Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	BRIDGEPOINT SINAI HEALTH SYSTEM 14 St. Matthews Road Toronto, Ontario M4M 2B5
Program or Service:	**Inpatient ABI and Neurological Care Unit**
Contact:	Joan Samuels Utilization Specialist, ABI, Stroke and Neurological Care (416) 461-8252 ext. 2298
Capacity:	**Number of spaces:** 27 bed unit located on 4 South -- 12 beds for ABI High Intensity, 5 for Neuro High Intensity, 10 Neuromuscular Reconditioning (ABI Reconditioning patients are also placed in these beds)
Definition of ABI:	CHI, CVA and other acquired brain injuries of traumatic, vascular, neoplastic, hypoxic or infectious origin.
Program Description:	• program provides assessment, treatment, and coordination with community based services • involves family members, case managers, family physicians, and others who can contribute to promoting a successful outcome following an ABI • integrated approach to the rehabilitation process • expected outcome is that the client will have attained realistic short term goals mutually set with the team, and that the client is functioning at an optimal level required for their proposed discharge environment
Admission Criteria:	• age 18 and above • must have rehabilitation potential • need for intensive rehab following a neurological insult • disability may range from mild to severe • medically stable and able to participate in therapy for several hours per day • psychologically ready to participate in active rehabilitation • must be functioning at Rancho Los Amigos Scale of at least Level V • attainable goals should be outlined in the application • discharge destination must be included on the application
Exclusion Criteria:	• severe behavioural problems unless accompanied by privately funded behaviour specialist • medically unstable such that participation not possible • poor stroke rehabilitation candidates are those who transfer or stand with two assistants, are incontinent, have poor social support, have significant neglect or inattention, have bilateral involvement and/or severe cognitive problems, or the event is not recent (greater than 1 year) • restraints/constant care provider in use
Admission Process:	**Referral within the Network:** • completion of application • application to ABI Network Office • application forwarded to program • review of application by program staff **Other Referrals:** • pre-admission assessment completed/compiled by referring agency • could suggest a pre-admission tour for family if time permits
Discharge Criteria:	• safe and appropriate discharge plans
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: November 2013

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	BRIDGEPOINT SINAI HEALTH SYSTEM 14 St. Matthews Road Toronto, Ontario M4M 2B5
Program or Service:	**Outpatient Neurological Rehabilitation Program**
Contact:	Kim Meighan, Case Manager (416) 461-8252 ext. 2278 Ambulatory Care Reception, Extension: 2371
Capacity:	Based on services required. Waitlist may be used.
Definition of ABI:	• CHI, CVA and other acquired brain injury of traumatic, vascular, neoplastic, hypoxic or infectious origin.
Program Description:	• Short-term intensive outpatient neuro-rehab services offered by an inter-professional team of health professionals. Services available include Physiotherapy, Occupational Therapy (including Vocational Rehabilitation Services), Speech Language Pathology, Social Work, Nursing, and Physiatry. Access to Neuropsychology is available as per internal team request. • Therapeutic groups and 1:1 rehab options available • Average length of stay for outpatient rehab may be 8 weeks
Admission Criteria:	Client must: • be 18 years of age or older • be medically stable • have a 'recent' (usually within 12 months) diagnosis of CHI, CVA and other acquired brain injury of traumatic, vascular, neoplastic, hypoxic or infectious origin. • have active and realistic rehab goals (documented on referral form) • be able to participate in an active rehab program, and attend regularly scheduled appointments • have the potential to improve with a short-term intensive program • have regular transportation to/from the hospital, which has been arranged prior to the first visit • be continent or able to manage incontinence • be followed by a physician (i.e., referring physician or family physician) • be accompanied by a family member, friend or attendant, if there are significant cognitive and/or behavioural concerns
Exclusion Criteria:	• Client is medically unstable such that participation is not possible • Client is unable to manage incontinence • Client has severe behaviour problems (i.e., physical / verbal aggression, substance abuse, unstable psychiatric disorders) and who are unaccompanied • Client is unable to attend regularly scheduled appointments at least x2 weekly. • Clients requires a general maintenance rehab program • Client has already participated in an outpatient ABI program for the same injury
Admission Process:	**Referral within the Network:** • Completion of ABI Client Community Profile • Profile to ABI Network Office • Referral forwarded to program • Program reviews referral and screens for suitability. Eligible referrals are triaged to waiting list. **Other Referrals**: • Completion of the GTA Rehab Network – Outpatient/Ambulatory Care Referral Form http://www.gtarehabnetwork.ca/outpatient-ambulatory
Discharge Criteria:	• Client has achieved/near completion of short-term goals (as per referral/admission criteria) • Client has reached maximum potential within the active rehab program (no longer progressing) • Client has repeated absences from scheduled appointments and/or not willing to participate

