.

The consent of young people is guided by the NSW Health [PD2013\\_007](#) *Child Wellbeing and Child Protection Policies and Procedures for NSW Health*. The Policy [1.085](#) *Consent for Medical Treatment – Patient Information*, must be followed when obtaining consent from a young person.

#### 3.1.1 Internal Referrals (The Network)

Internal referrals can be made by Adolescent Health clinical staff and Forensic Hospital staff.

For Adolescent Health staff, a referral must be made in PAS by generating a referral to the 'CIT Manager'. A *CIT Referral* tab will then appear in PAS and the referrer must complete the additional information necessary to complete the referral.

Forensic Hospital staff must email the JUS020.458 *CIT - Referral Form* to the CIT generic email address; ([JHFHMN – CITReferrals](#)). The CIT manager will monitor the generic email account and transfer the details of the Forensic Hospital referral onto PAS.

The referrer must categorise the referral into one of the following groups:

- CIT 1 – Young person who will require MH services in the community;
- CIT 2 – Young person who will require D&A services in the community; or
- CIT 3 – Young person who will require MH and D&A services in the community.

#### 3.1.2 External Referrals (Youth Justice NSW)

Referrals will be accepted from Youth Justice NSW staff either via a CIT Clinician who will enter the referral onto PAS on behalf of the Youth Justice NSW staff member or alternatively by completing the JUS020.458 *CIT - Referral Form* and emailing it to the CIT Manager via the generic email address above. The CIT Manager will then transfer the referral onto PAS.

### 3.2 Eligibility Criteria

A young person will be considered eligible for CIT engagement if they;

- are in custody at the time of referral, or they are not more than seven days post release from custody;
- are 21 years or under; and
- have an identified MH and/or D&A problem that will require follow up in the community.

Young people aged up to 21 years who are detained at an adult Corrective Services facility may be considered eligible for referral to the CIT in the event that they are not eligible for the Connections Program. The referrer should contact the CIT Manager to discuss the case and request a referral form. The CIT Manager is the initial contact for all referrals to the CIT. The CIT Manager will review all referrals and assess their eligibility against the outlined criteria.

When the outcome of the referral has been determined, the Adolescent Mental Health Administration Officer (AO) will notify the outcome to the referrer via email, with a copy to the CIT Manager and Centre NUM if referred from a JJC. The AO will notify the referrer of the outcome once the referral has been assessed.

### 3.3 Determining Suitability

As soon as practicable after being allocated the case, the CIT clinician will meet with the young person and if possible their primary carer to assess the young person's suitability to continue on the CIT program. The primary carer may not always be available particularly if the young person is in custody.

Suitability will be determined on the following grounds:

- the level of risk the young person poses in the community and;
- capacity of the CIT to provide a service to a young person at that point in time.

All referrals not meeting the suitability criteria must be presented at the CIT Case Review Meeting. The AO will notify the referrer of the outcome once suitability has been determined by the MDT.

### 3.4 Contact Information

The CIT Manager can be contacted via:

Phone : 02 97002178

Mobile : 0408 163 583

Email : [jeanette.toole@health.nsw.gov.au](mailto:jeanette.toole@health.nsw.gov.au)

or

[JHFMHN-CITReferrals](#)

## 4. Definitions

#### Must

Indicates a mandatory action required to be complied with.

## Should

Indicates a recommended action to be followed unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

### Legislation

[Children \(Detention Centres\) Regulation 2015](#)

[Children and Young Persons \(Care and Protection\) Act 1998](#)

[Child Protection \(Working with Children\) Act 2012](#)

### The Network Policies and Procedures

[1.085](#) *Consent to Medical Treatment – Patient Information*

[2.024](#) *Disclosure of Criminal Activity*

[4.030](#) *Requesting and Disclosing Health Information*

[PD2013\\_007](#) *Child Protection and Wellbeing Policy*

### The Network Forms

JUS020.458 *Community Integration Team (CIT) - Referral Form*

JUS020.450 *Adolescent Health Consent for Treatment*

Appendix A:

Community Integration Team Business Process (Excluding Forensic Hospital)

Last revised: September 2016

