

ACT Outcomes Report with Instructions

Before you fill out the *Outcomes Report Form*, become familiar with the definitions of the data elements to provide consistency among reporters.

1. General data

- **Quarter:** Check the time frame for the reporting period.
- **Year:** Fill in the current year.
- **Reported by:** Fill in the name and title of the person who completed the form.
- **Agency:** Identify the agency name.
- **Program:** Write the program name.

2. About the individual

- **Individual ID:** Write the case #. This information will be accessible only to the agency providing the service.
- **Individual Initials:** First and last listed
- **Discharge date:** If the individual has been discharged during this report period, fill in the discharge date.
- **Date of birth:** Fill in the individual's date of birth (example: 09/22/1950).
- **Gender:** Check appropriate box.
- **Primary diagnosis:** Write the DSM diagnosis.
- **Date:** Date the form was completed

3. Evidence-Based service status

What was the **individual's evidence-based service status** on the last day of the quarter? Check the appropriate boxes according to these definitions:

- **Eligible:** Does the individual meet the participation criteria for a specific EBP? Each EBP has criteria for program participation that should be used to determine eligibility.
- **Enrolled:** Is the individual participating in a particular EBP service or has the individual participated in the EBP in the past period? *Note:* Aggregate data about eligibility and enrollment can be used to determine the percent of eligible individuals who received services.
- **N/A:** Not to be confused with "not eligible". Only check box if the EBP is not currently offered for individuals being served.

4. Incident reporting

For the following outcomes, record the number of days and number of incidents that the individual spent in each category during the reporting period.

Categories:

- **Homelessness:** Circle yes or no depending if the individual was homeless or not and how many times the individual was homeless during the reporting period. *Homeless* refers to individuals who lack a fixed, regular, and adequate nighttime residence.
- **Incarceration:** Circle yes or no depending if the individual was incarcerated or not in jail or in other criminal justice lock-ups.
- **State psychiatric hospital:** Circle yes or no depending if the individual was hospitalized or not primarily for treatment of psychiatric disorders in a state psychiatric hospital.
- **Private:** Circle yes or no depending if the individual was hospitalized or not primarily for treatment of psychiatric disorders in a private psychiatric hospital.
- **Hospitalization for substance:** Circle yes or no depending if the individual was hospitalized or not primarily for treatment of substance use disorders, including both public and private hospitals whose primary function is treating substance use disorders.

5. Competitive employment

In the past 3 months, how many days was the individual competitively employed? Competitively employed means working in a paid position (almost always outside the mental health center) that would be open to all community members to apply. Competitive employment excludes individuals working in sheltered workshops, transitional employment positions, or volunteering. It may include individuals who are self-employed but only if the individual works regularly and is paid for the work

6. Stage of substance use treatment

- **What was the individual's stage of substance use treatment on the last day of the quarter?** Record the individual's stage of substance use recovery according to the following nine (9) categories:
 - **Not applicable:** No history of substance use disorder.
 - **Pre-engagement:** No contacts with a case manager, mental health counselor, or substance use counselor.
 - **Engagement:** The individual has had contact with an assigned case manager or counselor, but does not have regular contacts. The lack of regular contact implies lack of a working alliance.
 - **Early persuasion:** The individual has regular contacts with a case manager or counselor, but has not reduced substance use for more than a month. Regular contacts imply having a working alliance and a relationship in which substance use can be discussed.

continue, substance use treatment

- **Late persuasion:** The individual is engaged in a relationship with a case manager or counselor, is discussing substance use or attending a group, and shows evidence of reducing use for a least one (1) month (fewer drugs, smaller quantities, or both). External controls (e.g., Vivitrol) may be involved in reduction.
- **Late active treatment:** The individual is engaged in treatment, has acknowledged that substance use is a problem, and has achieved abstinence (or controlled use without associated problems) but for less than six (6) months.
- **Relapse prevention:** The individual is engaged in treatment, has acknowledged that substance use is a problem, and has achieved abstinence
- **In remission or recovery:** The individual has had no problems related to substance use for more than one (1) year and is no longer in any type of substance use treatment.
- **Early active treatment:** The individual is engaged in treatment, is discussing substance use or attending a group, has reduced use for at least one (1) month, and is working toward abstinence (or controlled use without associated problems) as a goal, even though he or she may still be using.

