



RANGE MENTAL HEALTH CENTER, INC.

Wellstone Center for Recovery
Intensive Residential Treatment Services (IRTS)
Referral Packet

To be completed by referral source – pages 2-7 (* indicates forms the county of financial responsibility needs to fill out):

- Admission Criteria Checklist (p. 2)
- Referral Form (p. 3-4)
- Emergency Discharge Plan form (p. 5)
- Authorization for placement form* (p. 6)
- Placement agreement with county of financial responsibility* (p. 7)

To be completed by the client:

- Question sheet (p. 8)

Forms to give to the client – pages 9-14:

- House rules (p. 9-10)
- Level System (p. 11-13)
- Personal belongings list (p. 14)

Referrals will not be reviewed until all the following have been received:

- Completed referral packet pages 2-5 (pages 6-7, if possible)
- Client question sheet (p. 8)
- Copy of most recent diagnostic assessment/psychiatric assessment or documentation from a Mental Health Professional showing a qualifying mental health diagnosis.
- List of current prescribed medications.

The following are needed, if available:

- Proof of H&P (Health and Physical) within last 30 days. (An H&P form is included in this packet or their medical doctor can submit their own form.)
- Proof of active insurance that covers IRTS or proof of the completion of a MNSure application and the results (exception is for those currently incarcerated).

* There is a general release of information which can be completed and signed by the client in order for Range Mental Health Center to request the necessary records for admission.

Admission Criteria Checklist

Admission Criteria:

- 18 - 65 years of age
- Mental health diagnosis based on a diagnostic assessment by a qualified mental health provider.
- Functional impairment, due to mental illness, in at least 3 of the following areas (**check all that apply**):
 - Mental health symptoms
 - Mental health service needs
 - Use of alcohol or drugs
 - Vocational/educational functioning
 - Social/leisure functioning
 - Interpersonal functioning/Family relationships
 - Self-care/Independent Living Capacity
 - Medical/dental health
 - Obtaining/maintaining financial assistance
 - Obtaining/maintaining housing
- Has had one or more of the following (**check all that apply**) in a less intensive level of care:
 - History of 2 or more hospitalizations in the past year
 - Significant independent living instability
 - Homelessness
 - Increased use of alcohol and/or drugs
 - Frequent use of mental health and related services yielding poor outcomes in outpatient community support treatment
 - Treatment is court ordered or client is a potential danger to self or others
- There is a reasonable expectation the client will regain skills/strategies to restore functioning in order to return to independent living and has the capacity to engage in the services provided.

Is placement at Wellstone a condition of the client's probation/parole or civil commitment?

What is the discharge plan following IRTS treatment?

What referrals are in place for this person following their IRTS placement?

Is this client in Drug Court or Mental Health Court? If yes, where?

Who and/or what services comprise the client's current support network?

FAX your referral request to ADMISSIONS ATTN: *Monica Merhar* at 218-741-2640. Include other appropriate documentation as available:

- Functional Assessment
- LOCUS Assessment
- Medication List
- Hospital or crisis center records
- Copy of physical exam within the past 30 days
- Record of TB screening in past 3 months
- Other treatment records that support the need for IRTS placement.

When all information is received for the referral, a decision will be made within 72 hours.

Please call Wellstone at 218-471-4327 for additional information about the program, eligibility requirements, and anticipated bed openings.

Emergency Discharge Plan

If Wellstone cannot meet the recipient's health and safety needs, or it is determined that a particular recipient presents an imminent danger to themselves or others, Wellstone must arrange to transfer the recipient to a provider who or setting that has the capacity to meet the recipient's needs.

The plan:

- Contact Case Manager: Revocation of civil commitment and hospitalization
- Contact Probation/Parole Officer: Violation of probation and incarceration
- Transfer to a detox facility
- Contact local law enforcement
- Alternative placement – (specify plan) _____

List anyone who must be notified:

- Name: _____ Phone # _____
- Name: _____ Phone # _____
- Name: _____ Phone # _____
- Name: _____ Phone # _____

The following actions are considered to be health and/or safety hazards that will result in an Emergency discharge. The Treatment Team, including the recipient's case manager and/or probation officer will be consulted in the below instances:

- Assault of another recipient or staff person
- Any action that puts themselves or others in serious danger
- Alcohol, drugs, or paraphernalia brought into the house or onto the property
- Alcohol or drug use in the house or on the property

Range Mental Health Center Inc.
Wellstone Center for Recovery, 731 3rd St. S., Virginia, MN 55792 * (218) 471-4327

Authorization for Placement

I, _____, authorize placement
of _____ at:

