

NEW DAY – CRITERIA FOR PROGRAM ADMISSION/REFERRAL FORM

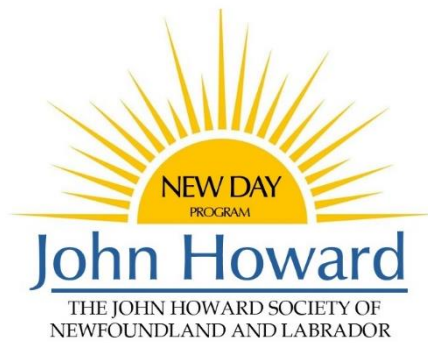
New Day is a referral-based program at Her Majesty's Penitentiary (HMP) which provides community-based Intensive Case Management (ICM) to persons who are living with significant and/or persistent mental health issues or concurrent disorders. Using a trauma informed approach, the Intensive Case Manager (ICM) assists participants while in custody begin to develop comprehensive support plans to improve community functioning and quality of life. Through in-reach, the ICM program begins with the development of a therapeutic, trusting relationship with the participants. Assessments of participant needs are completed, and personal goals are established along with the start of a transition plan for release. This can include but is not limited to supportive counselling, systems navigation, planning for basic needs (stable housing, financial security, healthy relationship support, community resource support, etc.).

Criteria for Acceptance to the Program

1. Age 18 years or older
2. Any person with a confirmed or suspected psychiatric history who is experiencing significant functional impairment that would benefit from case management. Such conditions can include but is not limited to:
 - a. Psychotic disorders (schizophrenia, psychosis not otherwise specified)
 - b. Mood disorders (depression, bipolar)
 - c. Anxiety disorders
 - d. Dual diagnosis (mental illness and intellectual disability)
 - e. Concurrent disorder (a mental illness and addiction)
 - f. Eating disorders
3. Functional difficulties due to psychopathology and are not transient in nature (no less than 6 months)
4. Incarcerated (sentenced or on remand who will be sentenced with 2 or more months)
5. Voluntarily show interest and intent to actively participate in the program
6. Be able to identify personal goals
7. Be willing to meet with their ICM a minimum once a week and participate in case plan goals
8. Must be planning to reside in the St. John's, CBS, Mount Pearl, or Paradise region upon release

Exclusion Criteria

1. Diagnosis of Axis II disorders where the risk for criminal activity cannot be mitigated through case management, for example Anti-social Personality Disorder
2. Inability or lack of motivation to participate in case planning and goal setting
3. Already engaged with an Intensive Case Management Team



NEW DAY REFERRAL FORM

REFERRAL INFORMATION (OMIT FOR SELF REFERRAL)	
NAME OF REFERRAL SOURCE:	DATE OF REFERRAL (YY/MM/DD):
AGENCY/ORGANIZATION/DEPARTMENT:	
TELEPHONE:	EMAIL:

APPLICANT INFORMATION	
SURNAME:	FIRST NAME:
DATE OF BIRTH (YY/MM/DD):	SOCIAL INSURANCE NUMBER:
ADDRESS (PRIOR TO INCARCERATION):	
MCP:	MCP EXPIRY:
REMAINING IN THE ST. JOHN'S AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHERE:

LEGAL INVOLVEMENT	
LIVING UNIT:	
CURRENT/OUTSTANDING/PAST CRIMINAL CHARGES:	
SENTENCED: <input type="checkbox"/> YES <input type="checkbox"/> NO	RELEASE DATE (YY/MM/DD):
REMAND: <input type="checkbox"/> YES <input type="checkbox"/> NO	NEXT COURT DATE (YY/MM/DD):

MENTAL HEALTH INFORMATION

DOES THE PERSON HAVE A CONFIRMED OR SUSPECTED PSYCHIATRIC DIAGNOSIS? YES NO

IF **CONFIRMED**, WHAT IS THE DIAGNOSIS?

IF **SUSPECTED**, WHAT ARE THE SYMPTOMS?

IS THE PERSON CURRENTLY TAKING MEDICATION FOR PSYCHIATRIC SYMPTOM MANAGEMENT: YES NO

DOES THE PERSON CURRENTLY STRUGGLE WITH DAILY LIVING ACTIVITIES/SKILLS DUE TO MENTAL HEALTH?

YES NO

IF **YES**, IDENTIFY THE DAILY LIVING ACTIVITIES/CHALLENGES:

DOES THE PERSON HAVE A HISTORY OF SUBSTANCE USE? YES NO

IF **YES**, PLEASE PROVIDE DETAILS:

HAS THE PERSON ATTEMPTED SUICIDE IN THE PAST? YES NO

IS THE PERSON CURRENTLY SUICIDAL OR HAVING SUICIDAL THOUGHTS? YES NO

IF **YES** TO THE ABOVE, PLEASE PROVIDE DETAILS (I.E., FREQUENCY, HOSPITALIZATION, ETC):

DOES THE PERSON HAVE A CURRENT OR PRIOR HISTORY OF SELF HARM? YES NO

SAFETY

ARE THERE ANY BEHAVIORAL CONCERNS THAT ARE IMPORTANT FOR THE CASE MANAGEMENT TEAM TO KNOW? YES NO

IF **YES**, PLEASE SPECIFY:

GOALS AND MOTIVATION

IS THE PERSON WILLING TO PARTICIPATE IN AN INTENSIVE CASE MANAGEMENT PROGRAM?

YES NO

IS THE PERSON ABLE TO IDENTIFY PERSONAL GOALS FOR BECOMING INVOLVED IN THE PROGRAM?

YES NO

IF **YES**, PLEASE SPECIFY THE GOALS/MOTIVATION FOR PROGRAM:

DO YOU HAVE ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE HELPFUL FOR US TO ASSESS ELIGIBILITY FOR THE NEW DAY PROGRAM? YES NO

IF **YES**, PLEASE PROVIDE DETAILS:

ACKNOWLEDGMENT

IS THE PARTICIPANT AWARE OF THE REFERRAL? YES NO

PARTICIPANT SIGNATURE:

DATE (YY/MM/DD):

REFERRAL SIGNATURE:

DATE (YY/MM/DD):

OFFICE USE ONLY

ACTION DATE (YY/MM/DD):

ACCEPTED: YES NO

IF NO, PLEASE SPECIFY REASON:

- PARTICIPANT REFUSED SERVICE
- UNSUITABLE FOR PROGRAM
- UNABLE TO REACH THE PARTICIPANT
- PARTICIPANT TRANSFERRED OUT OF INSTITUTION
- PARTICIPANT MOVED OUT OF SERVICE AREA

OTHER: _____

REFERRAL SOURCE NOTIFIED: YES NO

DATE NOTIFIED (YY/MM/DD):

SIGNATURE:

New Day – Criteria for Program Admission/Referral Form

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