

Table 4. Principles of ACT Assessment

Start at the first meeting	The assessment process begins during visits with consumers, family members, or other supporters while consumers are being admitted to the program.
Address immediate needs first	The initial assessment focuses on basic needs, such as safety, food, clothing, shelter, medical needs.
Assess while you work	As the team begins to meet those needs, other assessments are done. Most assessments are done while the team works with the consumer on problems that were identified in the initial assessment.
Be sensitive	The assessment process begins with the most critical problems and moves next to assessing information that is not particularly sensitive or personal. Then, as trust develops, more personal information is elicited (e.g., drug use, sexual activity).
Focus on the consumer's needs	A critical part of the assessment is finding out what consumers' preferences are and what they want to accomplish.
Share what you know	Assessments are not proprietary. (For example, medical assessment may be important to mental health professionals; family assessment may be important to employment specialists.)
Look for patterns	Chronological information is collected in each area of assessment and then assembled in a timeline to show the relationship between events and experiences in consumers' lives.

Table 5: Elements of a Comprehensive Assessment

Purpose	Who is responsible	Sources of information	Timeframe
Assessment: Psychiatric history, mental status, and diagnosis			
<ul style="list-style-type: none"> ■ Ensure accuracy of diagnosis ■ Inform plans that will be made with consumer for treatment 	Psychiatrist	<ul style="list-style-type: none"> ■ Consumer ■ Family ■ Supporters ■ Past treatment records about onset, precipitating events, course and effect of illness ■ Past treatment and treatment response ■ Risk behaviors ■ Current mental status 	<p>Within 30 days</p> <p>Findings presented at daily meetings or to ACT leader and individual treatment team at the first treatment planning meeting</p>
Assessment: Psychiatric history narrative			
Establish timeline of course of illness and treatment response	Psychiatrist	<ul style="list-style-type: none"> ■ Psychiatrist's interview with consumer ■ Psychiatric/Social Functioning History Timeline 	<p>Started at admission or first interview the consumer has with psychiatrist.</p> <p>Completed within first 30 days</p>

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Purpose	Who is responsible	Sources of information	Timeframe
Assessment: Physical health			
<ul style="list-style-type: none"> ■ Identify current medical conditions. Ensure proper treatment, follow-up, support ■ Determine health risk factors ■ Determine medical history ■ Determine if there are problems communicating health concerns 	Registered nurse	<ul style="list-style-type: none"> ■ Consumer ■ Medical records 	<p>First interview within 72 hours of admission</p> <p>If consumer is experiencing problems concentrating or needs time to get to know staff to discuss sensitive areas, such as sexual issues, assessment may need to be completed over 2 to 3 interviews</p> <p>Presented at first treatment planning meeting unless immediate concerns exist, in which case nurse should consult team psychiatrist and ACT leader and present those concerns at daily meeting</p>
Assessment: Use of drugs and alcohol			
<ul style="list-style-type: none"> ■ Determine if consumer currently has a substance use disorder ■ Determine if consumer has history of substance abuse treatment ■ Develop appropriate treatment interventions to be integrated into the comprehensive treatment plan ■ Establish chronology 	Substance use specialist	<ul style="list-style-type: none"> ■ Composite International Diagnostic Interview - Substance Abuse Module (CIDI-SAM) or similar standardized instrument ■ Consumer interviews or discussions conducted in home or community settings ■ Psychiatric History, Mental Status, and Diagnosis Assessment and the Health Assessment ■ Past treatment providers 	<p>Assessment begins at admission</p> <p>It may take several interviews to collect information since it is sensitive and requires a sufficient level of rapport and trust between consumer and mental health professional</p> <p>Presented at first treatment planning unless immediate concerns exist, in which case substance abuse specialist should consult ACT leader, psychiatrist, and individual treatment team and present information at daily organization staff meeting</p>
Assessment: Social development and functioning			
<ul style="list-style-type: none"> ■ Assess how illness interrupted or affected consumer's social development ■ Information gathered about: <ul style="list-style-type: none"> ■ childhood ■ early attachments ■ role in family of origin ■ adolescent and young adult social development ■ culture and religious beliefs ■ leisure activity and interests ■ social skills ■ involvement in legal system ■ social and interpersonal issues appropriate for supportive therapy 	Mental health professional	<ul style="list-style-type: none"> ■ Consumer interview ■ Discussions conducted in home or other community settings 	<p>Begins at admission</p> <p>Information may be gathered over several meetings</p> <p>Completed within 30 days</p> <p>Presented at daily meeting, to ACT leader, or at the first treatment planning meeting</p>

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Purpose	Who is responsible	Sources of information	Timeframe
Assessment: Activities of Daily Living (ADL)			
<ul style="list-style-type: none"> ■ Consumer’s current ability to meet basic needs ■ Adequacy and safety of consumer’s current living situation ■ Current financial resources ■ Effect of symptoms on consumer’s ability to maintain independent living situation ■ Consumer’s individual preferences ■ Level of assistance, support, and resources consumer needs to re-establish and maintain activities of daily living 	Mental health professional	<ul style="list-style-type: none"> ■ Consumer interviews ■ Discussions in home or other community settings ■ Interviewer must pay special attention to consumer’s preferences and serve as consumer’s advocate to ensure activities of daily living and other services meet consumer’s preferences 	<p>Initial ADL plan completed at admission to identify all immediate services consumer may need (e.g., assists with nourishment, circumventing eviction)</p> <p>Information may be gathered over several interviews</p> <p>Comprehensive ADL assessment completed within 30 days</p> <p>Presented at daily meeting, to ACT leader, to individual treatment team, or at first treatment planning meeting</p>
Assessment: Education and employment			
<ul style="list-style-type: none"> ■ How consumer is currently structuring time ■ Consumer’s current school or employment status ■ Consumer’s past school and work history (including military service) ■ Effect of symptoms on school and employment ■ Consumer’s vocational/educational interests and preferences ■ Available supports for employment (e.g., transportation) ■ Source of income ■ Education, military, and employment chronology 	Employment specialist	<ul style="list-style-type: none"> ■ Consumer interviews ■ School records ■ Past employers 	<p>Assessment may be completed over several meetings, leading to ongoing employment counseling relationship between consumer and vocational specialist</p> <p>Presented at daily meetings, to ACT leader, team members working with consumer, or at the first treatment planning meeting</p>
Assessment: Family and relationships			
<ul style="list-style-type: none"> ■ Allows team to define with consumer the contact or relationship ACT will have with family or other supporters ■ Obtain information from consumer’s family or other supporters about consumer’s mental illness ■ Determine family’s or other supporters’ level of understanding about mental illness ■ Learn family’s or other supporters’ expectations of ACT services 	Mental health professional	<ul style="list-style-type: none"> ■ Consumer ■ Family members or other supporters 	<p>Begun during the initial meeting with consumer and family or other supporters participating in admissions process</p> <p>Completed within 30 days of admission</p> <p>Presented at the first treatment planning meeting unless immediate concerns exist, in which case mental health professional should consult team psychiatrist and ACT leader and present information at daily meetings</p>