Wellstone Center for Recovery
Intensive Residential Treatment Services
731 3rd Street S.
Virginia, MN 55792

Signature: _____ Date: _____

Please fax the completed form to 218-741-2640 Attn: Sherry

Wellstone Intensive Residential Treatment Services Placement Agreement
with County of Financial Responsibility

1. I, _____, an authorized representative of _____ County and serve as case manager for _____, admitted on _____.
2. **IRT Eligibility.** I have evaluated the client's eligibility for Intensive Residential Treatment and have determined that this client meets the individual eligibility for service.
3. **Case Management.** I will continue to monitor the client's progress and make determination of this client's eligibility for continuing stay and discharge.
4. **County of financial Responsibility.** I understand that the above-named County is the County of financial Responsibility under Minnesota Statutes Section 256G and agree to honor all responsibilities as the County of Financial Responsibility.
5. **MA Eligibility.** This client is eligible for and open with the following Medical Assistance programs:
 - MA
 - PMAP – The PMAP provider is _____.
 - MA Waiver – The waiver is _____.
 - GAMC
 - Private Pay
 - Other: _____.
6. **Continuing MA Eligibility.** I agree to assume responsibility to maintain the client's eligibility for Medical Assistance throughout placement.
7. **Non-MA Match Funds Exhausted.** The above-named County, as the County of Financial Responsibility, agrees to pay for any and all services in the event that designated non-MA match funds from the Adult Mental Health Integrated Grant are expended.
8. **Loss of MA Eligibility.** The above-named County, as the County of Financial Responsibility, agrees to pay for any and all services in the event that the client is no longer eligible for Medical Assistance level of service.
9. **Emergency Discharge.** The Provider has received an Emergency Discharge Plan that plans for the possible failure of this placement by:
 - a. Instructing the Provider how to notify me if the client leaves prior to discharge;
 - b. Providing arrangements to transport the client back to the referring County;
 - c. Committing the above-named referring County to assume full responsibility for the cost of transporting the client back to that County;
 - d. Committing the above-named referring County to pay 100% of any costs incurred while the client remains in St. Louis County if the client leaves prior to discharge.

Signature _____

Date _____

**Wellstone Intensive Residential Treatment Services
Client Question Sheet**

1. Tell us what you are hoping to work on while at Wellstone Intensive Residential Treatment Services?

2. Please circle which areas are concerns for you that we can help you with while in our program (Write in any other areas of concern not listed):

Education on mental health	Managing mental health symptoms	Child visitation/social service involvement
Physical health issues	Basic living skills	Anger management
Rebuild family relationships	Maintaining sobriety	Social skills
Legal concerns	Employment	Housing

3. Are there any fears or concerns you have about treatment?

4. Tell us what you believe has interfered with maintaining stability in a less restrictive environment:

Wellstone House Rules

The following rules have been developed to ensure the health and safety of all Wellstone residents. Infractions may result in disciplinary action ranging from loss of privileges to discharge from the facility.

1. Upon admission, all residents will be placed on Level I and must remain on Wellstone property for 14 days unless accompanied by staff. Special circumstances will be addressed as needed.
2. Residents are expected to attend all scheduled program activities.
3. No inappropriate touching of self or others.
4. Staff reserves the right to change the Level of treatment at any time and for any reason.
5. All residents and resident's belongings are subject to search upon entering Wellstone and at all times. Any bags and/or packages brought into Wellstone are subject to searching.
6. Visits by family and friends are allowed daily between 7:30-8:30pm and on Family Day every Sunday from 1-4 pm. All visitors must sign in and out at the main door.
7. All visitors must report to the office to sign in and complete a confidentiality statement.
8. Confidentiality about all residents must be maintained at all times by staff, residents, and visitors.
9. No visitors are allowed on the 2nd floor or in any client's 1st floor rooms.
10. Absolutely no borrowing money from other residents.
11. Residents are prohibited from being in any other resident's room.
12. Residents are expected to take all medications as prescribed by his/her physician.
13. Residents are required to wear shoes, socks, or slippers at all times when in the halls or shared areas of the house for safety reasons.
14. Sexual activity is prohibited in the house at all times.
15. All residents are required to wear appropriate attire at all times while in the common areas of the house. (E.g. no short shorts, no pajamas, and no sunglasses covering the eyes. Hoodies are allowed, but the hood cannot be up while in the common areas of the house. Pants must be worn no lower than the hips.).
16. The use of alcohol, drugs, herbal supplements, energy supplements, and/or non-prescribed mood-altering substances of any kind are prohibited on the premises.
17. Residents are prohibited in the basement, garage, or attic unless accompanied by staff.
18. Residents are prohibited from serving themselves meals in the main kitchen, except for breakfast.
19. Residents are prohibited from cooking without staff permission and supervision.
20. Smoking and chewing tobacco are allowed only in the outside designated area. All tobacco products must be kept in the resident's locker.
21. Smoking, eating, or drinking is prohibited in all vehicles.
22. Eating and drinking are only allowed in the kitchen or designated eating area. Food and beverages are prohibited in any other areas of the house with the exception of water.
23. All food brought in by residents must be labeled, dated, and stored in the kitchen.
24. Uncontrolled behavior harmful to other residents, the staff, or the building is not allowed and may result in immediate discharge, hospitalization, incarceration, or a change in Level of treatment.
25. Bullying, profanity, and vulgar language will not be tolerated.

