

Clinical Navigation

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
LOFT BSO Central Access	LOFT BSO Central Access serves as a centralized point of access for all Behavioural Support Services and Specialized Geriatric Services in Central Region. Central Access receives and processes all referrals for Specialized Geriatric Services and assists in connecting those they serve with the appropriate services and information.	<ul style="list-style-type: none"> • 55+ (exceptions for younger ages based on geriatric presentation) • Resides in the Central Region

Behavioural Support Services (Community/Transitional Care/LTC)

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
Behavioural Support Services Mobile Support Team	Serving those in Community settings, a team of Psychogeriatric Case Managers, PSW's and Behavioural Support Specialists provide short-term (8 weeks) service, focusing on assessment and management of responsive behaviours. Support for transitions between various settings is also provided. Service is delivered in person.	<ul style="list-style-type: none"> • 55+ (exceptions for younger ages based on geriatric presentation) • Primary concern is responsive behaviours • Diagnosed (or suspected) with Dementia, Mental Illness, Neurological Condition and/or Substance Use • Client is currently medically stable • Resides in the Central Region
Behavioural Support Transition Resource	Serving those in Hospital settings, a team of Psychogeriatric Case Managers and PSW's provide short-term support to those Clients who have been designated ALC or at-risk of becoming ALC in hospital, focusing on assessment and management of responsive behaviours. Support for transitions from hospital to community settings is also provided. Service is delivered in person.	<ul style="list-style-type: none"> • See above • Client must be designated ALC or at-risk of becoming ALC
Mackenzie Health Behavioural Support Services Mobile Support Team	Mackenzie Health's Behavioural Supports Services is an intensive, short-term service that provides support to older adults, their family care partners and caregivers, who live and cope with responsive behaviours associated with dementia, mental illness, addictions, and other neurological conditions living in long-term care. Mackenzie Health Behavioural Supports Services is part of Behavioural Supports Ontario, a program of the Ministry of Long-Term Care within the Ontario Health Central region.	<ul style="list-style-type: none"> • Be an individual, living in one of the forty-seven (47) Long-term Care Homes within the geographical boundaries of the Central region who is experiencing a responsive behaviour related to mental health, addictions, dementia and/or other neurological disorder. • Receive consent for service from individual being served/and or POA/SDM.

Specialized BSO Services

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
Integrated Psychogeriatric Outreach Program	Provides non-emergency in-home comprehensive psychogeriatric assessment, treatment planning, one-time virtual consultation with geriatric psychiatrist, and short-term follow up by a community clinician to older adults and seniors with one of the following : <ul style="list-style-type: none"> • Late-onset or worsening of existing mood disorders (e.g., depression, mania, anxiety, psychosis), and/or substance use disorders • Chronic mental illness (eg schizophrenia, bipolar disorder) complicated by age related decline in physical/function and mental health • Neuropsychiatric symptoms (e.g., agitation, psychosis, depression/anxiety) associated with neurocognitive conditions (e.g., dementia, stroke, Parkinson's disease) 	<ul style="list-style-type: none"> • 55+ (exceptions for younger ages based on geriatric presentation) • Residing in York Region or South Simcoe • Client is currently medically stable



BSO CENTRAL ACCESS REFERRAL FORM

DATE: _____

***We do NOT provide emergency or crisis services**
*Incomplete referrals will delay referral processing

***Receipt of referral will be confirmed**
*Questions? Please Call Central Access at 1-844-798-6920

CONSENT FOR REFERRAL PROVIDED BY: CLIENT PoA SDM **CLIENT IS CAPABLE FOR CARE DECISIONS:** Y N

REFERRAL INFORMATION

NAME:	PHONE:
PROGRAM:	FAX:
ROLE:	EMAIL:

CLIENT INFORMATION

CLIENT NAME:	DOB:	PHONE:
GENDER:	MARITAL STATUS:	HEALTH CARD NUMBER:
ADDRESS:		CITY/TOWN:
		POSTAL CODE:
HOUSING TYPE: <input type="checkbox"/> PRIVATE HOME <input type="checkbox"/> RETIREMENT <input type="checkbox"/> ASSISTED LIVING <input type="checkbox"/> OTHER:		
LANGUAGE:	TRANSLATOR REQUIRED:	

CAREGIVER/PoA/SDM INFORMATION

NAME:	RELATIONSHIP TO CLIENT:
PHONE:	EMAIL:
Is this person the preferred contact? Y N Preferred contact?	

