



## Toronto Central Behavioural Supports Ontario

### **What is BSO?**

Behavioural Supports Ontario (BSO) provides behavioural health care services for older adults in Ontario with, or at risk of, responsive behaviours/personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions.

The Toronto Central region offers tailored behavioural support services within the region across sectors. This information sheet will provide an overview of those programs.

### **BSO Coordinating Office & Hotline**

The BSO Coordinating Office serves as one centralized access for all Toronto Central region behaviour support services. The service includes: A behaviour support Hotline 7 days a week, and clinical navigators who provide: behaviour specialized clinical triage; optimized access to the right service at the right time; history retrieval to ensure continuity of care, and system coordination and navigation across the Behaviour Support system.

### **Baycrest Behavioural Support Outreach Team (BSOT)**

The Baycrest & Toronto Central Home & Community Care Support Services (TC-HCCSS) BSOT partnership team is comprised of one interdisciplinary team of clinicians including Clinician Leaders, Nurse Practitioners, Clinical Nurse Specialists, Behaviour Support Specialists, Registered Nurses, and Personal Support Workers (PSWs). BSOT is an outreach team that services the Community and Long Term Care settings. It is short-term (average length of service is 8-10 weeks), and focuses on assessment and management of responsive behaviour(s). Using a person-centered approach and non-pharmacological strategies, a Behavioural Care Plan is developed and shared with the client's circle of care, including the client's primary caregiver, existing BSO supports (i.e. in-house LTC BSO Leads) and present support staff/services. The team will also support patient transitions from community to LTC and will foster collaboration with various resources and care partners. Service is delivered virtually and in-person as needed.

### **The BSO Coordinating Office**

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E-mail: [behaviouralsupport@baycrest.org](mailto:behaviouralsupport@baycrest.org)

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Program description and Referral Forms:

[https://torontocentral.behaviouralsupportsontario.ca/151/Healthcare\\_Professionals\\_-](https://torontocentral.behaviouralsupportsontario.ca/151/Healthcare_Professionals_-)

[Tools\\_and\\_Resources/](#)



## PROGRAMS & SERVICES

### BSO Outreach Teams (Community/LTC/Hospital/Transitional Care)

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
<b>Behavioural Support Outreach Team (BSOT) in all Sectors: Community, LTC, and Acute Care</b>	In LTC and Community, an interdisciplinary team of clinicians including Clinician Leaders, Nurse Practitioners, Behaviour Support Specialists, Registered Nurses, and Personal Support Workers (PSWs) across AST, Baycrest, HCCSS, and Woodgreen. Acute care teams consist of: LOFT BSTR (Psychogeriatric Case Managers and PSWs) and UHN BSS (Behaviour Support Specialists and PSWs). These outreach-based services serving across all sectors is short-term (average length of service is 8-10 weeks), and focuses on assessment and management of responsive behaviour(s). The team(s) will also support patient transitions between all sectors and will foster collaboration with various resources and care partners. Service is delivered virtually and in-person as needed.	<ul style="list-style-type: none"> <li>• 55+ (exceptions for younger ages based on geriatric presentation)</li> <li>• Primary concern is responsive behaviours</li> <li>• Client is currently medically stable</li> <li>• Resides in the Toronto Central Region</li> </ul>
<b>Behaviour Support Outreach Team (BSOT) Emergency Department (ED) Program</b>	One of our Advanced Practice Nurses (Nurse Practitioner/Clinical Nurse Specialist) will contact the patient /family/SDM within 3-5 business days to complete an in-depth "rapid in-home behavioural assessment" (with short-term follow-up as indicated) for discharged ED patients who are referred by one of the 7 ED's in the Toronto Central Region. These assessments include an in-home medication review. If there is no primary care or if the patient is poorly connected to primary care, the NP will assume the role of PCP on a short-term basis.	<ul style="list-style-type: none"> <li>• 55+ (exceptions for younger ages based on geriatric presentation)</li> <li>• Primary concern is responsive behaviours</li> <li>• Client is currently medically stable</li> <li>• Resides in the Toronto Central Region</li> </ul>

### Specialized BSO Services

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
<b>Addictions Specialist</b>	Support for Long-term care and transition to long-term care for older adults with Substance Use Disorders (with or without dementia). Includes addiction to alcohol, opiates, cannabis, nicotine, benzodiazepines and other drugs. Addiction specialist will support care teams and caregivers with a transition plan to support cessation or harm reduction to ensure safe transition to and or care at the LTCH environment. This includes consulting in cases where home is considering declining an application due to addiction or substance use.	<ul style="list-style-type: none"> <li>• 55+ with responsive behaviours related to substance use living in Toronto Central Region</li> </ul>
<b>Caregiver Specialist</b>	The program based at Alzheimer Society of Toronto, funded under BSSP Toronto Central Region. It supports the caregivers through the admission process and the transition to LTCHs and help strengthen their working relationships with the facility staff.	<ul style="list-style-type: none"> <li>• Caregivers are supporting a LTC resident living with cognitive impairment &amp; responsive behaviours within the Toronto Central Region (or postal code starting with "M")</li> </ul>

### Escalation Options

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
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<b>Virtual Behavioural Medicine (VBM) Program</b>	<p>The VBM program provides rapid access to short term tertiary level virtual behavioural medicine consultation and pharmacological management of severe unmanaged neuropsychiatric symptoms of dementia (responsive behaviours). This service is a collaborative partnership between Baycrest, Toronto Rehab and TC BSO. The VBM team recommend that individuals should first be seen by their local Behavioural Support Outreach Teams and Geriatric Mental Health Outreach Teams/Community Psychogeriatric Outreach Teams/specialists, prior to referring to the program to make best use of local services and encourage continuity of care.</p>	<ul style="list-style-type: none"> <li>• Physician or nurse practitioner referral</li> <li>• Available to all sectors in Ontario</li> <li>• Individuals with a diagnosis of dementia; primary concern is severe unmanaged neuropsychiatric symptoms of dementia (eg. physical aggression and agitation)</li> <li>• Client is at risk of harm to self and/or others due to behaviours associated with dementia</li> <li>• When an application for a tertiary specialized behaviour support bed (CASS bed) is being considered</li> <li>• Client is currently medically stable</li> </ul>
<b>Complex Case Resolution Table (CCRT)</b>	<p>The Complex Case Resolution Table is provided by the TC BSO Coordinating Office to escalate and support cases for responsive behaviours that have not successfully resolved with current available behaviour support and specialized services. CCRT brings together specialists, relevant resources and the client care team to mutually discuss the client needs and develop a care plan to address them.</p>	<ul style="list-style-type: none"> <li>• 55+ (exceptions for younger ages based on geriatric presentation)</li> <li>• Medically stable</li> <li>• Previous involvement of Behaviour Support Services</li> <li>• Available to all sectors (Acute, LTC, Community) in Toronto Central Region</li> </ul>

For the most up to date list, contact our BSO Coordinating Office at: 416-785-2500 ext. 2005; [behavioursupport@baycrest.org](mailto:behavioursupport@baycrest.org).