ACT PROGRAM SCREEN

GENERAL PROCEDURES

The ACT Program Screen is completed for each individual client participating in the ACT program with the intention of planning and documenting education provided to the client by the provider. The Client Information Screen and ACT Admit/Demographics and ACT Education screens should be completed as soon as possible and the screens left unfinalized until the participant leaves or completes the ACT Program. The ACT Discharge section is completed when the client is discharged.

ACT program participants are individuals who are court ordered to attend an ACT program provided by an approved chemical dependency program. ACT program participants should not be counted as part of the 30 Day Caseload or the 90 Day Caseload. ACT programs are considered educational services and must not be confused with treatment. ACT participants must be evaluated and assessed as needing treatment before they are admitted to treatment.

The intent of the SAMS/ACT Program Screens are to report on DUI related offenses and Misdemeanor Drug Charges. The ACT Screen information is completed only for the following offenses:

- DUI
- Per Se
- UDD (Under Age Drinking and Driving)
- MDD (Misdemeanor Dangerous Drug)

***** **MIP related charges are not reported on the ACT Program form.*******

The Client Information Screens must be completed with the ACT Program Screens.

SAMS allows for 40 days from the ACT Discharge Date to enter the ACT information into SAMS.

A person may be admitted into treatment and the ACT program concurrently. However, ACT program participants must be evaluated and assessed as needing treatment before they are admitted to the treatment program.

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The ACT Program data is entered from the Client Information Screen. Please notice the highlighted button at the bottom of the screen. Once you click on this button, you will be redirected to the ACT on line form.

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ACT PROGRAM DATA

NAME: Enter the client's name. Always use the client's given name. For example, if the client's name is "Robert" use *"Robert"*, not "Bob".

ACT ADMIT/DEMOGRAPHIC DATA

ADMISSION DATE: Enter the actual date of ADMISSION, not the day the report was completed. There are eight spaces for the month, day and year.

> EXAMPLE: If client was admitted to the ACT program on June 22, 2008, you would enter: *06222008*.

ADMISSION STATUS: Mark one of the following values:
- ADMISSION: An individual who is being admitted to your program as an ACT Program participant.
- RE-ADMISSION – SAME OFFENSE: An individual who previously participated in your ACT Program, was discharged as non-compliant, and is again being admitted to **your** ACT Program **for the same offense** with the same Client Account number.

CASE NUMBER: This item allows programs that have different client numbering systems to place that number in this area. The Case Number is a local number assigned by the treatment Program. It is imperative that programs that have a separate numbering system use this item. When reporting case number, fill the blocks from the right. Do not enter zeros in unused blocks. Information written in this space will appear on all output reports and may be used when making inquiries or corrections. This item can be left blank. **You can use any combination of letters, numbers and special characters in the 15-character field.**

EMPLOYMENT STATUS: Using the descriptions listed below, indicate if the client is legally employed (includes self-employment) at the time of admission. To qualify as being employed, the client's earnings must be subject to income taxes. For example, stipends and welfare payments are not taxable; therefore, the client receiving these monies would not be considered employed. Homemaker status does not count as employment. Full-time student status does not count as employment. This is a required field
- EMPLOYED FULL TIME: Client works at least 35 hours per week. This option includes service in the armed forces.
- EMPLOYED PART TIME: Client works less than 35 hours per week, but more than 15 hours per week.
- UNEMPLOYED: Client has been looking for work within the last 30 days or is on layoff from a job.
- NOT IN LABOR FORCE: Includes homemaker, full-time student, working less than 15 hours per week, disabled, retired, institutionalized or not having looked for work within the last 30 days.

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- PUBLIC ASSISTANCE BENEFITS DEPLETED: Client is unemployed and has depleted his/her public assistance benefits.

ACT EDUCATION DATA

NON-DUI CLIENT: Mark *"Yes"* or *"No"* to the following questions:

1. Dangerous drug misdemeanor client? Check *"yes"* if the participant has been required to complete a "drug information course" within the ACT program due to a conviction on a misdemeanor drug charge.

2. Driving related reduced charge client? Check *"yes"* if the participant has received a reduced sentence that is driving related.

