**Assertive Engagement 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. The intent of this template is to offer ACT teams some key considerations for this process. Unique qualities of the client, community, agency, and team might require modification of this document. Ideally, an ACT team would document their efforts on the protocol during multiple team meeting discussions concerning any person who are not yet engaged or have disengaged from services. The team would complete the section that best matches the situation (i.e. difficulty developing a working relationship and/or difficulty locating the person). The length of the assertive engagement process and frequency of outreach attempts will vary considerably based on the person’s need. Typically, individual agencies have already developed a discharge policy and procedure that would follow utilization of this document.

**Client: Client ID: Date of Last Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Occurred** | **Steps Taken** | **Responsible****Team Member** | **Outcome** |
|  | Updated team regarding person’s current status (i.e. identify explicit reasons for non-engagement). |  |  |
|  | The team has discussed, planned and utilized motivational approaches to build relationship and trust. |  |  |
|  | Considered whether team has different priorities than the person (i.e. What does the person want? Are their basic needs met? Are we ahead of the person?) |  |  |
|  | Three or more different ACT team members have attempted to engage the person (with consideration of relevant specialty roles). |  |  |
|  | Team leader attempted to engage the person. |  |  |
|  | Consulted with the person’s supports that have an active release of information. Document name and contact information below (“N/A” if not applicable). |  |  |
|  | Emergency Contact: |  |  |
|  | Support #1: |  |  |
|  | Support #2: |  |  |
|  | Support #3: |  |  |
|  | Landlord: |  |  |
|  | Previous Provider: |  |  |
|  | Probation/Parole Officer: |  |  |
|  | Payee: |  |  |
|  | Guardian:  |  |  |
|  | Prescriber has attempted engagement at various locations in the community. |  |  |
|  | The team has enlisted the previous provider to encourage engagement in ACT services. |  |  |
|  | If applicable, the team has attempted a crisis intervention. |  |  |
|  | Utilized larger agency and local board process for discussing risk management concerns. |  |  |
|  | Sent person a letter regarding request for contact. (Mailed to last known address, emergency contact address, and other known addresses. Could occur simultaneously with other steps.) |  |  |
|  | Assessed need for and initiated additional legal mechanisms (as a last resort – see DACTS protocol): |  |  |
|  | Outpatient commitment process |  |  |
|  | Payeeship |  |  |
|  | Guardianship |  |  |
|  | Other steps taken based on team discussion process: |  |  |
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**Assertive Engagement Protocol**

**Unable to Locate**

**Client: Client ID: Date of Last Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Occurred** | **Steps Taken** | **Responsible****Team Member** | **Outcome** |
|  | Updated team regarding person’s current status (i.e. identify explicit reasons for non-engagement). |  |  |
|  | Attempted to call person at least 3-4 times per week. |  |  |
|  | Visited the person's home regularly without verification of person’s presence. |  |  |
|  | Consulted with the person’s supports that have an active release of information. Document name and contact information below (“N/A” if not applicable). |  |  |
|  |  Emergency Contact: |  |  |
|  |  Support #1: |  |  |
|  |  Support #2: |  |  |
|  |  Support #3: |  |  |
|  |  Landlord: |  |  |
|  | Previous Provider: |  |  |
|  | Probation/Parole Officer: |  |  |
|  | Payee: |  |  |
|  | Guardian:  |  |  |
|  | Checked other potential community locations (in person or electronic sources). |  |  |
|  |  Local Hospitals: |  |  |
|  |  Homeless Shelters: |  |  |
|  |  Nursing homes: |  |  |
|  |  Jails/Prisons: |  |  |
|  | Other Agency Providers (i.e. primary health, previous provider, pharmacy): |  |  |
|  | Other locations frequented by the person: |  |  |
|  | Sent person a letter regarding request for contact. (Mailed to last known address, emergency contact address, and other known addresses. Could occur simultaneously with other steps.) |  |  |
|  | Conducted a safety check with the landlord and police at the person’s last known residence. |  |  |
|  | Contacted local authorities (i.e. CIT officers) to file a missing person’s report. |  |  |
|  | Assessed need for and initiated additional legal mechanisms (as a last resort – see DACTS protocol): |  |  |
|  | Outpatient commitment process |  |  |
|  | Payeeship |  |  |
|  | Guardianship |  |  |
|  | Other steps taken based on team discussion process: |  |  |
|  |  |  |  |
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