

## **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 (407) 931-0955 or send via secure email to [rbelanger@mhrctflorida.com](mailto:rbelanger@mhrctflorida.com).

### **Step 3:**

FACT Team Leader will review the referral packet and records received 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 407-931-3155 to check the status of their referral.*

MHRC Osceola 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, 5<sup>th</sup> 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:** \_\_\_\_\_