

CONCURRENT DISORDERS INPATIENT SERVICES

Specialized inpatient program for the stabilization of co-occurring severe mental illness and severe addiction issues. Patients participate in stabilization treatment, supportive concurrent recovery, and development of functional and coping skills necessary to live in their home community environments. These include, individual and group therapy (skill building), and specialized concurrent disorder focused programming to support recovery. Outpatient services have historically been attempted but are not successful in achieving client defined level of recovery.

EXCLUSIONS:

Centennial Centre for Mental Health and Brain Injury

- Individuals need to be independent with activities of daily living with limited support.
- Emotional and cognitive functioning must be assessed as sufficiently stable for individuals to participate and benefit from the 4-6 hours of individual or group therapeutic interventions provided.

Claresholm Centre for Mental Health and Addiction

- Disorders outside of the program mandate: Schizophrenia, Schizoaffective Disorder, Psychotic Disorder, Substance Induced Psychotic Disorder, Psychotic Disorder Not Otherwise Specified, Amnestic and other Cognitive Disorders.
- Unstable psychiatric status: Emotional and cognitive functioning must be assessed as sufficiently stable for individuals to fully participate and benefit from the therapeutic interventions provided.

Both Sites

- Acute detox need: Adults in need of acute detox will not be accepted such as acute alcohol withdrawal. However, if an individual's withdrawal needs can be safely managed at the Centre, we can provide a medically supervised slow taper for opioids and benzodiazepines.
- Unstable medical conditions: Individuals need to be medically stable to participate and engage in all aspects of the program.
- Individuals who have a Warrant of Detention.

EMERGENCY:

Refer directly to the emergency department or
Call RAAPID

(South: 1-800-661-1700 | North: 1-800-282-9911).

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MANDATORY REQUIREMENTS FOR ALL REFERRALS

Patient Information

- Name, PHN/ULI, Gender, DOB
- Address, Phone

Referring Provider Info

- Name, Address, Phone, Fax

Additional Info (if available)

- Alternative contact, guardian name & phone
- Patient has hearing or vision requirements
- Special considerations such as physical, psychological, social, and/or economic situation

Reason for Sending This Referral

- Diagnosis, management or treatment?
- Procedure issue / care transfer

Patient's Current Status

- Stable or worsening
- Key symptoms and findings.
- Symptom onset/duration

Current and Past Management

- Unsuccessful/successful treatments
- Previous or concurrent consultations for this issue

Pertinent History

- Comorbidities: Significant medical, surgical, and/or social history
- Current & recent medications
- Known allergies, intolerances or challenges

REASON FOR REFERRAL	ACCESS TARGET	PROCESS	MANDATORY INFORMATION	EXTRA INFORMATION (if applicable)
GENERAL SUBSTANCE ABUSE WITH STABLE MENTAL HEALTH DISORDERS e.g. mood disorders, anxiety disorders, and/or personality disorders.	6 weeks# # individuals are assessed on a case-by-case basis.	Refer to Claresholm Centre's Concurrent Disorders Program.	Summary of: <ul style="list-style-type: none"> • Current medical and psychiatric status (diagnoses and symptoms) • Acute medical condition(s) • Currently hospitalized? If yes, where? • Current substance(s) of abuse/gambling (name; amount, frequency and duration of use) • Substance(s) abstained (name; date & period of sobriety) History of: <ul style="list-style-type: none"> • Previous psychiatric, addiction and/or chronic pain programs attended (name, date) • Current legal involvement • Legal history including violence • Current or recent involvement in community agencies, mutual help, treatment, etc. relevant to this application Please specify: <ul style="list-style-type: none"> • Goal of care designation • Client's treatment goals Essential Investigations & Timeframes < 6 Months <ul style="list-style-type: none"> • CBC with differential • Liver function test • TSH • Therapeutic medication levels (as appropriate) < 12 Months <ul style="list-style-type: none"> • Psychiatric assessment report (DSM5 diagnosis) 	Indicate: <ul style="list-style-type: none"> • Client's stage of change and willingness • Any barriers that would delay or prevent client from attending the residential treatment for a minimum of six weeks

MANDATORY REQUIREMENTS FOR ALL REFERRALS

Patient Information

- Name, PHN/ULI, Gender, DOB
- Address, Phone

Referring Provider Info

- Name, Address, Phone, Fax

Additional Info (if available)

