



NAME _____

DOB _____

ASSERTIVE COMMUNITY TREATMENT TEAM (ACTT)

ACTT is designed as a “hospital without walls” and provides high intensity services to those that need it. The team primarily works with people living with severe and chronic mental illnesses and helps them begin the path of recovery. The team incorporates a Psychiatrist, Nursing staff, a Licensed Team Leader, Substance Abuse Clinician(s), Licensed Therapist(s), Vocational specialists and additional case managers. Support is provided around symptom management, independent living, competitive employment and tenancy supports as well as recovery from substance abuse and mental illness.

PLEASE FAX THE FOLLOWING DOCUMENTATION TO 828-350-0802:

- October Road Inc. Referral form (demographic page, RARF, or similar)
- Current/recent CCA or Psychiatric Evaluation
- Dates of most recent 2 hospitalizations
- Primary Diagnoses
- Release of Information Signed by Client or Legal Representative
- Current medication orders and last 2 psychiatric notes
- ACTT Service Definition Checklist (page 2 of this document)

IMPORTANT CONTACT INFORMATION SHOULD YOU HAVE QUESTIONS:

For more information, contact our Intake Coordinator: 828-350-1000 extension 1

ACTT REFERRALS MUST MEET FOLLOWING CRITERIA:

- Meets Service Definition entrance criteria (page 2 of this document)
- LOCUS Level 4 or above

Presenting Concern(s):

Please explain what we should know about the referred client (strengths, symptoms of paranoia, delusions, fear, aggression, etc.):

ACTT SERVICE DEFINITION ENTRANCE CRITERIA:

Severe and persistent mental illness that seriously impairs functioning in community living - priority given to those with:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Other psychotic disorder not mentioned

AND significant functional impairment in at least one of the following areas:

Significant difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (caring for personal business affairs, obtaining medical, legal and housing services, recognizing and avoiding common dangers or hazards to self and possessions, meeting nutritional needs, maintaining personal hygiene) or persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends.

As EVIDENCED by:

Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the homemaker role (e.g. household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities.

As EVIDENCED by:

Significant difficulty maintaining a safe living situation (e.g. repeated evictions or loss of housing.)

As EVIDENCED by:

AND have one or more of the following problems:

High use of acute psychiatric hospitals (e.g. two or more admissions per year) or psychiatric emergency services.

Intractable (persistent or very recurrent) severe major psychiatric symptoms (e.g. affective, psychotic, suicidal)

Coexisting mental health and substance abuse disorder of significant duration (greater than 6 months)

High risk or recent history of criminal justice involvement

Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness or imminent risk of becoming homeless

Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available

Difficulty effectively utilizing traditional office-based outpatient services