

Assertive Engagement & Outreach Protocol

An Assertive Engagement Protocol is a critical mechanism for ensuring an ACT team has considered and attempted all avenues of engaging a client in services prior to considering discharge from the team. The protocol can be completed by hand, electronically or be incorporated into an electronic medical record.

Client / ID Number:

Date of Last In-Person Contact:

Possible reasons for disengagement / unknown location to consider:

If client is able to be located but not engaging:

Method Attempted	Date	Team Member(s)	Response / Outcome
<i>Do we understand client's viewpoint, and address goals THEY want to work on?</i>			
<i>Have we helped by tending to basic or practical needs?</i> <input type="checkbox"/> Benefits, finances, or budgeting <input type="checkbox"/> Shopping / Groceries <input type="checkbox"/> Medication administration / delivery <input type="checkbox"/> Housing challenges <input type="checkbox"/> Medical needs / appointments			
<i>Have we visited their home and known spots?</i>			
<i>Have we considered client's preference re: logistical approaches?</i> <input type="checkbox"/> Meeting in a comfortable place <input type="checkbox"/> Transportation <input type="checkbox"/> Visiting their home / homeless shelter <input type="checkbox"/> Using technology (email, text, etc.) <input type="checkbox"/> Time of day appointments are scheduled			
<i>Have we considered the following if the client has a Substance Use Disorder?</i> <input type="checkbox"/> Harm reduction (i.e. clean needle exchange, Narcan, etc.) <input type="checkbox"/> Rides to COD groups <input type="checkbox"/> Referrals / rides to self-help groups <input type="checkbox"/> Sensitive to SOC			
<i>Have we reviewed with the client how they can get in touch with the ACT team?</i>			
<i>Have 3 or more different ACT team members attempted to engage the person, including team leader & PSS?</i>			

Have we tried coordinated team member visits?			
Engage in an activity of their choice (hobby, etc.).			
Have we reviewed each ACT staff's roles with the client and how each staff can be helpful with client's individual goals?			
Are there cultural differences that need to be addressed?			
Does stages of treatment match with client's SOC for each behavior / goal?			
Have we consulted with the person's informal and formal supports that have an active release of information? Document name and contact information below:			
Emergency Contact:	Guardian / Payee:	**If an informal support was contacted, don't forget to track this.	
Support #1:	Landlord:		
Support #2:	Previous Provider:		
Support #3:	Probation/Parole Officer:		
Employer:	Medical provider:		
Has the team enlisted the previous provider to encourage engagement in ACT services?			
If applicable, has the team attempted a crisis intervention?			
Have ACT staff been cancelling appointments? If so, have we addressed this with client?			
Is termination based on missed appointments or fixed time limits?			
Have we utilized the following evidence-based practices?			
<input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Peer Support Services <input type="checkbox"/> Dual Disorder Approach <input type="checkbox"/> Group Services			
Assessed need for and initiated additional legal mechanisms (as a last resort):			
<input type="checkbox"/> Involuntary Emergency Admission <input type="checkbox"/> Revocation of CD <input type="checkbox"/> Guardianship or Payee-ship <input type="checkbox"/> Probation / Parole			
Other steps taken based on team discussion process:			

If client is unable to be located:

Method Attempted	Date	Team Member(s)	Response / Outcome										
<p>Have used the following messaging methods?</p> <p><input type="checkbox"/> Phone call 3 to 4 times per week <input type="checkbox"/> Texting <input type="checkbox"/> Letter <input type="checkbox"/> Email</p> <p>* This should include creative messaging (i.e. SS check pick up is in person, providing a request they've asked before, offering to do a non-clinical activity they enjoy, etc.)</p>													
<p>Have we stopped by their home and their known hangout spots without verification of their preference?</p>													
<p>Have 3 or more different ACT team members look for the person in the community?</p>													
<p>Have we connected with the person's informal and formal supports that have an active release of information? Document name and contact information below:</p> <table> <tr> <td data-bbox="143 793 397 825">Emergency Contact:</td> <td data-bbox="530 793 741 825">Guardian / Payee:</td> </tr> <tr> <td data-bbox="143 829 291 861">Support #1:</td> <td data-bbox="530 829 656 861">Landlord:</td> </tr> <tr> <td data-bbox="143 864 291 897">Support #2:</td> <td data-bbox="530 864 741 897">Previous Provider:</td> </tr> <tr> <td data-bbox="143 900 291 933">Support #3:</td> <td data-bbox="530 900 825 933">Probation/Parole Officer:</td> </tr> <tr> <td data-bbox="143 936 291 969">Employer:</td> <td data-bbox="530 936 720 969">Medical provider:</td> </tr> </table>	Emergency Contact:	Guardian / Payee:	Support #1:	Landlord:	Support #2:	Previous Provider:	Support #3:	Probation/Parole Officer:	Employer:	Medical provider:			
Emergency Contact:	Guardian / Payee:												
Support #1:	Landlord:												
Support #2:	Previous Provider:												
Support #3:	Probation/Parole Officer:												
Employer:	Medical provider:												
<p>Have we checked other potential community locations / contacts?</p> <p><input type="checkbox"/> Homeless shelters <input type="checkbox"/> Food pantries <input type="checkbox"/> Local police <input type="checkbox"/> Local jails <input type="checkbox"/> Local hospitals <input type="checkbox"/> Local nursing homes <input type="checkbox"/> Rehabilitation centers (physical, substance use, etc.)</p>													
<p>Other steps taken based on team discussion process:</p>													