

ADULT CRISIS STABILIZATION CENTER & NORTH IOWA MENTAL HEALTH SERVICES REFERRAL

The Adult Crisis Stabilization Center (ACSC) & North Iowa Mental Health Services (NIMHS) serves adults 18 yrs and older. Appropriate individuals to refer do not meet criteria for inpatient mental health hospitalization. The individual may need additional stabilization or is experiencing a decreased level of functioning secondary to mental health crisis. The individual must be screened by a licensed mental health professional prior to admission.

If you would like to make a referral, please call 319-291-2455 ext. 1 and **then complete** and **fax the form to 319-291-2464.**

The following criteria **prohibit** consideration of admission to the NIMHS:

Under Arrest or active warrant

Registered sexual offender

The following criteria may require additional information upon request:

History of violence or high risk of violence

Acute medical needs

Physically disabled

History of self-injurious behavior

Actively psychotic

Actively suicidal or homicidal

Over the legal limit or impaired due to drug use

REFERRAL INFORMATION

SECTION I.

Full Name: _____ Birthday: _____

Social Security Number: _____ - _____ - _____ Insurance number and provider : _____

Address: _____

Does the individual have a legal guardian: Yes No

Contact Information: _____

SECTION II.

Reason for Referral (presenting problems/chief complaint):

Please Identify the Program this individual will be considered for below:

North Iowa Mental Health Services (Subacute Mental Health Services) -continue to section III

Adult Crisis Stabilization Center- continue to section IV

Unknown- please contact us for further clarification and information about the specific programs offered and criteria for admission at (319) 291- 2455 ext. 1

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Section III.

Subacute Mental Health Facility

Subacute treatment is designed to resolve the presence of acute or crisis mental health symptoms, or the imminent risk of onset of acute or crisis mental health symptoms for members experiencing a decreased level of functioning due to a mental health condition.

The subacute treatment setting provides a protective environment that includes stabilization, support, diagnostic evaluation and treatment, wellness, and transition to ongoing services provided 24 hours a day, 7 days a week. Subacute mental health care facilities are intended to be short-term, intensive, recovery-oriented and designed to stabilize the client.

Admission Criteria (Please provide additional information)

Does the individual have a history during the **past year** of a diagnosable mental, behavioral or emotional disorder that meet the diagnostic criteria specified in the most current edition of the DSM? (please provide source of previous diagnosis)

Yes No

Explain: _____

Demonstrate a high degree of impairment through significantly impaired mental, social, or educational functioning arising from the psychiatric condition or serious emotional disturbance?

Yes No

Explain: _____

Demonstrate an impairment that severely limits the skills necessary to maintain an adequate level of functioning outside a treatment program and requires active treatment to obtain and adequate level of functioning.

Yes No

Explain: _____

Demonstrate a low level of stability through any **two** of the following conditions:

- The individual presents moderate to high risk of danger too self or other.
- The individual lacks adequate skills or social support to address mental health symptoms.
- The individual is medically stable but requires observation and care for stabilization of a mental health condition or impairment.

Please Explain:

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Section IV.

Adult Crisis Stabilization Center (ACSC)

The goal of the ACSC is to stabilize and reintegrate the individual back into the community. The ACSC is designed for individuals who voluntarily choose these services and who are in need of a safe, secure environment less intensive and restrictive than acute inpatient psychiatric hospital services. The appropriate services are determined by a mental health assessment.

Admission Criteria:

The individual is presenting an active symptomology consistent with a mental health crisis.

Yes No

Explain: _____

The mental health crisis is interfering with the individual's activities of daily living.

Yes No

Explain: _____

The factors leading to admission and/or the individual's history of treatment suggest that the symptoms can be stabilized with crisis stabilization services.

Yes No

Explain: _____

The individual does not require inpatient hospitalization but requires crisis stabilization services that may include medication, counseling, referral, peer support and linkage to ongoing services, not expected to exceed five days.

Yes No

Explain: _____

Section V.

Has the individual tested positive or self-reported any substance abuse in the last 24 hours?

Yes No

Explain: _____

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Current Medications: (please attach current medication list or document in the section below)

Location of medication:

Has the individual been given any new Rx's for medication? *(Please provide at least a five day supply of medication)*

Yes _____ No

Section VI.

Referral Source

Contact Person- Name & Phone: _____

Emergency Room - _____

Community Mental Health Center- _____

Inpatient Mental Health Unit- _____

Inpatient Medical Unit- _____

Other: _____

Does the individual receive psychiatric treatment? If so, please indicate agency or provider.

Yes No

Provider: _____

Does the individual currently have a case manager or outside service providers (ex. IHH, SCL, ISTART, etc)?

Yes No

Additional Information: _____

Additional Comments (Please attach any supporting documents):

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Treatment Plan

Diagnosis:

Identified Problem(s):

Treatment Goal(s):

By signing this document, I am giving consent for treatment and acknowledge that I have had input in the creation of this stabilization/treatment plan.

Signature of Licensed Mental Health Professional

Signature of the Resident or Guardian

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I have reviewed the admission criteria and believe that the patient is appropriate for services at the NIMHS. This person has also been assessed by a licensed medical provider and is medically stable.

Referring Licensed Mental Health Professional Name and Signature

(MD, DO, PhD, PsyD, LISW, LMHC, LMFT, ARNP)

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**ADULT CRISIS STABILIZATION CENTER &
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For Office use

ACSC/NIEMHS LMHP has reviewed the admission criteria and believe that the patient is appropriate for services at the ACSC or NIMHS.

(LMHP)

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