

FACT Referral Process

Step 1:

Fully complete the attached referral form and gather the requested supporting documentation.

Step 2:

Fax the completed referral and documents to (321) 504-3462 or send via secure email to cmeiers@mhrctflorida.com.

Step 3:

FACT Team Leader will review the referral packet to determine client eligibility. If criteria is met, the client will be contacted to discuss services and next steps*.

Step 4:

An in-person or virtual interview will likely be requested to complete a screening to determine appropriateness.

**Note: since FACT is a voluntary program, any community client being referred for after-care services should be encouraged to contact the FACT office directly at 321-504-3888 to check the status of their referral.*

MHRC Brevard FACT Referral Form

****Referral Source Information****

Date of Referral: _____ Referred by: _____

Contact information: _____

Reason for referral: _____

Included supporting documents (circle all that apply): PSYCHOSOCIAL ASSESSMENT / PSYCHIATRIC EVALUATION / MEDICATION LIST / CLINICAL DOCUMENTATION OF DIAGNOSIS / OTHER: _____

****Demographic Information****

Name: _____

Age/DOB: _____ SSN: _____

Living situation/Address: _____

Phone #: _____ Alternative contact: _____

Insurance: _____ Medicaid ID #: _____

Income, monthly amount: \$ _____ (circle all that apply): SSI/SSDI/EMPLOYMENT/OTHER/NONE

****History and Diagnostics****

DSM-5 Diagnosis: _____

Medical Diagnosis/health concerns: _____

Medications (attach list): _____

Previous hospitalizations: _____

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****Admission Criteria****

Has a diagnosis within one of the following categories as referenced in the American Psychiatric Association's Diagnostic and Statistical Manual, 5th Edition (DSM-5):

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Personality Disorders

In addition, the individual meets at least one of the following six criteria:

- Demonstrates a high risk for hospital admission or readmission
- History of prolonged inpatient or State hospital stays (more than 90 days within 1 year)
- History of repeated crisis stabilization episodes (more than 3 admissions within 1 year)
- History of repeated criminal justice involvement (more than 3 episodes within 1 year)
- Referred for aftercare services by a state correctional institution
- Referred from an inpatient detox unit with documented history of co-occurring disorder

The individual must meet at least three of the following characteristics:

- Inability to consistently perform the range of practical daily living tasks required for basic adult interactional roles in the community (e.g., maintaining personal hygiene; meeting nutritional needs; caring for personal business affairs; obtaining medical, legal and housing services; recognizing and avoiding common dangers or hazards to self and possessions) without significant assistance from others.
- Inability to maintain employment at a self-sustaining level or inability to consistently carry out the homemaker role (e.g., household meal preparation, washing clothes, budgeting or child-care tasks and responsibilities).
- Inability to maintain a safe living situation (repeated evictions, loss of housing, or no housing).
- Co-occurring substance use disorder of significant duration (greater than six months) or co-occurring mild intellectual disability.
- Destructive behavior to self or others.
- High risk or recent history of criminal justice involvement (arrest and incarceration).

****Disposition (Agency use only)****

Contact date: _____

Outcome: _____

Recommend FACT services (circle one): Yes No (reason): _____

Scheduled date of admission: _____