

Name: _____

County: _____

**LEHIGH COUNTY MENTAL HEALTH/ MENTAL RETARDATION/ DRUG & ALCOHOL
NORTHAMPTON COUNTY MENTAL, HEALTH & RETARDATION/ DRUG & ALCOHOL
RESOURCE COORDINATION/ INTENSIVE CASE MANAGEMENT/ SPORE
CHIPPS COMMUNITY TEAM (CT)
REFERRAL PACKET**

THE REFERRAL PROCESS

Referrals to specialized case management units such as Resource Coordination, Intensive Case Management and the CHIPPS Community Team will be accepted from professionals/providers of treatment and/or any other agency/hospital involved in the provision of Human Services. The consumers referred to these units must be from the appropriate county (i.e. Lehigh County residents must be referred to Lehigh County; Northampton County residents must be referred to Northampton County).

Referrals are submitted to the County Mental Health office for review and disposition.

DESCRIPTION OF SERVICES

The Adult Resource Coordination Case Management Unit is available for those consumers of Mental Health services who require more support and monitoring than is available through Service Case Management. Resource Coordination assists consumers in linking up to community and provider resources. Resource Coordinators provide services to those individuals who do not need the close monitoring and intense contact available through the ICM Unit.

The Adult Intensive Case Management Unit provides direct services to adults with serious and persistent mental illness. The Intensive Case Managers provide assistance to the consumer in identifying, accessing, and learning to use community resources in meeting treatment/service plan objectives. This unit maintains emergency on-call services twenty four hours per day, seven day per week. Consumers with prior/current Allentown State Hospital admissions will be prioritized. A specialized forensic case management service is available in Northampton County.

The Community Team is a primary direct service which provides comprehensive and intensive mental health treatment, rehabilitative, vocational and twenty four hours per day, seven days per week supportive services to persons with serious and persistent mental illness.

Services are targeted for those persons for whom traditional community mental health services alone have not been effective; persons who have not achieved and maintained health and stability in the community, and for persons who without these services would continue to experience hospitalization, incarceration and/or homelessness.

Services are guided by the principle that most adults with serious mental illness, even at the lowest functioning level, can live successfully in integrated community settings when adequate, individualized supports and services are provided.

THIS CHECKLIST WILL PROVIDE YOU AN OPPORTUNITY TO DETERMINE IF THE INDIVIDUAL MEETS PROGRAM SPECIFIC GUIDELINES FOR ADMISSION INTO A SPECIALIZED CASE MANAGEMENT UNIT.

I. RESOURCE COORDINATION: CRITERIA FOR ELIGIBILITY

DIAGNOSIS – DSM IV:

Adults, 18 years of age or older, who have a serious mental illness.

Diagnosis within DSM IV, excluding those with a principal diagnosis of mental retardation, psychoactive substance abuse, organic brain syndrome or a V-code. Priority will be given to individuals with a 295/296 diagnosis, living in the community independently and a Global Assessment of Functioning (GAF-Axis V) of 60 or below.

TREATMENT HISTORY – Must meet one (1) or more for eligibility

- a. _____ Six or more days of psychiatric inpatient treatment in past twelve months.
- b. _____ Meet standards for involuntary treatment within the past twelve months; or
- c. _____ Currently receiving or in need of services from two or more Human Service agencies or public systems such as DVA, Criminal Justice, Vocational Rehabilitation, etc.; or
- d. _____ At least 3 missed community mental health service appointments, 2 or more face-to-face encounters with crisis intervention/emergency services personnel within the past twelve months, or documentation that the consumer has not maintained his medication regimen for a period of at least 30 days.
- e. _____ On Clozaril (Clozapine) medication, which requires close supervision of side effects, weekly blood work, and requires assistance in reintegration into the community. (Lehigh County only)
- f. _____ Out-Patient Commitment
Type: _____ Committed to _____
Expiration Date of Commitment: _____ (Lehigh County only)
- g. _____ Adults, who were receiving Resource Coordination as children and were recommended by the provider and approved by the County Administration as needing Resource Coordination Services beyond the date of transition from Child to Adult.

II. INTENSIVE CASE MANAGEMENT: CRITERIA FOR ELIGIBILITY

Serious and persistent mental illness which interferes with the person's capacity to function over a prolonged period of time in important aspects of daily life, i.e. self-direction, employment, education, self care, recreation and interpersonal relationships. Priority will be given to clients who have had two or more hospitalizations within the last two years.

Must meet two (2) of the following three criteria for admission into this unit.

