**  
Toronto Central Behavioural Supports Ontario - Referral Form**

**Fax Referral to 647-788-4883 or Email to** [**behaviouralsupport@baycrest.org**](mailto:behaviouralsupport@baycrest.org)

**Referral Date** (dd/mm/yyyy): Click here to enter a date.

|  |  |  |
| --- | --- | --- |
| **Please check the service/s referred to:**  Behaviour Support Outreach Team (BSOT)  BSOT ED Program  **Specialty BSO programs:**  Geriatrics Addictions Specialist  Caregiver Specialist | | |
| **Client Information**  **Name (last, first) (PLEASE PRINT):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B (dd/mm/yyyy):** Click or tap to enter a date.  **Primary Language**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Interpretation needed?**  Yes  No **Client identifies their gender as:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Health Card #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **VC:** \_\_\_\_\_\_  **Current patient location:** Hospital LTC Community Other (please specify in address)  **Address/location name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Unit**: \_\_\_\_\_\_\_ **Postal Code:** \_\_\_\_\_\_\_\_\_\_  **Name of SDM/POA (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Consent**  **Patient/SDM/POA consents to referral to and service from Behavioural Support Outreach Teams, which operate in collaboration with: Alzheimer Society, Baycrest, Home and Community Care Support Services, LOFT, UHN, & Woodgreen**  **Yes**  **No**  **Patient/SDM/POA consents for BSO Coordinating Office at Baycrest to share information regarding current and previous Behaviour Support Services with current health care team members:**  Yes  No Comments/Exclusions: Click here to enter text. | | |
| **Client Medical Information**  **Immediate reason for referral:** Click here to enter text.  Urgent review requested (i.e. patient at high risk of harm to self/others)  **Dementia diagnosis**  **Yes**  **No**  Unknown/suspected **Please circle:** Alzheimer’s, FTD, Vascular, Mixed, Lewy Body, Korsakoff, other:  **Psychiatric History (if applicable):** Click here to enter text.  **Additional medical diagnoses:** Click here to enter text. | | |
| **Behavioural issues identified related to reason for referral (please check off the relevant issues):** | | |
| **Wandering** (exit-seeking)  **Physically Responsive Behaviour** (spitting, kicking, grabbing, pushing, scratching, biting etc.)  **Sexual behaviour** (unwanted verbal/physical sexual advances toward others, disrobing/exposing self)  **Suicidal behaviour**  **Resists Care** (incld. medications/injections)  **Destroying property**  **Verbally responsive behaviour** (yelling, screaming, threatening, cursing etc.) | **Agitated behaviour** (restless, anxiety, inability to settle)  **Delusions** (fixed, false beliefs)  **Hallucinations** (visual, auditory, gustatory, tactile, olfactory)  **Fidgeting/picking/repetition**  **Calling out, crying**  **Hoarding** (collecting objects and refusing to part with them) | **Oral intake of non-edible items/substances**  **Low Mood/Depressed** (crying, tearfulness, reduced social interaction, loss of interest/pleasure)  **Rummaging** (touching/handling objects with no obvious purpose  Other: Click here to enter text. |
| **Support for transition to/from another location**: Transition from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent Temporary | | |
| **Significant Caregiver Stress/difficulty coping** | | |
| **Does this patient need support with smoking and/or Substance Use Disorder?**  Yes  No | | |
| **Services currently involved:  Internal BSO  External BSO (please specify):** Choose an item. **Home & Community Care**  **Alzheimer Society  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Primary Care: Family physician name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Billing Number:** \_\_\_\_\_\_\_  **Specialists:  Geriatric Psychiatry  Geriatrics/Memory Clinic  Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Referral Source Information Referring Organization:** Click here to enter text. **Referring person name:** Click here to enter text.  **Phone #:** Click here to enter text. **Fax#:** Click here to enter text. **Email:** Click here to enter text. | | |
| **\*Please attach medical information, if available such as:**List of current medications, recent behaviour team reports and relevant consult notes. | | |

