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|  FORM COMPLETION GUIDELINE | Form Name: Behaviour Resource and Consultation Team (BRaCT) Request for Consultation | Form Number: SH-00030 |
| | Approved By: <i>Shared Health Forms Committee</i> | Pages: 1 of 4 |
| | Approval Date: May 2023 | Supersedes: n/a |

1.0 INTENT/PURPOSE OF FORM


- 1.1 To guide the provision of accurate and consistent information to the team
- 1.2 To facilitate effective and consistent decision-making by the team

2.0 DEFINITIONS

- 2.1 Behaviour Resource and Consultation Team (BRaCT): A team that specializes in providing consultation and guidance for person-centred behaviour strategies to maximize quality of life for individuals with complex mental health and behaviour support needs, their families, support networks and support services within the context of their lifestyle, values and environment while working to minimize behaviours of concern (BoC).
- 2.2 Consult Source: Person completing the “BRaCT Request for Consultation” form. Must be a Case Manager or other professional working in a case management role within provincial health system services (e.g., Mental Health Worker, Case Coordinator, Transition Worker, Service Coordinator, Social Worker). May also be a Team Leader or Team Manager within provincial health system services provided that a Case Manager and their contact information is included on the Request.
- 2.3 Request for Consultation: Request to BRaCT for guidance, information and feedback on an individual’s care with regard to behaviour(s) of concern.
- 2.4 Transitionally/Precariously Housed: Individual is unsheltered (e.g. roofless/lives on street), emergency sheltered (e.g. housed overnight in emergency/domestic shelter), or precariously/provisionally accommodated (e.g. temporary dwelling, lacks security of tenure).
- 2.5 Abuse from Others: Abuse or exploitation (e.g. physical, sexual, emotional, neglect) from carers, relative, friends, neighbours, strangers, etc.
- 2.6 Abuse towards Others: Abuse or exploitation (e.g. physical, sexual, emotional, neglect) toward carer, relative, friends, neighbours, strangers, etc.
- 2.7 Difficulties with Activities or in Relationships with Others: limited ability to make and/or maintain relationships, communication challenges, difficulties handling day-to-day issues
- 2.8 Distressed Thinking or Feeling: Cognitive issues with memory, orientation and understanding, struggles with fluctuating and/or distressing mood symptoms, ineffective coping strategies, hallucinations/ delusions that cause distress
- 2.9 Intentional Self-Harm: Deliberate self-harm or suicide attempt; Risk factors include expressing suicidal intent, clear plan, available means, hopelessness, poor coping resources, lack of blocks to self-harm
- 2.10 Limitation of Basic Amenities, Resources, Skills: Difficulties with maintaining or accessing housing, attaining essential amenities (including food, medications, clothing, etc.) or with maintaining basic care needs.
- 2.11 Unintentional Self-Harm: Individual demonstrating self-neglect (e.g. lack of self-care, not eating properly); Unsafe behavior (e.g. refusing appropriate help, lack of awareness, wandering); Inability to maintain safe environment (e.g. not paying rent)

3.0 USED BY

- 3.1 Mental Health & Addictions Services, Home Care Program, Long Term Care Program (e.g., Personal Care Home), Transitional Care (e.g., Misericordia Transitional Care unit), Acute Care (i.e., hospital units, emergency department)

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4.0 GUIDELINES FOR COMPLETION OF FORM

4.1 General Instructions: The BRaCT Request for Consultation Form should be used when consultation and guidance is requested from BRaCT on an individual-specific situation regarding behaviour(s) of concern.

- 4.1.1 All individual health record information must be completed in first section of the form
- 4.1.2 Consult Source should record information in the spaces indicated. Additional collateral information may be attached on separate pages.
- 4.1.3 Prior to submitting Request, Consult Source must review the need for BRaCT consultation with a supervisor (e.g., Clinical Specialist, Team Leader, Team Manager) unless Consult Source is a Team Leader or Team Manager.
- 4.1.4 Fax completed BRaCT Request for Consultation Form to fax number listed on Request form.

4.2 Specific Instructions:

4.2.1 Client Information: Complete as indicated.

4.2.1.1 Is client aware of request? Contact the individual and, if applicable, their substitute decision maker/power of attorney/committee to inform them of the need for BRaCT involvement.

4.2.1.2 Has the client consented to request? **See: 4.2.7.**

4.2.1.3 If “no” to either question, explain: If individual unaware and/or consent not acquired, provide reason and describe plan for garnering same.

4.2.2 Mental Health Diagnosis: Check/list all physician-diagnosed mental health disorders

4.2.3 Relevant Physical Health Diagnoses/Issues:

4.2.3.1 List all relevant physical health issues including diagnoses, medical conditions and/or monitoring required.

4.2.4 If any relevant health assessments (e.g., psychiatric, medical, functional, behavioural) completed within the last year, check “yes” and “attached” and include assessment with Request. Otherwise, check “no”.

4.2.5 Service Involvement:

4.2.5.1 Check “yes” or “no” for each service where indicated. Complete name and contact information for each service provider where indicated.