	• Client and/or been admitted to another facility (e.g. inpatient/acute care or outpatient program)
Funding:	Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: January 2015

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	CENTRAL LHIN HOME AND COMMUNITY CARE, ABI PROGRAM 9050 Yonge Street, Ste. 400, Richmond Hill, Ontario. L4C 9S6
Program or Service:	**ABI Program**
Phone:	905-763-1083 or 416-221-3565
Contact:	ABI Care Coordinator, extension 5121 Senior Manager, Client Services extension 2731
Capacity:	Central Adult ABI caseload presently 80-100 patients on caseload
Definition of ABI:	Damage to the brain which occurs after birth and is not related to a congenital disorder or a degenerative disease. A **traumatic brain injury** is caused by a motor vehicle accident, a fall, an assault or a sports injury. A **non-traumatic brain injury** could be caused by medical conditions such as anoxia, aneurysm, infection, brain tumour or a stroke. (Ontario Brain Injury Association)
Program Description:	• Active rehabilitative program provided by an interdisciplinary team including Occupational Therapy, Physiotherapy, Speech and Language Therapy and Social Work. • Rehabilitation Therapists are speciality trained in ABI Cognitive Retraining. • Behavioural Therapy and Psychological Therapy are available. • ABI trained Personal Support Workers provide personal care in addition to facilitating client's independence in self care and activities of daily living. • Dedicated ABI caseload for adults 16 years of age and over**.** • ABI Care Coordinator works in consultative model with external partners including community agencies, school boards, hospitals and outpatient programs/adult day programs. Consultation is also provided to Central LHIN in house staff by ABI Care Coordinator for patients with brain injury receiving services on community, palliative support, mental health and paediatric caseloads. • ABI patients are eligible to receive all other non-ABI speciality services provided by Central LHIN Home and Community Care including Nursing, Dietician, therapies and Personal Support Services • Partnering with ABI and non-ABI community agencies to re-integrate client into community and vocational services. Included but not limited to York Simcoe Brain Injury services (YSBIS), Brain Injury Services Simcoe (BISS), CHIRS, Cota, Day Programs, Vocational Counselling (Seneca) Ontario March of Dimes, Housing Programs, and Hospital Partners (Holland Bloorview, West Park Hospital, St. Michaels Hospital, Toronto Rehab/UHN, Hospital for Sick Children, Hamilton Health Science ABI Program) • Participate with advisory boards including Toronto ABI Network Advisory Committee and Central LHINs ABI Collaborative • ABI Care Coordinators coordinate and chair bimonthly meetings with interdisciplinary service provider team to conduct patient case reviews, coordinate service planning and facilitate knowledge transfer. ABI Care Coordinator has membership on Head Injury Support Group and other community partners as required.
Admission Criteria:	• Resides in Central LHIN boundaries • Primary diagnosis of Acquired Brain Injury • Up to 5 years post diagnosis/injury. Over 5 years, assessed on an individual client basis. • Birth to 16 years of age assigned to Paediatric Caseload, over 16 years of age, assigned to Adult ABI Caseload. Central LHIN ABI services are available to all ages, no age restrictions applied. • Functionally able to participate in an active rehabilitation program where severe behavioural issues are managed • Patient/family participate and consent to goal directed care planning to maximize patient independence and re-integrate into the community through cognitive and functional retraining • Patients with dual diagnosis and substance abuse are assessed for services on an individual case by case basis

	• Primary location of service provision is client's home residence. Service requests for locations other than client's home, such as Group Homes, Long-term Care Facilities, Day Programs, Schools, are assesses in consultation with ABI Care Coordinator