PRIMARY CARE PROVIDER

NAME:	Other Care Providers SPECIALITY:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:

ONTARIO HEALTH at HOME

OHAH Involved ? Y N Name of Care Coordinator: _____ PHONE: _____
Does Client have LTC Application? _____ Crisis Application? _____

CURRENT COGNITIVE/MENTAL HEALTH STATUS/FUNCTIONAL STATUS

Dementia:	Hallucinations/Delusions:
Mental Health:	Suicidal Ideation/Plan:
Substance Use:	Mobility/Falls:
Neurological:	Current delirium ruled out: Y N

PAST MEDICAL HISTORY:

STAFF/CARE PROVIDER RISK CONCERNS

Communicable Disease	Pets	Harm to Others	Kinship Care Concerns
Firearms	Smoking	Isolated Location	Property Hazards



BSO CENTRAL ACCESS REFERRAL FORM

RESPONSIVE BEHAVIOURS: Check to indicate new or increased frequency/intensity behaviour

<p>Wandering</p> <p>Exit Seeking</p> <p>Physically Responsive Behaviour(spitting, kicking, grabbing, pushing, scratching, biting etc.)</p> <p>Sexually Expressive Behaviour (unwanted verbal/physical sexual advances toward others, exposing self)</p> <p>Resists Care (incl. medications/injections)</p> <p>Verbally Responsive Behaviour(yelling, screaming, threatening, cursing etc.)</p>	<p><input type="checkbox"/> Motor Expressions of Risk (Fidgeting, banging, picking)</p> <p><input type="checkbox"/> Hoarding (collecting objects and refusing to part with them)</p> <p><input type="checkbox"/> Rummaging (touching/handling objects with no obvious purpose)</p>	<p>Acute Setting "are behaviours currently present in hospital?"</p> <p>Other: Please Describe</p>
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PLEASE SELECT PROGRAM REFERRING TO:

BEHAVIOURAL SUPPORTS SERVICES-MOBILE SUPPORT TEAM (COMMUNITY)

Reason for Referral: _____

Transition Support to/from another location? Transition to: _____ From: _____ Date: _____

BEHAVIOURAL SUPPORT TRANSITION RESOURCE (HOSPITAL)

HOSPITAL/RCC: _____ Admission Date: _____
Unit/Room #: _____ ALC Date: _____

Reason for Referral: _____

MACKENZIE HEALTH BEHAVIOURAL SUPPORT SERVICES (LTC)

LTCH: _____ ROOM #: _____ Unit/Floor: _____ SECURE? Y N

Best Time to Contact? _____ LTCH Date: _____ NEW TRANSITION? Y N

Reason for Referral: New Transition New Behaviour Less than 2 weeks
 Increased Frequency/Intensity Ongoing Behaviour Greater than 1 Month

INTEGRATED PSYCHOGERIATRIC OUTREACH PROGRAM (IPOP) *South Simcoe and York Region only

Reason for Referral: **Acute (< six months)** **Enduring (> six months)**

Previous Consult Notes Attached? Y N List attached Documents: _____

Date of Psychiatrist Visit (if applicable): _____ Date of Geriatrician Visit (if applicable): _____

Nature of Psychiatrist Support: Ongoing Consult Nature of Geriatrician Support: Ongoing Consult

OTHER INFORMATION:

****Please note that fully completed referral forms and the inclusion of relevant supplementary documents will help expedite the intake process****