7. Living arrangements

What was the individual's living arrangement on the last day of the quarter? This data gives your agency an ongoing record of the individual's residential status.

- **Not applicable or unknown**
- **Psychiatric hospital:** Those hospitals, both public and private, whose primary function is treating mental health disorders. This includes state hospitals and other freestanding psychiatric hospitals.
- **Substance use hospitalization:** Those hospitals, both public and private whose primary function is treating substance use disorders.
- **Nursing home or IC-MH:** Facilities that are responsible for the medical and physical care of individuals and have been licensed as such by the State of Michigan.
- **Family care home:** This category is for situations in which individuals live in single-family dwellings with non-relatives who provide substantial care. Substantial care is determined by the degree to which non-relatives are responsible for the daily care of individuals. Such things as medication management, transportation, cooking, cleaning, restrictions on leaving the home, and money management is considered. Non-relatives may have guardianship responsibilities. If individuals are unable to do most daily living tasks without the aid of caretakers, consider caretakers to be providing substantial care.
- **Lives with relatives (heavily dependent for personal care):** Here consult individuals and relatives about how much family members are responsible for the daily care of individuals. An important distinction between this status and *supervised apartment program* is to ask, "If the family were not involved, would the individual be living in a more restrictive setting?" In assessing the extent to which family members provide substantial care, consider such things as taking medication, using transportation, cooking, cleaning, having control of leaving the home, and managing money. If individuals are unable to independently *perform most* daily living functions, consider family members to be providing substantial care.

Continue, living arrangements

- **Minor living with biological/adoptive family:**
- **Minor living outside of biological adoptive home:**
- **Other:** Those who complete the form should clearly define this status in the space provided.
- **Group home/AFC:** A *group home* is a residence that is run by staff who provide many functions (shopping, meal preparation, laundry, etc.) that are essential to living independently.
- **Room and board:** A *boarding home* is a facility that provides a place to sleep and meals, but it is not seen as an extension of a mental health agency nor is it staffed with mental health personnel. These facilities are largely privately run and individuals have a high degree of autonomy.
- **Supervised community living:** Individuals live (fairly independently) in an apartment/house sponsored by a mental health agency.

Note: Individuals who receive only case management support or financial aid are NOT included in this category. They are considered to be living independently.

- **Lives with relatives (but is largely independent):** An assignment to this category requires having information from individuals and families. The key consideration relates to the degree to which individuals can perform most tasks essential to daily living without being supervised by family members.
- **Living independently:** Individuals who live independently and are capable of self-care, including those who live independently with case management support. This category also includes individuals who are largely independent and choose to live with others for reasons unrelated to mental illness. They may live with friends, a spouse, or other family members. The reasons for shared housing could include personal choice related to culture or financial considerations.
- **Homeless:** Individuals who lack a fixed, regular, and adequate nighttime residence.
- **Emergency shelter:** Temporary arrangements due to a crisis or misfortune that are not specifically related to a recurrence of the individual's mental illness. While many emergency shelters provide emotional support, the need for emergency shelter is due to an immediate crisis unrelated to the individual's mental illness.

8. Educational status

What was the individual's educational status on the last day of the quarter? This data provides your agency with an ongoing record of the individual's educational status.

- **Not applicable**
- **No educational participation:** Individual is not participating in educational activities.
- **Avocational/educational involvement:** These are organized classes in which individuals enroll consistently and expect to take part for the purpose of life enrichment, hobbies, recreation, etc. **These classes must be community-based, not run by the mental health center.** Classes are those in which anyone could participate, not just individuals. If any of these activities involve college enrollment, use the categories below.
- **Pre-educational explorations:** Individuals in this status are engaged in educational activities with specific purpose of working toward an educational goal. This includes individuals who attend a college orientation class with the goal of enrolling, meet with the financial aid office to apply for scholarships, or apply for admission to enroll. This status also includes **individuals who attend a mental health center-sponsored activity focusing on an educational goal** (e.g., campus visits with a case manager to survey the location of classrooms; meetings with the case manager and college staff to secure entitlements).
- **Working on GED:** Individuals who are taking classes to obtain their GED.
- **Working on English as a second language:** Individuals who are taking classes in English as a second second language in a community setting.
- **Basic educational skills:** Individuals who are taking adult educational classes focused on basic skills, such as math and reading.