	CENTRAL LHIN HOME AND COMMUNITY CARE, ABI PROGRAM 9050 Yonge Street, Ste. 400, Richmond Hill, Ontario. L4C 9S6 Phone: 905-763-1083 or 416-221-3565	
Exclusion Criteria:	* Patients behaviour that prevent or compromise their ability to attain rehabilitation goals (substance abuse, dual diagnosis) * Acquired brain injury caused by degenerative neurological diagnosis (Alzheimer's Disease, Parkinson's Disease, Multiple Sclerosis) or developmental delay (Cerebral Palsy) and/or progressive brain tumours/lesions where ABI rehab is not the focus of treatment/intervention	
Admission Process:	**Referral within the ABI Network:** * All hospital referrals require in-hospital Rehab Therapists Reports including ABI Profile, Neuropsychologist report if available * Central LHIN receives Profile from ABI Network * Chart opened in Central LHIN, identifying client as ABI * Patient assigned to ABI caseload and services ordered requesting ABI providers as appropriate * Patient identified as ABI are **not waitlisted** for ABI services * ABI Care Coordinator completes home visit to client within 14 days to assess status (completes RAI-HC), realign service plan with treatment goals * ABI providers visit frequency established to meet clients needs, usually once weekly in consultation with ABI Case manager, client and family * Joint interdisciplinary case conference completed in-home within 3 months of admission includes ABI Care Coordinator, ABI Service Providers and patient/family to assess progress, adjust service plan/goals	**Other Referrals (outside the ABI Network):** <u>Referrals from hospitals:</u> * an in-hospital Care Coordinator completes patient eligibility assessment, establishes service plan and sets up services prior to patients discharge home from hospital <u>Referrals from the community:</u> * Referral made by patients, family, and physicians to Central LHIN Contact Centre, via telephone or fax. Office Care Coordinators opens a client file requesting assessment by ABI Care Coordinator * ABI Care Coordinator completes a home visit to patient to complete assessment for eligibility, establish service plan and orders services * Patients identified as ABI are **not waitlisted** for ABI services * Service plans established with patients/family/substitute decision makers in consultation with physician and referral source * patient referred and linked to community ABI programs (i.e. CHIRS, YSBIS, vocational rehabilitation) and non-ABI programs as appropriate
Discharge Criteria:	* When patient has met therapeutic rehabilitation goals * Patient may be transferred to regular Central LHIN caseload if ABI rehabilitation goals have been met and has remaining goals that can be addressed on regular caseload	
Funding:	Ministry of Health and Long-Term Care	

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	COMMUNITY HEAD INJURY RESOURCE SERVICES OF TORONTO (CHIRS) 62 Finch Avenue West Toronto, Ontario M2N 7G1
Program or Service:	**Community Support Services, Residential Services, Adult Day Services, Neurobehavioural Intervention, Clinical Groups, and Neuropsychological Assessment**
Contact:	Intake Team: (416) 240-8000 Fax: (416) 240-1149 E-mail: intake@chirs.com Website: www.chirs.com
Definition of ABI:	Brain injury is non-degenerative and non-congenital in nature.
Program Description:	**Community Support Services:** ► **Ashby Community Support Services:** case management and individualized community support services geared to the needs & goals of the individual: • support with activities of daily living and community living skills • Support to engage with community and develop a structured schedule of productive activity • education support in partnership with special needs department of schools • neuropsychiatric assessment and consultation • neuropsychological assessment and consultation • vocational services including development of job readiness skills, job preparation, job search and job coaching. • social work services • individual and family counselling • educational and therapeutic groups • family support group ►**Clinical groups** cTech (use of technology), Living Well with a Brain Injury, Men's group, Positive Psychology, Being Social, Assertiveness Training ► **Aging at Home Program** Offers same supports as above to individuals living with an aging care giver with an enhanced focus on respite for the family. **Specific Program Eligibility:** Client must be living with an aging care giver (age 55 or older) ►**Neurobehavioural Intervention Program:** Specialized service through Community Support Services that focuses on individuals with co-occurring ABI and addictions and/or mental health issues. **Services Include:** • comprehensive functional assessment in the home and the community
	Adult Day Services: **Hours of operation**: 9:00 a.m. to 9:00 p.m. Monday to Thursday and 8:30 a.m. to 4:30 p.m. on Friday • social/recreation programs at CHIRS Head Office and in the community • various special events, including one weekend event/month, theme weeks and workshops • Drop-in available Monday to Friday 8:30 a.m. to 4:30 p.m. • lunch offered daily at a minimal cost • Peer mentorship program: clients help run the Drop-in, lunch program and recreation programs **Specific Program Eligibility:** Client must be able to participate with group support only, and be independent for personal care/ travel OR arrange their own 1:1 support as needed.
	Residential Services: • based on variable support model ranging from 24-hour on-site support to 24 hour access to support • 3 sites - a fully accessible bungalow in Etobicoke (St. George's) (7 participants); supported living apartments in Scarborough (Aldebrain Towers) with 22 participants in 1-, 2- and 4-bedroom units; and Finch residence with 5 apartments.