26. Body modification (piercings, tattoos, brands, etc.) is prohibited while in the Wellstone program. The administration and receiving of body modification on Wellstone property is prohibited.
27. Residents will turn in their cellular phones (must be powered off) and any accessories (Bluetooth, headphones, chargers, etc.) to staff upon admission to Wellstone. A resident phone is available at Wellstone. Resident phone use is to be limited to 15 minutes or less in order to accommodate others. Emergency numbers are posted by each phone. The facility phones are accessible to residents at all times for emergency use.
28. All electronic devices (laptops, MP3 players, CD players, etc.) and accessories must be turned in upon admission to Wellstone. No electronic devices are permitted in the resident's room, with the exception of a clock radio (cannot have a USB port), unless it has been prescribed for a medical issue (E.g. C-Pap machine) or the equipment is for monitoring purposes by probation/parole (E.g. Ankle monitor and charger).
29. Candles and incense are prohibited in the house.
30. Every resident is responsible for doing his/her own laundry during designated times. Staff is available for guidance.
31. Every resident is responsible for cleaning up after themselves (including the resident's room).
32. Noise levels (radios, TVs, etc.) must be kept at a minimum.
33. Residents will take personal belongings and hygiene products out of the bathrooms and store them in their rooms.
34. All restricted items such as razors, clippers, scissors, aerosols, etc. will be secured in the staff office. Perfumes/colognes, body sprays, and the like will not be allowed due to allergy risk.
35. Hair dying on the premises is prohibited.
36. Curfew hour is 9:45 pm. Exterior doors will be locked at this time.
37. Wake up is at 7 am. Lights out is at 10 pm and residents are to retire to their rooms by this time.
38. Any resident items left at Wellstone after discharge will be stored in the basement for no longer than 30 days, at which time, the items will be disposed of.

*Any rules not addressed in this list are up to the discretion of the Director of Crisis and Treatment Director.

Resident Signature: _____ Date: _____

The Wellstone Intensive Rehabilitation Treatment Level System

Wellstone Levels

Level 1: Admission Date – 14 days – Admission and Integration

- A. Residents will meet with staff to complete the following:
- *Nursing* – UA and health screen, set up physical appointment
 - *Support Staff* – review insurance, complete any admit paperwork, be assigned to a Primary MH Practitioner.
 - *MH Prac* – 24-hour paperwork: Immediate Needs Assessment, Initial Treatment Plan, Abuse Prevention Plan. Schedule 10-day paperwork: Substance Use Screening, PHQ9, LOCUS – Admit, Functional Assessment, Interpretive Summary, Treatment Plan, and IMR Orientation
 - *MH Rehab* – ROI's, review of Merritt Handbook, belongings inventory, obtain keys and room.
 - Meet with Support Staff to schedule all recommended services from Diagnostic Assessment and appointments.
- B. Participation and engagement in treatment, including all assigned groups, participation in recommended services, meetings for 1:1 with your Primary MH Practitioner.
- C. Participate with Initial Staffing with Treatment Team (set up by Support Staff at Intake/Admit) to include Case Manager, Probation, Primary MH Practitioner. There are **no off grounds privileges unless accompanied by staff**. Special circumstances will be considered by Off Site Pass form by either the Clinical or Treatment Director.
- D. Visits by family and friends are allowed daily between 7:30-8:30 pm and on Family Day every Sunday from 1-4 pm. All visitors must sign in and out at the main door.
- E. Staff to provide transport to all approved appointments.

