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

Have 3 or more different ACT team members attempted to engage the person, including team leader & PSS?			
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 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 has 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? ☐ Motivational Interviewing ☐ Peer Support Services ☐ Dual Disorder Approach ☐ Group Services			

Assessed need for and initiated additional legal mechanisms (as a last resort):
☐ Involuntary Emergency Admission ☐ Revocation of CD ☐ Guardianship or Payee-ship ☐ 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
Have used the following messaging methods? ☐ Phone call 3 to 4 times per week ☐ Texting ☐ Letter ☐ Email * 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.)			
Have we stopped by their home and their known hangout spots without verification of their preference?			
Have 3 or more different ACT team members look for the person in the community?			
Have we connected 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: Support #1: Landlord: Support #2: Previous Provider: Support #3: Probation/Parole Officer: Employer: Medical provider:			
Have we checked other potential community locations / contacts? ☐ Homeless shelters ☐ Food pantries ☐ Local police ☐ Local jails ☐ Local hospitals ☐ Local nursing homes ☐ Rehabilitation centers (physical, substance use, etc.)			
Other steps taken based on team discussion process:			