4.2.5.2 Other: If service is not listed, specify type of service involvement and name of service provider, if known.


4.2.5.3 Legal/Financial Arrangements: Check appropriate legal/financial arrangements/decision-making status. If Order of Committeeship exists, check whether the Order is held by a “family member” or by the “Office of the Pubic Guardian and Trustee”.

4.2.6 Living Situation:

4.2.6.1 Check and describe current living arrangement and provide contact information (contact person, phone number) where indicated.

4.2.6.2 Other: If living arrangement is not listed, check and describe situation.

4.2.6.3 Is there a Safe Visit Plan? Check “no” or “yes”. If “yes”, attach to Request.

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4.2.7 Consent:

- 4.2.7.1** To proceed with Request, obtain consent from the **legal-decision maker**. Read through the below “*Script for Requesting Consent for BRaCT Involvement” with client and their legal decision-maker, if applicable, inserting description of noted behaviour, name of consult source completing the BRaCT Request for Consultation Form, and anticipated individuals that will receive the BRaCT consultation report.
- 4.2.7.2** Check “yes” or “no” where indicated.
- 4.2.7.3** Once verbal consent has been obtained from the legal decision-maker, fill in the date verbal consent was obtained, print the name and professional designation of the person who obtained verbal consent, and indicate location where verbal consent was obtained (e.g. at individual’s residence, on a phone call, in a hospital unit).

***SCRIPT FOR REQUESTING CONSENT FOR BRaCT INVOLVEMENT**

*I would like to ask the Behavior Resource and Consultation Team meet with you and your team because we are concerned about **[Behaviours of Concern]**. Sometimes called BRaCT, BRaCT is a group of health care professionals who help people who are having difficulties in their daily life.*


A person from BRaCT wants to meet you so that they can help you. They will come see you for a short visit where you are most comfortable (such as your home). They will also talk to people who help support you. The person from BRaCT will want to see some of the things other people have written about you. These might be letters from your doctor, or notes in your file. The work BRaCT does is called an assessment.

*After the person from BRaCT has met you, they will write a report for you and your team. The report will talk about ways that you and your team can work together to improve your quality of life or well-being. The report will be provided to **[consult source]** and **[others who report will be distributed to]**.*

You do not have to see the people from BRaCT if you don’t want to, but we think that it would be a good idea if you do. If you decide after meeting them that you don’t want to see them again, you don’t have to.

4.2.8 Description of Situation

- 4.2.8.1** Risk Factors: Check all risk factors (**See: Definitions 2.5 to 2.11**) that apply.
- 4.2.8.2** Describe Current Situation: Describe any concerns and/or changes with the individual’s physical, mental, cognitive, cultural, spiritual, environmental and/or social functioning impacting behaviour (e.g., functional issues/changes; relationship/social features; risk to self & others, criminal justice system involvement etc.)
- 4.2.8.3** What is the Primary Behaviour of Concern?: List behaviour(s) that are perceived as posing the most problems for the individual and/or behaviours that you are requesting support for
- 4.2.8.4** What Makes the Behaviour Concerning?: Describe how the behavior may be posing a risk to the individual and/or others. What are the current outcomes of the behaviour? (e.g., negative health impact(s), loss of housing, risk of physical harm to self/others).
- 4.2.8.5** Expectation for Consultation: Describe what kind of information is being requested and/or how you anticipate BRaCT assisting the individual and support team.

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4.2.8.6 Duration of Behavior or Change in Behaviour: Indicate length of time individual has engaged in behaviour of concern(s) or the amount of time since a significant change in the person's behaviour has been observed

4.2.8.7 Does the individual have multiple hospital visits in the last 12 months? Check "yes" or "no"

4.2.8.8 Is the individual currently admitted to hospital? Check "yes" or "no". If "yes", indicate hospital and unit where individual is admitted.

4.2.8.9 Is the individual medically and psychiatrically stable? Check "yes" or "no"

4.2.9 Consult Source Information

4.2.9.1 Printed Name and Designation of Consult Source: Print your full name and professional designation.

4.2.9.2 Signature of Consult Source: Write your signature

4.2.9.3 Date of Consult Request: Print the date you are submitting the BRaCT Request for Consultation Form. Use the format dd/mmm/yyyy (e.g., 01/Jan/2023).

4.2.9.4 Title of Consult Source: Print your job title/role

4.2.9.5 Service/Team/Site: Identify service/team/site that you work for. Provide your phone and fax number.

4.2.9.6 Printed Name and Designation of Authorizer: Print Supervisor's name and list their designation and/or job title.

4.2.9.7 Signature of Authorizer: Obtain signature of above identified authorizer.

5.0 FILING/ROUTING INSTRUCTIONS

5.1 Consult source faxes the paper-based form to BRaCT and places the original in the individual's file according to their service or facility guidelines.

5.2 BRaCT will retain a copy of the BRaCT Request for Consultation Form.

6.0 PRINTING INSTRUCTIONS

6.1 White bond paper, black ink, two-hole top punch for use in divided files or three hole left-sided punch for use in binders.

7.0 AUTHOR

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