

Screening Guide for ACT Team Referrals

Criteria:

1. The individual is 18 years of age or older.
2. The individual is a resident and the financial responsibility of the respective county where the referral is being sent (Ramsey, Hennepin, or Anoka).
3. The Individual is diagnosed with a Serious and Persistent Mental Illness.
 - Must have a primary diagnosis of Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder with Psychotic Features, other Psychotic Disorders or Bipolar Disorder.
 - Individuals with a primary diagnosis of 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.
4. The individual has a significant functional impairment as demonstrated by at least one of the following conditions:
 - 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.
 - Significant difficulty maintaining employment at a self-sustaining level or significant difficulty consistency carrying out the head-of -household responsibilities.
 - Significant difficulty maintaining a safe living situation.
5. The individual has a need for continuous high-intensity services as evidenced by at least two of the following:
 - Two or more psychiatric hospitalizations or residential crisis stabilization services in the previous 12 months.
 - Frequent utilization of mental health crisis services in the previous six months.
 - 30 or more consecutive days of psychiatric hospitalization in the previous 24 months.
 - Intractable, persistent, or prolonged severe psychiatric symptoms.
 - Coexisting mental health and substance use disorders lasting at least six months.
 - Recent history of involvement with the criminal justice system or demonstrated risk of future involvement.
 - Significant difficulty meeting basic survival needs.
 - Residing in substandard housing, experiencing homelessness, or facing imminent risk of homelessness.
 - Significant impairment with social and interpersonal functioning such that basic needs are in jeopardy.
 - Coexisting mental health and physical health disorders lasting at least six months.
 - 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.
 - Requiring a residential placement if more intensive services are not available.
 - Difficulty effectively using traditional office-based outpatient services.

6. Because of the mental illness, the individual has substantial disability and functional impairment in 3 or more areas listed in the MN Statutes 245.462, Subd. 11a. **Functional assessment.** "Functional assessment" means an assessment by the provider of the adult's:

- (A) mental health symptoms as presented in the adult's diagnostic assessment;
- (B) mental health needs as presented in the adult's diagnostic assessment;
- (C) use of drugs and alcohol;
- (D) vocational and educational functioning;
- (E) social functioning, including the use of leisure time;
- (F) interpersonal functioning, including relationships with the adult's family;
- (G) self-care and independent living capacity;
- (H) medical and dental health;
- (I) financial assistance needs;
- (J) housing and transportation needs; and
- (K) other needs and problems.

So that self-sufficiency is markedly reduced as indicated by:

- an assessment of Level 4 or higher on the Level of Care Utilization System (LOCUS), Adult Version 2000, published by the American Association of Community Psychiatrists.

7. 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.

8. 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.

Referral Process:

Referral information should include a description of the current clinical/rehabilitative picture, thorough background information, and a clear reasons for the referral. Needed documents include:

- Completed Referral Form with supervisor signature
- Current Diagnostic Assessment
- Current Functional Assessment (within 30 days)
- Both historical and current civil commitment paperwork
- If currently hospitalized, provide a copy of most recent History and Physical.
- All historical and current psychiatric hospital records
- Current LOCUS (within 30 days)

According to fidelity standards, no more than five consumers are admitted per month.

The final decision regarding admission to an ACT program rests with the service provider, consistent with these guidelines and with federal and state requirements.

The provider may decline a referral or discharge a consumer due to (a) the provider's inability to meet the person's needs or (b) the provider's decision to focus on a different clinically defined target population or specialty group.

Priority Identifiers include:

1. Hospital-Multiple psychiatric hospitalizations.
2. Diagnostic Assessment- The individual has a primary diagnosis of Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder with Psychotic Features, other Psychotic Disorders or Bipolar Disorder.
3. Psychiatric Crisis-Multiple utilizations of Mental Health Crisis Response Services.