



ALCOHOL AND OTHER DRUG SERVICES FAR WEST SA

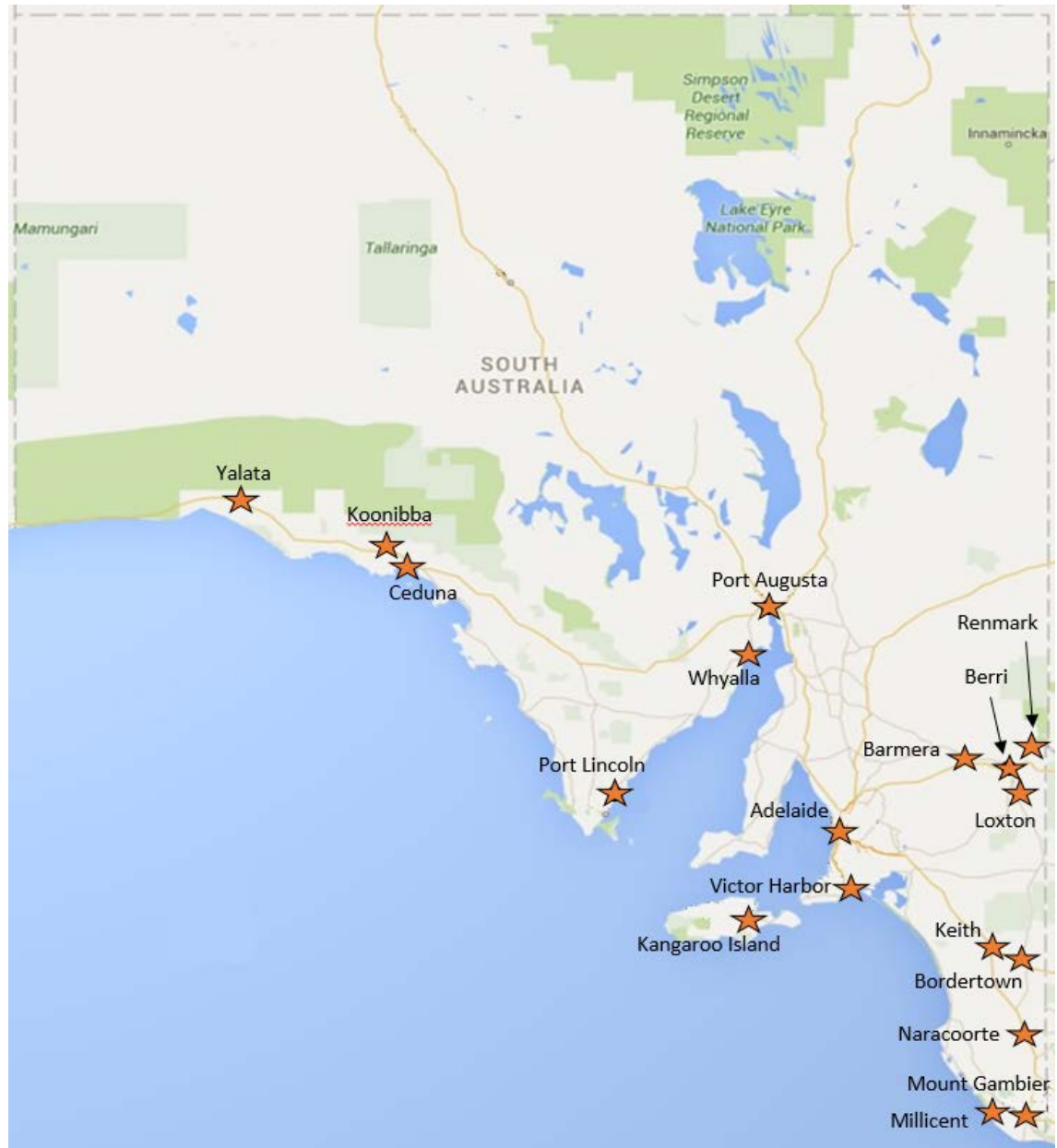
15 June 2017

Karrin Marshall Team Leader AoD Programs

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ALCOHOL AND OTHER DRUG SERVICES SA...

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SERVICES WE PROVIDE

- Outpatient Counselling Services
 - Referrals received by contacting the local office or emailing aod.counsellor@lwb.org.au
- Police Drug Diversion Initiative
 - Referral through SAPOL and the Drug Diversion Line
- Alcohol and other Drug Recovery Programs
 - Referrals only received through Community Corrections and or Prison
- Alcohol and other Drug Treatment Program
 - Referrals through DVA approved services only
- Northern Connect
 - Referrals through NHN or local LWB office or email address NorthernConnect@lwb.org.au



RELATIONSHIPS



IMAGINATIVE



RESPECTFUL



RESPONSIVE



COURAGEOUS

FAR WEST AOD SERVICE

- Life Without Barriers provides AOD treatment services across the Far West Region of South Australia.
- Interventions will include an outreach model of practice and we will visit outlying communities of Yalata and Koonibba
- Our service delivery model will include both therapeutic 1:1 counselling and also Case Management
- Eligibility people and their families living with problematic AOD issues who are 12 years and over
- Based at a community hub in Ceduna
- Priority given to local Indigenous Communities