   EXAMPLE: The DUI was reduced to a reckless driving charge but the participant is still required to complete the ACT program.

COURT NUMBER: Enter the appropriate court ID code from the court code ID tables in Appendix B (Section 26). This is a required field.

COUNTY OF DUI ARREST: Enter the two-digit county code from the code tables in Appendix A (Section 25). This is a required field unless the client is non-DUI.

BLOOD ALCOHOL LEVEL: Valid values are *0.02* to *0.55*, *"Refused"* or *"Unknown"*. This is a required field unless the client is non-DUI.

PREVIOUS DUI/BAC CONVICTIONS: Enter the number of times in the last 10 years this participant has been convicted for a DUI/BAC offense. This includes all convictions, including out of state.

PREVIOUS ACT PROGRAMS ATTENDED: Enter the number of previous act programs attended. This should include any ACT Programs operated either in Montana or out of state.

PRIOR TREATMENT EPISODES: Enter the number of times (episodes, not individual sessions or different levels of care) the participant has received treatment for alcohol or drug abuse. Do not count AA meetings, NA meetings, or ACT Program sessions. Use code *"97"* only if the number of episodes is unknown. Report all treatment programs, even if not successfully completed. Treatment does not have to occur within Montana. Enter *"0"* for no previous alcohol or drug treatment.

MANDATORY MONITORING REQUIRED: Mark either *"Yes"* or *"No"* to indicate if the participant is a repeat DUI offender who must complete a 1 year monitoring requirement.

ACT DISCHARGE DATA

DISCHARGE DATE: Use the actual date of discharge, not the day the report was completed. There are eight spaces for the month, day and year. All spaces **must** be completed.

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EXAMPLE: If client was discharged from the ACT program on June 22, 2008, you would enter: *06222008*.

REASON FOR DISCHARGE: Using the values listed below; indicate the reason for client discharge.

- COMPLETED PROGRAM: Use this option if the client successfully completed the course and is not being referred to treatment.
- DID NOT COMPLETE PROGRAM: The client chose to leave the program before completion of the educational course.
- TRANSFERRED: The client is being transferred to another ACT program for completion of the education.
- CLIENT REFERRED TO TREATMENT: The client is recommended for treatment services either inside or outside your program because they were assessed as dependent or meets legal criteria.

RESULTS OF ASSESSMENT/EVALUATION: Using the values listed below, indicate the results of the chemical dependency assessment/evaluation on the ACT Program participant. **Value "Abuser" or "Dependency" must be used if a participant is recommended for treatment**.

- No problem/Misuse – No identified pattern of use that meet the DSMIV criteria.
- Abuser – Has an identified pattern of use that meets the DSMIV criteria for substance abuse.
- Dependency – Has an identified pattern of use that meets the DSMIV criteria for substance dependence.
- Unidentified – Client did not satisfactorily complete the assessment.

TREATMENT RECOMMENDATION: Using the values listed below, indicate if chemical dependency treatment is recommended for the participant.

- None
- Outpatient
- Intensive outpatient
- Inpatient

REFERRAL PROGRAM: If the participant was referred to **treatment**, enter either a state approved program code or a non-state approved program code from the code tables in Appendix A (Section 25). This field may be left blank.

REFERRAL AGENCY: If the participant was referred to a community agency or individual, enter a description from the tables in Appendix A (Section 25). This is a required field. If appropriate, Referral Program can also be completed.

- PRIVATE PRACTITIONER: Use this value when the treatment recommendation is for outpatient (or intensive outpatient) treatment and the participant wishes to see a private practice certified chemical dependency counselor who offers that service.
- COURTS: Use this value if the participant is non-compliance for any reason, i.e., failed to complete, refused treatment recommendation, etc.

- <u>OTHER TREATMENT PROGRAM:</u> Use this value when the participant is referred to a state approved or non-state approved program other than your own. The participant may be making this request or they may need a higher level of care, i.e., inpatient treatment.
- <u>NONE:</u> If there is no recommendation for treatment, use this value.

<u>COMMENTS:</u> Enter any appropriate comments or notes.