

Assertive Community Treatment BI-Annual REPORT FORM

Quarter: Jan - June July - Dec **Year:** _____ **Agency/Team:** _____

Clients Reported: **Gender:** # Male = # Female

Client Ethnicity: White: Black: Hispanic: Other:

1. In the past 6 months, how many times and days has the client:	# clients	# total days	# incidents	# unreimbursed days
Been homeless?				
Been incarcerated?				
Been hospitalized for psychiatric reasons?				
Been hospitalized for substance abuse reasons?				
Been hospitalized for medical care?				

2. In the past 6 months, has the client had a checkup: Medical:	Dental:
3. Health Status --co-morbid health care problem(s):	#-Y #-N
Diabetes	
Cardiovascular Disease	
Obesity	
Chronic Obstructive Pulmonary Disease	
Other	

4. In the past 6 months, utilization of other community-based services:	#-Y	#-N
Res. MH Treatment (PRR)		
Res. SA Treatment (STR, TC, DD, HH)		
Day Rehabilitation		
Day Programming		
Social Detox		
Outpatient MH/SA outside of ACT		

5. In the past 6 months, how many days was the client competitively employed? <i>0 if not competitively employed</i>	#clts:	Days
	#clts:	Days
6. In the past 6 months, was the client involved in pre-employment activities?	#Y	#N

7. What is the client's stage of SA treatment on the last day of the quarter?								
NA	Pre-engagement	Engagement	Early Persuasion	Late Persuasion	Early Active Treatment	Late Active Treatment	Relapse Prevention	In Remission or Recovery

8. What is the clients' current living arrangement on the last day of the quarter?				
0. NA		6. Lives w/relatives (dependent)		11. Independent
1. Psych Hospital		7. Group Home/Asstd Living		12. Homeless
2. SA Hospitalization		8. Boarding Home		13. Shelter
3. General Hospital - psych ward		9. Supervised Apt		14. Other (specify): <i>jail, hospice, hotel</i>
4. Nursing Home		10. Lives w/relatives		
5. Family Care Home		(largely independent)		

9. What is the clients' educational status on the last day of the quarter?			
0. NA		6. Basic educational skills	
1. No ed. Participation		7. Attending voc. school/program/apprentice or high school	
2. Avocational/ed. Involvement		8. Attending college: 1-6 hours	
3. Pre-educational exploration		9. Attending college: 7 or more hours	
4. Working on GED		10. Other (specify)	
5. Working on English (ESL)			

10. Client's highest level of education: No HS or GED: _____ HS Diploma or GED: _____
 Some college: _____ Vocational Certificate: _____ AA: _____ BA/BS: _____ Masters/PhD.: _____

Note:

#1 Include # of clients, # of total day, # of incidents, and # of unreimbursed days

#2 Include # of clients for medical and # of clients for dental (do not combine)

3 Cardiovascular Disease defined as heart attack, stroke, hypertension, deep venous thrombosis, peripheral vascular disease

4 Day Rehabilitation indicates authorized active rehabilitation programming and treatment plan

#5 If client is employed for 30 days, irrespective of # of days or hours worked, they are "competitively employed" for the 30 day time frame.

#7 Baseline is the number of clients reported on. Clients identified in NA state of treatment, means they have no Axis I diagnoses of substance use disorder/dependence. If Axis I is present, identify stage of treatment.

#8 Assisted Living is included with group home living arrangement.