RELATIONSHIPS



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HOW TO ACCESS FAR WEST AOD SERVICE

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AOD SERVICES REFERRAL

Please complete and return to AOD.Counsellor@lwb.org.au

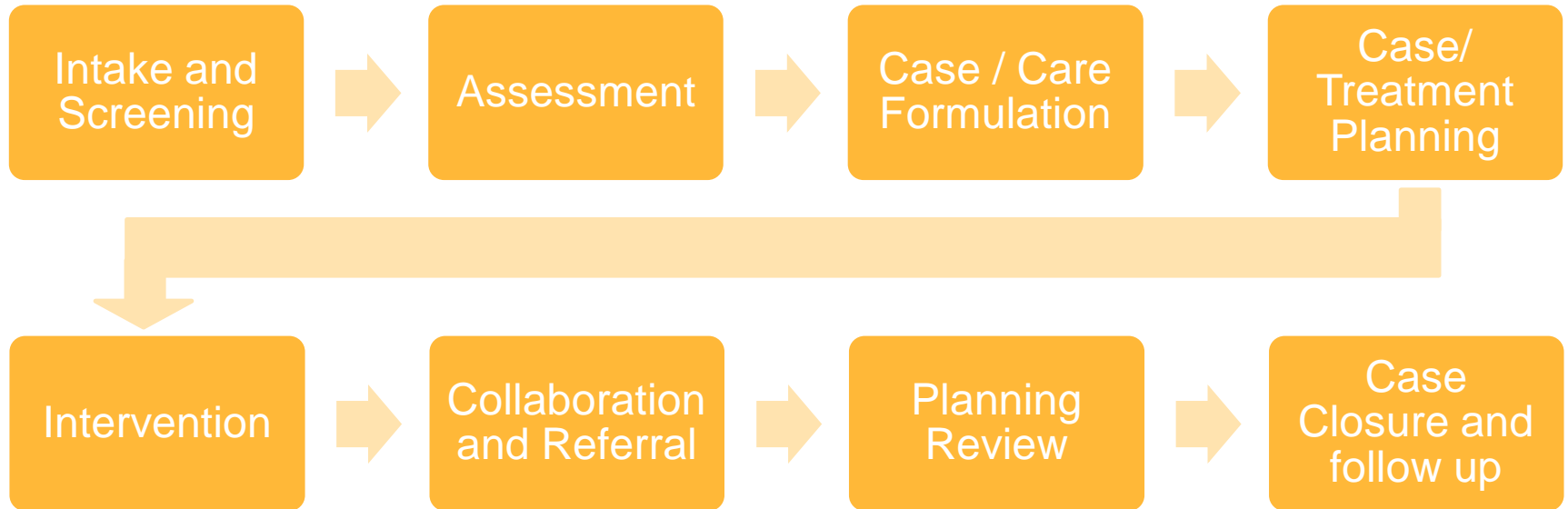
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Source of Referral			
<input type="checkbox"/> Self	<input type="checkbox"/> Family	<input type="checkbox"/> Allied Health Professional	<input type="checkbox"/> Medical Practitioner
<input type="checkbox"/> Other: _____			
Date _____			
Presenting issue _____			
Service type			
<input type="checkbox"/> Individual counselling <input type="checkbox"/> SMART Recovery group counselling program <input type="checkbox"/> Case Management (Ceduna and Northern Adelaide metro only)			
Client Information			
Name _____			
Surname _____			
Date of Birth _____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Other
Address _____			
Phone _____		Mobile	_____
Has the client consented to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current living arrangements _____			
Does the client identify as Aboriginal or Torres Strait Islander origin?			
<input type="checkbox"/> Aboriginal but not Torres Strait Islander origin <input type="checkbox"/> Aboriginal and Torres Strait Islander origin <input type="checkbox"/> Torres Strait but not Aboriginal origin <input type="checkbox"/> Not Aboriginal or Torres Strait Islander origin			
Does the client identify as being from a Culturally or Linguistically Diverse background?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify _____			
Is English the client's first language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, does the client require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify language _____			
Referrers Details			
Name _____			
Agency _____			
Phone _____		Mobile	_____
Email _____			
Signature _____			
Relationship to Client _____			
Other Identified Issues			
	Yes/No	Support in Place	
Homelessness or at Risk of Homelessness	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Violence/Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Interpersonal Interactions and Relationships	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Suicidal Thoughts/Attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Self Injury/Harm	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Next of Kin			
Name _____			
Relationship _____			
Address _____			
Phone _____		Mobile	_____
Dependents currently living with client? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Central referral point: aod.counsellor@lwb.org.au

Attention: Team Leader

BRIEF SERVICE DELIVERY OVERVIEW



QUESTIONS?

Karrin Marshall, Team Leader

karrin.marshall@lwb.org.au

0447 603 267

- Mount Gambier Office 08 8725 8081
- Riverland Office 08 8580 5500
- Port Augusta/Whyalla Office 08 86 491088
- Ceduna Office 08 8625 3151
- Salisbury Office 08 8259 3600
- Christies Beach Office (general enquiries) 08 8307 2800

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