

ACT Reporting Template Example

If the ACT provider utilizes any portion of Service Element 37 - Community Behavioral and Mental Health Services for ACT services, the CMHP must report on the participants in this format.

| Oregon Health Authority Addictions and Mental Health Service Element 37 - Community Behavioral and Mental Health Services Assertive Community Treatment (ACT) Report | | | | | | | | | | | |
|---|--|-------------------------------|---|---|--|---|--|--------------------------------|---|------------------------------------|--|
| | | | | | | | | | | (yes/no) | |
| Does the Agency utilize any Service Element 37 - Community Behavioral and Mental Health Services to pay for non-Medicaid eligible ACT participants? | | | | | | | | | | | |
| If the Agency does not utilize Service Element 37 - Community Behavioral and Mental Health Services to pay for non-Medicaid eligible, do not fill out the remainder of this form. | | | | | | | | | | | |
| Number of individuals referred to the program: | | | | | | Number of individuals who were referred, but did not meet program admission criteria: | | | | | |
| Participant Name | ACT Enrollment Date | ACT Closure or Discharge Date | Reason for Closure or Discharge | Employed in Competitive Employment in the last 12 months? | Admitted to Psychiatric Hospital in Past 12 Months | Discharged from Psychiatric Hospital in Past 12 Months? | Utilized Emergency Room services for psychiatric issues in the last 12 months? | In jail in the last 12 months? | Experienced homelessness in the last 12 months? | Stable Housing the last 12 months? | |
| | (All participants enrolled at any time in the last 24 months.) | (If Applicable) | (Transitioned to less intensive service; Higher level of care; Moved; Refused Services; Deceased; Other- specify) | (Yes/No) | Includes OSH, acute, subacute, any locked facility (Date(s)) | (Date(s)) | (Yes / No) | (Yes / No) | (Yes / No) | (Yes / No) | |
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Reports must be submitted by the close of business on the 45th day following the report period end to: AMHcontract.Administrator@state.or.us. The template will be available by July 1, 2015 at <http://www.oregon.gov/oha/amh/Pages/reporting-reqs.aspx>

Any questions regarding reporting requirements for Service Element 37 - Community Behavioral and Mental Health Services should be directed to Wendy Chavez via e-mail at ruth.a.chavez@state.nm.us