

# SELKIRK MENTAL HEALTH CENTRE

## Rehabilitation Program Referral Process

### I. Admission Criteria

- Must be at least 18 years of age.
- Diagnosed with a severe and persistent major mental illness.
- Clinically stable or all attempts of pharmacological management have been exhausted.
- All community alternatives have been exhausted.
- Has the potential to learn and benefit from rehabilitation programming and skill building
- Expresses a willingness to actively participate in programming.
- Able to participate in programming without jeopardizing the safety of self or others.
- Supports as appropriate (family, significant other) must be aware of referral.
- Patients with a primary diagnosis of developmental delay or intellectual disability may not be candidates for the program.

### II. Referral

- Referral form is to be completed, attaching all pertinent information and forwarded to:

Bed Utilization Manager  
Selkirk Mental Health Centre  
Box 9600, 825 Manitoba Avenue  
SELKIRK MB R1A 2B5

### III. Procedures and Time Frames

PROCEDURES	TIME FRAMES
1. A response is sent to referring source indicating the Rehab Intake Team will review the referral.	Written response sent within ten (10) days of receipt of the referral.
2. Referral reviewed by Rehab Intake Team and Assessment Team identified, if required.	If no assessment will be conducted a response to be sent by the Bed Utilization Manager to referring source within ten (10) days of the Rehab Intake Team Review.
3. The assigned assessment team will assess the individual and decide acceptance of referral, prioritize, if necessary, or deny referral with reasons.	Assessment completed and referring source notified within ten (10) days of completion of assessment.
4. Treatment team will make arrangements for admission informing Program Manager.	As vacancies become available.

**NOTE** When referring agency is notified of admission to the Rehab Program but declines admission the referral is dropped from the waitlist. A new referral is required to access Rehab Program services. The patient will **not** be maintained on the waitlist.

### IV. Appeal Process

Should a referral not be accepted and a referring source disagrees with the decision, an appeal can be made through the Bed Utilization Manager by way of a letter indicating the reason(s) for the appeal. A review will be conducted by the Medical Director, senior individual from the referring source and the Bed Utilization Manager. A meeting may be scheduled to discuss the appeal between appropriate members of the referring source and SMHC. Decision of appeal will be provided in writing to the referral source by the Medical Director of SMHC.

**ADMISSION TO PROGRAM**  
(by Referral)  
Rehabilitation Program



**Inquiry to Admission Procedure**  
(received by Bed Utilization Manager/or Treatment Team Member)



**Referral Information Resource Package (as available online) is completed**  
(input from community resources active with patient to ensure liaison continues)



**Referral Information Received by Bed Utilization Manager**



**Referral Information Reviewed by Rehab Intake Team**  
(response sent to referring agency within ten (10) working days)



**Decision regarding Referral**  
(An Assessment Team will be assigned and an assessment completed as soon as possible)

**YES**

**NO**

**Team assessment findings reviewed by Rehab Intake Team**

**Agency contacted and reason for refusal given**

**Decision regarding Admission** (Information related to decision is provided to referring agency within ten (10) working days following assessment)

**YES**

**NO**

Assessment findings and decision sent to referring Agency.

Assessment findings and decision sent to referring Agency.

Admission arrangements and area determined; if no bed available, placed on waiting list.

Psychiatrist will provide a letter of response.

**APPEAL PROCESS**

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# REHABILITATION PROGRAM

## Referral Process Flow Chart

