

District Assertive Community Treatment Team

District Services Available



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District Referrals to Assertive Community Treatment Team (ACTT)

- Complete CMHAK Agency Referral to ACTT form.
- Complete ACTT Referral Screening Tool.
- Client must be voluntary (otherwise CTO or Court Order)
- Client must have a Physician (or the availability of an Emergency Room Physician/nurse practitioner) to support psychiatric medication for the client.
- Client must have a community Case Manager to provide the intensive community support required. As per the ACT Standards the community Case Manager may be a bachelor's level and paraprofessional mental health worker who carries out rehabilitation and clinical support functions.
- Access to OTN/e-consults would be beneficial.



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Exclusions

- *The ACT model is based on a recovery-oriented, long-term community based intensive case management service with specific eligibility and admission criteria. It is important to note that referrals to ACT services should not be made with the expectation that the referral will facilitate an early discharge from an inpatient hospital admission. Other community supports should be considered in discharge planning until ACT services are able to admit clients considered appropriate for ACT services.*
- **Exclusions – These clients would not be considered appropriate for ACT services:**
- Primary diagnosis of personality disorder, substance abuse, developmental disability, or organic disorders (all more appropriately treated by other specialized services).
- Client is too violent or has other significant risks that would impact safe community care.
- Client is in long term care/nursing home or Homes for Special Care.



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CRITERIA FOR ACTT

- **Aged 18 +***
- **Axis I diagnosis ***
- Examples: bipolar disorder, schizophrenia, or schizoaffective disorder
- **The applicant is willing to participate in the frequency and intensity of ACTT services***
- **Heavy system use: ***
- Hospital admissions (more than 50 days in past 2 years preferred)
- Increased use of medical/support services x 6 months (family doctor, emergency department, outpatient psychiatry, crisis services)
- Has not been successful in less intensive conventional mental health community services (including case management)
- **Intensive community support required: ***
- Needs intensive support (i.e. ACT) in order to:
- Move from long term inpatient or supervised setting to the community, or,
- Avoid a long term institutional or residential placement if already in the community, or,
- Prevent long term institutional or residential placement because currently living with family and family supports are faltering or insufficient to meet the client's needs.
- **One or more of the following: ***
- **Poor medication adherence and/or treatment resistant**



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CRITERIA (CONTINUED)

Severe persistent functional impairment, such as:
Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community (e.g. personal care, meal planning/cooking, homemaking tasks, budgeting, attending appointments)
Difficulty with employment/vocational issues or carrying out the homemaker role (e.g. child care tasks)

Housing problems:
Inability to maintain a safe living situation (e.g. homelessness, at risk of homelessness, multiple evictions, difficult to house)
Needs supportive housing
Able to live in more independent housing if intensive support is available

Additional factors:

Addictions: Co-existing substance abuse disorder x 6 months or longer

Legal involvement: In the past 2 years,
Substantial jail time, recurring police involvement, Not Criminally Responsible/Ontario Review Board, or court diversion/involvement

Note: In the event that there are conflicting opinions between the ACT Team and the referring source with respect to a primary diagnosis and primacy of symptom presentation, the ACT Team shall exercise due diligence in gathering information from all available sources and the ACT Team's determination of the diagnosis at time of referral shall be viewed as definitive and shall determine acceptance or refusal of the referral.



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DISTRICT ACTT SERVICES- Via OTN, E-Consult, Telephone or ZOOM

- Diabetes Education
- Smoking Cessation
- Medication Information
- Employment Assessment (Job readiness)
- Occupational Therapy Assessments (FROP-COM, COPM, etc)
- Therapy (CBT, CBT-P, Motivational Interviewing, Skill Building-DBT based)
- Peer Support- family and clients
- Living Life to the Full
- Psychiatric Support
- Nursing Support
- Family Intervention Therapy
- GAIN-Q3 (Addictions assessment)
- Case Management

• **These services can be offered through OTN, E-Consult, Telephone, and ZOOM (PHIPA Compliant) when the client is not in Kenora.



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EMPLOYMENT ASSESSMENT

- Vocational Rehabilitation Worker support
- Employment screening and assessment
- Resume building
- Job development and discovery
- Networking (Working with community partners)
- Interview skill building
- Job readiness groups



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OCCUPATIONAL THERAPY ASSESSMENTS

- Independent Living Scales (ILS): The ILS is a standardized occupational therapy assessment used to determine an individual's functional ability in their daily living skills. It combines interview questions and tasks to assess memory/orientation, health and safety, money management, managing home and transportation, and social adjustment, as well as problem-solving and performance/information.
- Canadian Occupational Performance Measure (COPM): The COPM is a client-centered assessment that looks at a client's self-perceptions in three areas of daily life: self-care, productivity, and leisure. Through this, an individual's occupational performance issues (OPIs) are identified, which can help determine the individual's goals. The COPM asks clients to identify activities which they need, want, or are expected to do but can't do, don't do, or aren't satisfied with how they do the occupation.
- Activity Interest Checklist: Activity Interest Checklists are assessments that asks client's to rate their level of interest in a variety of leisure activities. These assessments can: provide a client with ideas to expand their engagement in leisure activities; help staff build rapport with a client; help tailor interventions or recommendations; help with program planning and development; etc.
- *Falls risk for Older People – Community Setting assessment tool (FROP-Com): The FROP-Com combines interview questions and in-person observations to assess an individual's risk for falling. *At CMHA, Kenora Branch, any trained staff member can complete the FROP-Com with a client. A CMHA, Kenora Branch occupational therapist will be consulted as needed, or if further falls risk assessments are deemed appropriate.



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Clinical Interventions

- Cognitive Behavioural Therapy
- Skill Building (Based on Dialectical Behavioural Therapy)
- Motivational Interviewing
- GAIN Q 3
- CBT for Psychosis
- Mindfulness
- Family intervention therapy
- Referral to Behavioural Therapy (Ontario Shores)



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PEER SUPPORT

- Client Support
- Family Support
- Advocacy
- Linkage to resources
- Facilitate support groups



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PSYCHIATRIC SUPPORT

- ACTT Psychiatrist through telephone, OTN, e-consults or ZOOM
- Psychiatric medication monitoring
- Psychiatric assessments
- Recovery Plan support/assessment



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NURSING SUPPORT

- Symptom management
- Liaison with Nursing collaterals in community (e.g. First Nation Nursing Station)
- Assessment of possible side effects of medication
- 1:1 Teaching
- Group education
- Information regarding blood sugar monitoring
- Metabolic screening information
- Psychoeducational information regarding hypoglycemia and hyperglycemia
- Proper storage of medication
- Hygiene, diet and exercise education
- Referral back to Physician when needed
- Symptom management
- Education/management on possible side effects of medication
- Psychoeducational information regarding Serious Mental Illness and medication support
- Medication assessment by ACTT Psychiatrist
- Nursing support to Health Centers on First Nation Communities



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Questions?

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