<table>
<tr><td></td><td>

- Intensive case management and individualized community support services geared to the expressed needs & goals of the individual
- 1:1 addiction counselling related to substance use if required
- Access to SUBI (substance use and brain injury) group

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Neuropsychological Assessment Services:
Assessments are designed to identify possible challenges with brain functioning, define strengths and weaknesses and help guide treatment and service delivery.
This service is directed towards individuals who:

- have a history of trauma sufficient to suspect complicated mild to severe brain injury.
- have had no neuropsychological testing in the past 2 years.

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<tr><td>Admission Criteria:</td><td colspan="2">

- Have a moderate to severe brain injury
- Be between the ages of 18 and 60 on the date that services commence (Note: **Neuropsychological Assessment Services** accepts individuals who are 18 years of age and older)
- Reside in Toronto or York Region (Aging at Home Program only), but may waive this criterion if individual is able to travel to CHIRS programs and comparable services are not offered in their area
- individual is expected to benefit from services

Please also see specific program eligibility criteria

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<tr><td>Exclusion Criteria:</td><td colspan="2">None where admission criteria are met.</td></tr>
<tr><td>Admission Process:</td><td colspan="2">

- referral by self or other
- completion of ABI Community Profile referral form through the Toronto ABI Network
- review of documentation, screening interview, then review by intake committee

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<tr><td>Discharge Criteria:</td><td colspan="2">CHIRS provides long term support as long as the individual’s needs can be adequately met by available resources and the individual continues to benefit from services.</td></tr>
<tr><td>Funding:</td><td colspan="2">Subsidized services: Ministry of Health and Long-Term Care through the Local Health Integration Network
Fee-for-Service: Funding arranged through third party payer</td></tr>
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Program details subject to change. Last reviewed: April 2017

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	COTA 2901 Dufferin Street, Toronto, Ontario M6B 3S7
Program or Service:	**ABI Case Management Services; ABI Adult Day Services; ABI Supportive Housing Collegeview site**
Contact:	Kate Moore (416) 785-9230 ext. 8751
Definition of ABI:	• Major interruption of brain function occurring after birth, not related to a congenital disorder or degenerative disease. • Most typically resulting from an external trauma or an internal occurrence — i.e., tumour, stroke or aneurysm
Program Description:	**ABI Case Management Services:** The Acquired Brain Injury (ABI) Case Management program provides individual support services to clients with acquired brain injuries in the city of Toronto. Our ABI Case Managers work collaboratively with their clients to provide client-centred support and to assist then to live fulfilling lives within the community. **Behaviour Supports Program**- Behavioural Supports are available to clients with an ABI that is less than 5 years post injury who are experiencing challenging behaviours. Behavioural supports include psychological assessment and in home support from behaviour therapists. These referrals will be sent to an ABI Case Manager and their care will be coordinated by this case manager. The services will be goal based. These clients will also be referred to Home and Community Care for ABI rehab services such as OT, PT, Speech, as required. **ABI Supportive Housing Collegeview Site:** Cota's Acquired Brain Injury services include a supportive housing program located at the Collegeview Apartments site in the Yonge St./College St. area of downtown Toronto. This program provides rent-geared-to-income accommodation and supports. The program can accommodate up to 20 residents. Each resident lives in a bachelor apartment and shares a communal kitchen with other residents. The goal of the program is to assist residents with activities of daily living and other individual goals so that they can maintain their housing and lead productive lives within a community. Many of our residents have jobs, do volunteer work and/or attend day programs. **ABI Adult Day Services:** The ABI Adult Day Services program offers supportive and creative group environments for people with an ABI to engage in meaningful activities, explore strengths, and develop new/diverse skills. ABI Adult Day Services is designed to act as a stepping stone to personal recovery and community inclusion. As such, we encourage members to define their goals and help shape activities to meet those goals.
Admission Criteria:	• Must have an acquired brain injury • 16 years of age and older • For the behaviour supports and ABI rehab services through Home and Community Care individuals must be less than 5 years post injury.
Exclusion Criteria:	• Under the age of 16 years
Admission Process:	**Referral within the Network:** • Completion of ABI Client Community Profile • Send Profile to ABI Network Office • Profile forwarded to program • Review of Profile by program staff • Screening assessment to determine eligibility and client's interest in our services **Please note the ABI Supportive Housing Collegeview site does not currently hold a wait list as there is not a lot of turnover in the program. When an opening becomes available it is brought to the ABI network to assist us in filling the vacancy.**

Discharge Criteria:	• Dependent upon client's goals
Funding:	• Ministry of Health and Long-Term Care and Central LHIN