- Alternative contact, guardian name & phone
- Patient unable to communicate adequately in English
- Patient has hearing or vision requirements
- Special considerations such as physical, psychological, social, and/or economic situation

Reason for Sending This Referral

- Diagnosis, management or treatment?
- Procedure issue / care transfer

Patient's Current Status

- Stable or worsening
- Key symptoms and findings. Red flags.
- Symptom onset/duration

Current and Past Management

- Unsuccessful/successful treatments
- Previous or concurrent consultations for this issue

Pertinent History

- Comorbidities: Significant medical, surgical, and/or social history
- Current & recent medications
- Known allergies, intolerances or challenges

REASON FOR REFERRAL	ACCESS TARGET	PROCESS	MANDATORY INFORMATION	EXTRA INFORMATION (if applicable)
<p>SEVERE MENTAL ILLNESS* AND SEVERE SUBSTANCE ABUSE AND/OR ADDICTION**</p> <p>*e.g. severe depression, PTSD, schizophrenia, mood disorders. **e.g. addiction to alcohol, drugs, prostitution, gambling.</p>	<p>6 weeks#</p> <p># individuals are assessed on a case-by-case basis.</p>	<p>Refer to Centennial Centre's Concurrent Disorders Enhanced Service.</p>	<p>Summary of:</p> <ul style="list-style-type: none"> • Psychiatric diagnoses/tentative (Axis I to V) • Psychiatric symptoms • Currently actively suicidal/homicidal? • Psychiatric hospitalization history (Date & Name of Facility; Indicate if client is currently in hospital as formal/informal client) • Current substance(s) of abuse/gambling (name; amount, frequency and duration of use) <p>History of:</p> <ul style="list-style-type: none"> • Previous addiction programs attended (name, date) • Agencies involved within 5 years (e.g. Mental Health and Addictions Services, Social Services, Forensic/Law, Office of Public Guardian, Office of Public Trustee, Parole/Probation Officer) <p>Contact information of:</p> <ul style="list-style-type: none"> • Addiction counselor • Mental health staff 	<ul style="list-style-type: none"> • Indicate if client is on AISH/ income support • Consent forms for referrals outside of AHS • Community Treatment Order Services • Upcoming court dates

CLINIC**SERVICE DESCRIPTION AND REFERRAL PROCESS****CONTACT****Centennial Centre for Mental Health and Brain Injury**

Box 1000 46 Street S, Ponoka,
Alberta T4J 1R8

Concurrent Disorders Enhanced Service serves adults (18-64 years) with a severe mental illness and substance abuse and/or addiction disorder. Priority access for pregnant women and young adults aged 18-24. Services provided include individualized inpatient assessment; integrated treatment and discharge follow up (in person, by phone or videoconference).

- Length of inpatient stay is generally 22 days; however this may be reviewed on an individual basis.
- Random drug testing is used to maintain stable alcohol and drug free treatment environment.

REFERRAL PROCESS:

FAX or MAIL referral to CDES Admission Coordinator.

Important Note:

- Referral packages are sent to referral source such as physicians, psychiatrist, mental health therapist and addiction counselors via fax or email. (Note: Client/Guardian/Family Member may contact Admission Coordinator to receive the referral package.)
- Client should complete and return the Client Information Form as soon as possible. Unanswered questions, incomplete or illegible answers may delay admission.
- If client is accepted, Admission Coordinator notifies client directly within 1-3 weeks from date of complete referral received. If Admission Coordinator is unable to reach the client, the referral source is contacted.

PH: 403-783-7754
FX: 403-783-7896

Claresholm Centre for Mental Health and Addiction

139 43 Avenue W, Claresholm,
Alberta T0L 0T0

The Concurrent Disorders Program services adults (18+ years of age) with co-occurring disorder where are sufficiently stable. Services provided include group therapy, individual counselling, addiction recovery programs, symptom management, medication management, leisure education and support, and vocational rehabilitation.

- This is a relatively demanding 6-12 week residential rehabilitation program.
- Individuals must be agreeable to abstinence and motivated for change.

REFERRAL PROCESS:

FAX or MAIL referral to Admissions Coordinator. (Application Form: www.ahs.ca/frm-20384.pdf)

Important Note:

- Referrals will only be processed and considered once all requested documentation has been received.
- Applications are reviewed by an Admission Committee and a decision about admission is made as soon as possible.

PH: 403-682-3527
PH: 403-682-3500
FX: 403-625-3051

Visit www.ahs.ca/claresholmcentre for more clinic information