OREGON HEALTH AUTHORITY
Assertive Community Treatment (ACT) Universal Tracking Form

Referring Social Worker: **Date:**
Return referral with decision to OSH:
Telephone number: **Email address:**

Patient Name: **DOB:**
Home CCO:
County in which the patient will be living & receiving ACT services:
CCO: **Medicaid ID number (if applicable):**
Primary Mental Health Diagnosis:
Is the patient currently under the jurisdiction of an Aid & Assist Order?
☐ Yes ☐ No

Referral Source:

Referral To:

Anticipated Date of Transition:
Was a Clinical Assessment Completed? ☐ Yes ☐ No
If yes, provide the name and contact information of the clinician who conducted the assessment:
Please indicate what other services (separate from ACT) that are being considered:

OSH Only

Patient Agrees to Referral for ACT Services: ☐

Patient Refuses Referral for ACT Services: ☐

If patient refuses, describe plan to address patient concern(s) regarding ACT Services:

Assertive Community Treatment (ACT) is a specialized model of treatment and service delivery designed to provide comprehensive community-based mental health services to persons with serious and persistent mental illness (SPMI) who are at least 18 years of age, have severe functional impairments, and who have not responded to traditional psychiatric outpatient treatment or less intensive non-standard levels of outpatient mental health treatment. Services are available to individuals with SPMI who have had a history of multiple

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psychiatric hospitalizations and/or crisis interventions. ACT services are provided over an extended period of time and include clinical, rehabilitation, recovery, supportive and case management services provided directly by a multidisciplinary team in the individual's natural environment. ACT serves as the primary provider of services and is in some cases available 24 hours a day, 7 days a week.

Is the client 18 years of age or older? ☐ Yes ☐ No

1. Clients diagnosed with severe and persistent mental illness as listed in the Diagnostic and Statistical Manual, Fifth Edition (DSM V) of the American Psychiatric Association that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder because these illnesses more often cause long-term psychiatric disability.

   Is client diagnosed with a severe and persistent mental illness that seriously impairs their function in the community? ☐ Yes ☐ No

   Primary diagnosis:

2. Clients with other psychiatric illnesses are eligible dependent on the level of the long-term disability. (Individuals with a primary diagnosis of a substance abuse disorder or intellectual disabilities are not the intended client group.)

   Does the client have a secondary co-occurring disorder that also impacts their ability to function in the community?

   Substance abuse disorder: ☐ Yes ☐ No
   Describe/Supporting Documentation Found In:

   Other co-occurring disorder: ☐ Yes ☐ No
   Describe/Supporting Documentation Found In:

3. Does the client exhibit significant functional impairment as demonstrated by at least one of the following conditions?

   ☐ Significant difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g. caring for personal business affairs; obtaining medical, legal or housing services; recognizing and avoiding common

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dangers or hazards to self and possessions; meeting nutritional needs, maintaining personal hygiene)
Describe/Supporting Documentation Found In:

☐ Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities).
Describe/Supporting Documentation Found In:

☐ Significant difficulty maintaining a safe living situation (repeated evictions, or loss of housing)?
Describe/Supporting Documentation Found In:

4. Clients with one or more of the following indicators of continuous high service needs:
☐ High use of acute psychiatric hospitals (two or more admissions per year) or psychiatric emergency services.
☐ Intractable (i.e., persistent or very recurrent) severe major mental health symptoms (affective psychotic, suicidal).
☐ Coexisting substance abuse disorder of significant duration (greater than six months).
☐ High risk or recent history of criminal justice involvement (e.g. arrest, incarceration).
☐ Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk becoming homeless.
☐ Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available.
☐ Difficulty effectively utilizing traditional office-based outpatient services.
EVALUATOR:
Agency:
Name:
Title:
Phone Number:

Signature: _____ Date: _____

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ACT Services referral withdrawn? **Date:**
Reason?
Were all parties notified of withdrawal? **Date:**
Method of notification:

ACT Services Determination:	Date of Determination:

Patient accepts ACT Services: ☐
Patient refuses ACT Service: ☐
ACT Program accepts and agrees that the referred patient meets program eligibility criteria: ☐
ACT Program denies referral: ☐
Specific reason(s) for denial:
If denial is due to capacity limitations, does the patient elect to be placed on a waiting list?
☐ Yes ☐ No
If denied, please identify recommended alternative community-based services:

_____ _____
Signature CCO Organization

_____ _____
Signature ACT Program Representative

Phone: _____
Email: _____

Submit form via secured email to OSH Transition Assistant identified on Page 1

CONFIDENTIAL: This information has been disclosed to you from records where confidentiality is protected by State Law (ORS 179.505) and Federal Law (45CFR, Part 164). You are *prohibited from making further disclosure without specific written consent of the* persons or as otherwise permitted by law.

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