Continue, educational status

- **Attending vocational school or apprenticeship, vocational program (CAN Training), or attending high school.** Individuals who are:
 - participating in community-based vocational schools.
 - learning skills through an apprenticeship, internship, or in a practicum setting.
 - involved in on-the-job training to acquire more advanced skills.
 - participating in correspondence courses which lead to job certification
 - young adults attending high school.
 - **Attending college 1-6 hours.** Individuals who attend college for six (6) hours or less per term. This status continues over breaks, etc., if individuals plan to continue enrollment. This status suggests that individuals regularly attend college and includes correspondence, TV, or video courses for college credit.
 - **Attending college 7 or more hours.** Individuals who attend college for more than 7 hours per term. This status continues over breaks, etc., if individual plans to continue enrollment.
- Regular attendance with expectations of completing course work essential for assignment to this status.
- **Other:** Those who complete the form should clearly define this status in the space provided.

St. Clair County Community Mental Health
Outcomes Report Form (ACT)

1. General data

Quarter:	Year:
<input type="checkbox"/> January, February, March	
<input type="checkbox"/> April, May, June	
<input type="checkbox"/> July, August, September	
<input type="checkbox"/> October, November, December	
Reported By:	
Agency:	
Program:	

2. About the individual

Individual's ID: _____

First/Last Initial: _____

ACT Start Date: _____

ACT Discharge Date: _____

Date of Birth: _____

☐ Male ☐ Female ☐ Non-Binary

Primary Diagnosis: _____

Date: _____

3. Evidence-Based service status

What was the individual's evidence-based service status on the last day of the quarter?					
	N/A	Unknown	Not Eligible	Eligible	Enrolled
Supported employment (IPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive community treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illness management and recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family psychoeducation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMDR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TF-CBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Incident reporting

In the past 3 months, how often has the individual...		
	Yes/No	Number of Incidents
Been homeless?		
Been incarcerated?		
Been in a state psychiatric hospital?		
Been in a private psychiatric rehabilitation hospital		
Been hospitalized for substance use reasons?		

5. Competitive employment

In the past 3 months, how many days was the individual competitively employed? (Use 0 if the individual has not been competitively employed)		Days
Was the individual competitively employed on the last day of the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No		

6. Stage of substance use treatment

What was the individual's stage of substance use treatment on the last day of the quarter? Check one			
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Pre-engagement	<input type="checkbox"/> Engagement	<input type="checkbox"/> Early persuasion
<input type="checkbox"/> Late persuasion	<input type="checkbox"/> Early active treatment	<input type="checkbox"/> Late active treatment	<input type="checkbox"/> Relapse prevention
<input type="checkbox"/> In remission or recovery			

7. Living arrangement

What was the individual's living arrangement on the last day of the quarter? Check one			
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Psychiatric hospital	<input type="checkbox"/> Substance use hospitalization	<input type="checkbox"/> Nursing home
<input type="checkbox"/> Family care home	<input type="checkbox"/> Boarding home	<input type="checkbox"/> Group home	
<input type="checkbox"/> Living with relatives (heavily dependent for personal care)		<input type="checkbox"/> Living independently	
<input type="checkbox"/> Supervised community living	<input type="checkbox"/> Living with relatives (but largely independent)		<input type="checkbox"/> Homeless
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Other (specify) _____		

8. Educational Status

What was the individual's education status on the last day of the quarter? Check one		
<input type="checkbox"/> Not applicable	<input type="checkbox"/> No educational participation	
<input type="checkbox"/> Avocational/educational involvement	<input type="checkbox"/> Pre-educational explorations	
<input type="checkbox"/> Working on GED	<input type="checkbox"/> Working on English as a second language	
<input type="checkbox"/> Basic educational skills		
<input type="checkbox"/> Attending vocational school, vocational program (CAN Training), apprenticeship, or high school		
<input type="checkbox"/> Attending college: 1-6 hours	<input type="checkbox"/> Attending college: 7 or more hours	
<input type="checkbox"/> Other (specify) _____		
What is the individual's highest level of education? Check one		
<input type="checkbox"/> Some high school	<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Some college
<input type="checkbox"/> Associate degree	<input type="checkbox"/> Vocational training certificate	<input type="checkbox"/> Bachelor of Arts or Bachelor of Science degree
<input type="checkbox"/> Master's degree or Ph.D.		