DIAGNOSIS – DSM IV Diagnosis of Schizophrenia or Chronic Mood Disorder (295 & 296)

TREATMENT HISTORY –

- a. _____ Admission to a state mental hospital totaling 60 days within the past two years, or
- b. _____ Two admissions to community inpatient psychiatric units totaling 20 or more days within the past two years, or
- c. _____ Five or more face-to-face contacts with emergency services within the past two years, or
- d. _____ Three or more years of continued attendance in a community MH service, or
- e. _____ History of sporadic course of treatment as evidenced by at least three missed appointments within the past six months, inability to or unwillingness to maintain medication regimen or involuntary commitment to MH outpatient treatment

FUNCTIONAL LEVEL – Global Assessment of Functions Scale (DSM IV)

- _____ 40 and below, or
- _____ 60 or below if person is thirty-five years of age or younger and/or has a history of aggressive or violent behaviors (explain) _____

FORENSIC ELIGIBILITY (NORTHAMPTON COUNTY)

- _____ Anyone who has ever been charged with a crime and
- _____ All other ICM eligibility requirements for ICM

III. CHIPPS COMMUNITY TEAM – CRITERIA FOR ELIGIBILITY

Adults, 18 years of age or older, who have a serious, persistent mental illness.

DIAGNOSIS - A licensed physician or psychiatrist has determined that the individual has a DSM IV diagnosis of mental illness (Schizophrenia, Chronic Mood Disorder, Borderline Personality Disorder) excluding a primary diagnosis of mental retardation, substance use disorder, or senility.

TREATMENT or SOCIAL HISTORY – Must meet one (1) or more of the following:

- a. _____ 3 or more acute episodes of psychiatric inpatient
- b. _____ 30 days or more admission to an acute psychiatric unit or state mental hospital during the last 12 months or,
- c. _____ Currently not receiving mental health services despite documented efforts to engage the consumer by licensed mental health or approved case management provider for at least 30 days, and supporting documentation that without mental health treatment and support, the consumer's personal well being and stability will be jeopardized; or
- d. _____ Three or more face-to-face contacts with crisis intervention/emergency services personnel within the last 12 months; or
- e. _____ Homeless, as defined by sleeping in shelters or places not meant for human habitation; or
- f. _____ Placed on probation, parole, or in a jail diversion program within the last 6 months.

FUNCTIONAL LEVEL – Global Assessment of Functions Scale (DSM IV)

- _____ GAF rating of 40 or below; or
- _____ A rating of 60 and below if the person is 35 years of age or younger or has a history of aggressive or violent behavior. Explain _____

Exceptions: An individual who needs to receive Community Team services but who does not meet the requirements listed above is eligible for CT services upon review and recommendations by the County Administrator and written approval by the Department of Public Welfare Regional Mental Health office.

Allergies: Medication/ Substance _____ Reaction: _____

Clozaril Treatment { if applicable }:

Date began treatment: _____ Where: _____

Present Treatment Facility: _____ Dosage: _____

How is Clozaril being monitored at present? _____

Primary Physician: _____ Address: _____ Telephone: _____

Dentist: _____ Address: _____ Telephone: _____

Neurologist: _____ Address: _____ Telephone: _____

Other Doctor: _____ Address: _____ Telephone: _____

Current Medical Condition (Acute or Chronic medical problems). Current medications for medical problem, and family history of/or current medical problems: _____

IV. Current/Previous Treatment History

Is there any current involvement with mental health services? Yes _____ No _____
If Yes, where _____ Contact Person _____

Length of Service. _____

Which County is involved with individual? _____

Total Number of Allentown State Hospital Admissions: _____

List prior treatment facilities (out-patient, partial hospitalization, etc...include outcome and consumer's participation): _____

V. Drug and Alcohol History

Substances Used (frequency, evaluations, treatment, and treatment effectiveness for both family and consumer): _____

VI. Financial Information

Source(s) of income: _____

Amount of Monthly Income: _____

Has SSI/SSD/MA Application been started? _____ By whom? _____

Other sources of income (include any Bank Accounts or Life Insurance Policies): _____

Does individual have a Rep-payee: Yes ___ No ___ One is needed ___

If Yes, Name: _____ Address: _____

Relationship: _____ Agency: _____

Telephone: _____

Does individual have a Guardian? Yes ___ No ___ One is needed ___

If Yes: Name: _____ Address: _____

Relationship: _____ Agency: _____

Telephone: _____

VII. Social History

Does individual have a secure living arrangement? Yes ___ No ___ One is needed ___

If No, where is the individual currently living? _____

Describe any problems with past living arrangements? { ex. Past due rent, property damage, etc. }

Where would the individual prefer to live? _____

Are these living arrangements possible/available? _____

Are there any family supports available? _____

Any family history of Mental Illness? _____ Yes _____ No If Yes, who _____

Any Criminal/Legal History? _____ Yes _____ No _____ If Yes, explain _____

History of behaviors {include when, toward whom, and if weapons were involved}:

Assaultive/ Aggressive _____
Homicidal _____
Suicidal _____
Physical Abuse _____
Sexual Abuse _____
Fire Setting _____

VIII. Educational/Vocational History

Completed Grade Level: _____ Any College or Vocational Programs? _____

Currently Employed? _____ Yes _____ No _____ If Yes, Where _____
_____ Part-Time _____ Full-Time _____ Hours/Days working

Work History: _____

Any current Allentown State Hospital programs in which individual participates? _____

Referral Signature: _____ Agency/Hospital _____