Central Minnesota Mental Health Center Assertive Community Treatment (ACT)
Referral Information Form

Date of Referral:	County of Financial Responsibility:
Recipient Name:	County of Residence:
Legal Address:	Phone:
Date of Birth:	Social Security #
Medical Assistance: ☐ Yes ☐ No Type:	MA #:
Other Insurance:	
Referral Source:	Referent's Phone Number:
Reason for referral:	
Is client aware and in support of this referral? ☐ Yes ☐ No	

DIAGNOSIS		
Most Recent Diagnostic Assessment Date:	Completed By:	
DSM 5:		
DSM 5:		
DSM 5:		
DSM 5:		
CURRENT SERVICE PROVIDERS / INVOLVED PERSONS		
County Social Worker:	Agency:	Phone:
Is current cty social worker aware of this referral? ☐ Yes ☐ No		In support of referral? ☐ Yes ☐ No
Psychiatrist:	Clinic:	Phone:
Is psychiatrist aware of this referral? ☐ Yes ☐ No		In support of referral? ☐ Yes ☐ No
Therapist:	Clinic:	Phone:
Is therapist aware of this referral? ☐ Yes ☐ No		In support of referral? ☐ Yes ☐ No
Financial Worker:	Agency:	Phone:
Protective Payee:	Agency:	Phone:
ARMHS Worker:	Agency:	Phone:
Guardian/Conservator:		Phone:
Other:		Phone:
Other:		Phone:
Other:		Phone:

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Current Medications:
Current living situation:
Funding: GRH ☐ Yes ☐ No CADI ☐ Yes ☐ No Other (Specify):
Support services not funded:
Current sources of income:
Is the recipient under a civil commitment? ☐ No ☐ Yes Type: Expiration date:

Based on the individual's history and your current assessment, what duration of time do you believe intensive services will be needed to stabilize the recipient's mental health symptoms?

☐ 3 months or less ☐ 3-6 months ☐ 6 months – 1 yr ☐ 1-2 yrs ☐ over 2 years

SUPPORTING DOCUMENTATION

The following supporting documentation must be included with this referral form. Please check all that is included:

- ☐ Release of Information for all current providers
- ☐ Documentation of serious mental illness
- ☐ Current assessments
  - ☐ Functional assessment
  - ☐ Diagnostic assessment
  - ☐ Other pertinent clinical assessments
- ☐ Case management / Treatment plan (most recent)
- ☐ Other pertinent treatment information (support services)
  - ☐ Mental health treatment
  - ☐ Medical
  - ☐ Employment
  - ☐ Housing
  - ☐ Education
  - ☐ Financial/benefits
- ☐ Crisis Plan
- ☐ Legal: pertinent to civil commitment / criminal history (current or past)
- ☐ Guardian / Conservatorship documentation

REFERRAL PROCESS: This referral form and all supporting documentation should be sent to-

Stearns County & Benton County: ACT Team Lead | Fax: 320-253-4179 | Mail: 411 3rd St N, Waite Park, MN 56387
Email: cmmhc-act-stcd@cmmhc.org

Sherburne County & Wright County: ACT Team Lead | Fax: 763-271-5350 | Mail: 407 Washington Street, Monticello, MN 55362
Email: cmmhc-act-mont@cmmhc.org

It is the intent of our programs to gather as much current and past clinical information prior to admission in order to ensure that potential clients and current treatment providers are fully informed of services provided within our programs, but also to safeguard against inappropriate admissions. In addition, the referral phase of services allows the client to begin to identify a vision for recovery and realize how our programs may be helpful in working toward recovery. The referral process is a joint activity with the client, the client's current treatment provider (e.g., referral source), any members of the client's natural support network identified by the client, and members of our teams.

Once referral information is received, we will be in contact with you to further discuss our programs and this recipient's eligibility to these programs. If you have other questions regarding our programs, please do not hesitate to contact us at St. Cloud ACT (Stearns & Benton County) *320-253-4120* or Monticello ACT (Sherburne & Wright County) *763-274-3500*.

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An eligible client for assertive community treatment is an individual who meets the following criteria as assessed by an ACT team:

(1) Is age 18 or older. Individuals ages 16 and 17 may be eligible upon approval by the commissioner;

(2) Has a primary diagnosis of schizophrenia, schizoaffective disorder, major depressive disorder with psychotic features, other psychotic disorders, or bipolar disorder. Individuals with other psychiatric illnesses may qualify for Assertive Community Treatment (ACT) if they have a serious mental illness and meet the criteria outlined in clauses 3 and 4, but no more than ten percent of an ACT team's clients may be eligible based on these criteria. Individuals with a primary diagnosis of a substance use disorder, intellectual developmental disabilities, borderline personality disorder, antisocial personality disorder, traumatic brain injury, or an autism spectrum disorder are not eligible for assertive community treatment;

(3) Has significant functional impairment as demonstrated by at least one of the following conditions:

(i) significant difficulty consistently performing the range of routine tasks required for basic adult functioning in the community or persistent difficulty performing daily living tasks without significant support or assistance;

(ii) significant difficulty maintaining employment at a self-sustaining level or significant difficulty consistently carrying out the head-of-household responsibilities; or

(iii) significant difficulty maintaining a safe living situation;

(4) Has a need for continuous high-intensity services as evidenced by at least two of the following:

(i) two or more psychiatric hospitalizations or residential crisis stabilization services in the previous 12 months;

(ii)frequent utilization of mental health crisis services in the previous six months;

(iii) 30 or more consecutive days of psychiatric hospitalization in the previous 24 months;

(iv) intractable, persistent, or prolonged severe psychiatric symptoms;

(v)coexisting mental health and substance use disorders lasting at least six months;

(vi) recent history of involvement with the criminal justice system or demonstrated risk of future involvement;

(vii) significant difficulty meeting basic survival needs;

(viii) residing in substandard housing, experiencing homelessness, or facing imminent risk of homelessness;

(ix) significant impairment with social and interpersonal functioning such that basic needs are in jeopardy;

(x)coexisting mental health and physical health disorders lasting at least six months;

(xi) residing in an inpatient or supervised community residence but clinically assessed to be able to live in a more independent living situation if intensive services are provided;

(xii) requiring a residential placement if more intensive services are not available; or

(xiii) difficulty effectively using traditional office-based outpatient services;

(5) There are no indications that other available community-based services would be equally or more effective as evidenced by consistent and extensive efforts to treat the individual; and

(6) In the written opinion of a licensed mental health professional, has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if assertive community treatment is not provided.

(7) An individual meets the criteria for assertive community treatment under this section if they have participated within the last year or are currently participating in a first episode of psychosis program if the individual:

(i) meets the eligibility requirements outlined in clauses (1), (2), (5), and (6); and

(ii)needs the level of intensity provided by an ACT team, in the opinion of the individual's first episode of psychosis program, in order to prevent crisis services use, hospitalization, homelessness, and involvement with the criminal justice system.