

**Community Support Services
Assertive Community Treatment Referral**

Directions: Please provide the following information and forward this form to the Outreach/Assertive Community Treatment Manager (Amy Lukes). If the person served meets the admission criteria, the CRS will be asked to bring them in to meet with Dr. Massau. Once Dr. Massau has accepted the person into the program, a Transfer/Discharge summary will be requested from the referring team. The supervisor of the accepting team will then contact the CRS to develop a transition plan. The referring team must continue to provide services until the transition is complete.

Client Name:

Client ID #:

CRS/Doctor:

Date Referred:

**Does the person served have a Primary Diagnosis of Schizophrenia, Major Depressive Disorder, Bipolar Disorder or Schizoaffective Disorder?
If Yes, Specify:**

Yes No

**Does the Client agree to transfer to the ACT program, including psychiatrist?
(NOT AN EXCLUSIONARY CRITERIA*)**

Yes No

Does the Client meet two or more of the following indicators of continuous high service needs?

Yes No

Please circle letters of all the criteria that the individual served meets:

- a. Three or more acute psychiatric hospitalizations or one extended psychiatric hospitalization of more than 21 days within past twelve months.
- b. High use of psychiatric emergency services as evidenced by 6 or more face-to-face crisis intervention visits in the past twelve months.
- c. Has had an involuntary admission to the hospital by court order in the last six months or is currently on outpatient commitment.
- d. Symptoms of severe mental illness that have not responded to traditional treatment and which have contributed to the individual being homeless.
- e. Requires ACT services to move out of institutional living and is expected to move out within six months of beginning ACT services
- f. Received psychiatric services, exclusive of psychiatric assessment services in an Ohio prison or jail within the last six months.
- g. Symptoms of severe mental illness that have not responded to traditional treatment and which significantly impair a person's ability to maintain his/her safety in the community.
- h. Symptoms of severe mental illness that have not responded to traditional treatment and which significantly impair a person's ability to maintain his/her activities of daily living

Does the Person Served have a moderate to major functional impairment in one of the following areas?

Yes No

- a. Activities of daily living
 - Self Care: maintaining living space, adequate nutrition, personal hygiene, health care, clothing.
 - Instrumental: inability to use available transportation and manage finances.
- b. Employment, education and/or homemaking
- c. Social/Community/Interpersonal Functioning

Does the Person Served have a significant (defined as the probable major source of treatment issues) Axis II diagnosis such as Borderline Personality Disorder? Yes No

Does the Person Served live in a 24-hour supervised setting with little likelihood of being supported in independent living within six months? Yes No

Does the Person Served have a Substance Abuse diagnosis? Yes No
If yes, what is the drug of choice, and pattern of use?

*We will work to engage the person served with our team, however persons served must be informed that they will eventually have to transfer to Dr. Massau. We are unable to work with those who have a private psychiatrist.

Referring Staff's Signature: _____ Date: _____

Disposition of Referral

Dr. Massau's Evaluation:

Person Served Admitted to ACT Program

Person Served NOT Admitted

Res 1

Sam 3

Copy of Disposition given to Referring Staff: Yes No

Staff Signature/Credentials: _____ Date: _____