**Confidential: This communication and any attachment(s) may contain confidential or privileged information and is intended solely for the address(es) or the entity representing the recipient(s). If you have received this information in error, you are hereby advised to destroy the document and any attachment(s), make no copies of same and inform the sender immediately of the error, and contact Baycrest Privacy Office at Tel: 416-785-2500 ext. 6300 or** [**privacy@baycrest.org**](mailto:privacy@baycrest.org)**.  Any unauthorized use or disclosure of this information is strictly prohibited.**

**BSO PROGRAM DESCRIPTIONS**

**BSO Clinical Navigation**

|  |  |  |
| --- | --- | --- |
| **PROGRAM** | **SERVICE DESCRIPTION** | **ELIGIBILITY CRITERIA** |
| **BSO Coordinating Office** | The BSO Coordinating Office serves as one centralized access point for behaviour support services. The service includes: A behaviour support Hotline available 7 days a week and Clinical Navigators to provide system navigation and program triage. The BSO Coordinating Office serves to connect people with appropriate services by various partnerships which include: Toronto Seniors Helpline (TSH), Crisis Outreach Service for Seniors (COSS), GeriMedRisk, LTC+, RGP, Specialized Geriatric Service (SGS) providers, SPIDER, SCOPE, and TIP, amongst others. | * 55+ (exceptions for younger ages based on geriatric presentation) * Primary concern is responsive behaviours * Client is currently medically stable * Resides in the Toronto Central Region |

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

|  |  |  |
| --- | --- | --- |
| **PROGRAM** | **SERVICE DESCRIPTION** | **ELIGIBILITY CRITERIA** |
| **Behavioural Support Outreach Team (BSOT) in all Sectors: Community, LTC, and Acute Care** | 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. | * 55+ (exceptions for younger ages based on geriatric presentation) * Primary concern is responsive behaviours * Client is currently medically stable * Resides in the Toronto Central Region |
| **Behaviour Support Outreach Team (BSOT) Emergency Department (ED) Program** | One of our Advanced Practice Nurses - Nurse Practitioner (NP) /Clinical Nurse Specialist (CNS) will contact the patient/family/SDM within 3-5 business days to complete an in-home behaviour assessment for discharged ED patients. These assessments include a medication reconciliation. If there is no primary care, or the patient is poorly connected to primary care, the NP will assume that role on a short term basis. We work in collaboration with all other healthcare providers involved with the patient. | * 55+ (exceptions for younger ages based on geriatric presentation) * Primary concern is responsive behaviours * Patient is currently medically stable * Resides in the Toronto Central Region |

**Specialized BSO Services**

|  |  |  |
| --- | --- | --- |
| **PROGRAM** | **SERVICE DESCRIPTION** | **ELIGIBILITY CRITERIA** |
| **Addictions Specialist** | 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. | * 55+ with responsive behaviours related to substance use living in Toronto Central Region |
| **Caregiver Specialist** | The program based at Alzheimer Society of Toronto, funded under BSSP Toronto Central Region. It supports caregivers of people with dementia living in the community, through transitions and in LTC. | * Caregivers are supporting a person living with cognitive impairment & responsive behaviours within the Toronto Central Region |

**Escalation Options**

|  |  |  |
| --- | --- | --- |
| **PROGRAM** | **SERVICE DESCRIPTION** | **ELIGIBILITY CRITERIA** |
| **Virtual Behavioural Medicine (VBM) Program** | 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. | * Physician or nurse practitioner referral * Available to all sectors in Ontario * Individuals with a diagnosis of dementia; primary concern is severe unmanaged neuropsychiatric symptoms of dementia (eg. physical aggression and agitation) * Client is at risk of harm to self and/or others due to behaviours associated with dementia * When an application for a tertiary specialized behaviour support bed (CASS bed) is being considered * Client is currently medically stable |
| **Complex Case Resolution Table (CCRT)** | 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. | * 55+ (exceptions for younger ages based on geriatric presentation) * Primary concern is responsive behaviours * Client is currently medically stable * Resides in the Toronto Central Region * Previous involvement of Behaviour Support Services * Available to all sectors (Acute, LTC, Community) in Toronto Central Region |

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) .