Level 2: Day 15 – Day 45 – Growth and Development

- A. 30-day review – meet with Primary MH Prac to complete the following:
- Chemical Dependency Assessment (if needed)
 - PHQ9
 - LOCUS 30 Day
 - Functional Assessment Update
 - Treatment Plan Review and Update
- B. Participation and engagement in treatment, including all assigned groups, participation in recommended services, meetings for 1:1 with your Primary MH Practitioner.
- C. Participate with 30 Day Staffing with Treatment Team to include Case Manager, Probation, and Primary MH Practitioner.
- D. With approval from your Primary MH Practitioner, residents may have off grounds privileges to attend appointments for housing, Social Security, AA/NA, Support Group meetings, etc. Approval will only be granted if completed requests are turned into your Primary MH Prac by Monday at 8 am. Requests will be staffed by Wellstone Clinical Team for approval. Include if requesting cell phone check out for off-site time.
- E. Any resident who relapses on drugs and/or alcohol while on Level II will be moved back to Level I for a minimum of 14 days. Restoration of Level II status must be approved by the Wellstone Program Manager or Treatment Director for major violations.
- F. Transportation begins to transition to become the responsibility of client to schedule and utilize medical rides or bus system. Support Staff can assist with arranging transportation in initial stages.

- G. Visits by family and friends are allowed daily between 7:30-8:30 pm and on Family Day every Sunday from 1-4 pm. All visitors must sign in and out at the main door.

Level 3: Day 45 to Discharge – Transition to Independence

- A. 60 Day Review:
- PHQ9
 - LOCUS – 60 Day
 - Functional Assessment Update
 - Treatment Plan review and update
- B. Participation and engagement in treatment, including attending all assigned groups, participation in recommended services, and attending all meetings for 1:1 with your Primary MH Practitioner.
- C. Participate with 60 Day Staffing with Treatment Team to include Case Manager, Probation, and Primary MH Practitioner.
- D. With approval from your Primary MH Practitioner residents may have off grounds passes if group attendance is consistent and all assignments, paperwork, and 1:1s are completed.
- E. Transportation will become the responsibility of client to schedule and utilize medical rides or bus system.
- F. Visits by family and friends are allowed daily between 7:30-8:30 pm and on Family Day every Sunday from 1-4 pm. All visitors must sign in and out at the main door.
- G. Overnight requests may be considered after 60 days of treatment. Resident must also get approval from Probation Officer or Case Manager for any overnight passes. To request an overnight visit residents are expected to submit an Overnight Pass form to their Primary MH Prac prior to the Monday Clinical Staff meeting for Team review and approval.
- H. Any resident who relapses on drugs and/or alcohol while on Level III will be moved back to Level I for a minimum of 14 days.
- I. If there are violations of the house rules, the resident will be dropped to Level II or I, depending on the severity of the violation and informed of the length of time for minor violations. Restoration of Level III status must be approved by the Director of Crisis or Treatment Director for major violations.
- J. Resident must be medication compliant.
- K. Residents at this level will be able to hold a part-time job or volunteer position but must submit a work schedule to the Wellstone Program Manager or Treatment Director.
- L. Residents will be permitted to have a personal vehicle on-site if he/she has obtained employment as long as there is a copy of resident's valid Driver's License, current vehicle registration, and proof of insurance. No other resident may be transported in another resident's personal vehicle.
- M. Personal cell phones are able to be checked out when applying for jobs, transporting to work/volunteering, and appointments.
- N. No more than 5 days prior to discharge (90th day) the resident must meet with their Primary MH Prac to complete the following:
- PHQ9
 - LOCUS – 90 Day
 - Functional Assessment Update
 - Discharge Summary (within 10 days if unplanned discharge)
 - Episode Closure
 - Resident Discharge Survey

Personal Belongings allowed at Wellstone.

*The numbers listed below indicate the maximum number allowed for each item.

- 7 shirts (Tank tops and any tops with thin straps must be covered with another shirt.)
- 5 Sweaters/Sweatshirts/Hoodies
- 7 pair of pants/shorts (Shorts are to be no shorter than 3” above the knee.)
- 3 dresses/skirts (No shorter than 3” above the knee.)
- 2 slips
- 7 pair underwear
- 7 bras
- 7 pairs of socks
- 2 belts
- 2 sets of exercise clothes
- 1 swimsuit and cover up
- 1 pair pajamas
- 1 pair of slippers
- 1 bathrobe
- 3 pairs of shoes
- 2 hats
- 1 jacket (appropriate to season)
- 2 pairs of gloves/mittens
- 1 winter hat
- 1 cellphone and charger
- All hygiene items must be alcohol free. Residents are asked to bring only a limited amount of makeup, nail care items, and hair products.
- MEDICATIONS: Bring all medications in the correct and current prescription bottles.