Program details subject to change. Last reviewed: February 2018

	HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL 150 Kilgour Road Toronto, On Canada M4G 1R8
Program or Service:	**Brain Injury Rehabilitation Team (BIRT), Inpatient or Day Program Service**
Contact:	Cindy Ruelens, Intake/ Coordinator 416-425-6220 ext. 6030 Inpatient/Day Program Referral Form
Capacity:	**Number of spaces:** 18 inpatient/day patient
Definition of ABI:	Any brain injury as a result of traumatic or non-traumatic causes
Program Description:	The Brain Injury Rehab team serves clients aged 3 months to 18 years who require rehabilitation following an acquired brain injury. An interdisciplinary team provides collaborative assessment and intervention for children and adolescents by facilitating return of function, development of compensatory skills and assisting reintegration into the family, school and community at the child's optimum level. Rehabilitation following a brain injury is a complex multifactorial process and the inpatient stay is only one stage of the journey to recovery. Clients can continue to make gains as they transition into the community. There are two streams of acquired brain injury (ABI) inpatient rehabilitation programs: Rehabilitation Stream and Restorative Stream. Children who are admitted into the Restorative Rehabilitation Stream can transition to the Rehabilitation Stream when able to participate in active rehabilitation and/or transition to home. See Admission Criteria for more information on each stream.
Admission Criteria:	***Rehabilitation Stream*** * Presents at Level IV and higher on Rancho Los Amigos Scale: Confused and agitated without targeted aggression. The client is confused and does not make sense in conversation but may be able to follow simple directions. Stressful situations may provoke some upset, but again agitation is no longer a major problem. Clients may experience some frustration as elements of memory return. * Presents with **new** moderate to severe functional deficits (physical and/or cognitive) * Requires two or more professional services (OT/PT/SLP) * Requires medical and nursing care * Medically stable with a plan in place for discharge post rehab (i.e. stable vital signs, stable tracheostomy); an onsite or OTN review maybe required * Expected participation in a school program and therapeutic playroom activities * Appropriate services are not available closer to home * Need to be off tube feeds and IV's for at least 4 hours a day so they can participate in rehabilitation * No longer ventilator dependent * Not a danger to themselves or others * No drug or alcohol dependency ***Restorative Stream*** * Presents at Level lll on Rancho Los Amigos Scale: demonstrate a localized response but which may be inappropriate or early Level IV: demonstrates confusion, disorientation and may present with agitated, aggressive or inappropriate behaviour * An onsite or OTN review will be required. * Presents with complex cognitive, physical and nursing needs * Has attention and responsiveness for a minimum of a 30 minute session, twice per day * Demonstrates meaningful responses to their environment * Expected participation in a school program and therapeutic playroom activities * Medically stable with a plan in place for discharge post rehab (i.e. stable vital signs, stable tracheostomy)

	* Appropriate services are not available closer to home * Need to be off tube feeds and IV's for at least 4 hours a day so they can participate in rehabilitation * No longer ventilator dependent * Not a danger to themselves or others * No drug or alcohol dependency
Exclusion Criteria:	*
Admission Process:	**Referral within Network:** * Submit Holland Bloorview Kids Rehab referral * Copy of profile to Toronto ABI Network office * Decision within 48 hours (2 working days) **Other Referrals:** * Complete and submit Holland Bloorview Kids Rehabilitation Hospital referral * Decision within 48 hours (2 working days)
Discharge Criteria:	* Achievement of target goals * Plateau in areas of concern * Community services able to address ongoing needs of client and family
Funding:	* Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: March 2014

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL 150 Kilgour Road Toronto, On Canada M4G 1R8
Program or Service:	**Brain Injury Rehabilitation Team (BIRT) Out Patient Services**
Contact:	Central Registration (416 425-6220 ext. 6460) Outpatient Referral Form
Capacity:	Based on services required on intake and FTE attached to this service. Waitlist may be utilized.
Definition of ABI:	Any brain injury as a result of traumatic or non-traumatic causes
Program Description:	* Comprehensive medical follow up and out patient services for clients recovering from a brain injury at home. Services may be offered individually or in a group/workshop format * Holland Bloorview Kids Rehabilitation Hospital is a paediatric treatment centre for Metro Toronto and a provincial resource for community consultation, education and development
Admission Criteria:	* Must be 3 months to 18 years * Medically stable * Presents with moderate to severe functional deficits (physical and/or cognitive) * Medical referral to Follow Up Clinic is required prior to accessing any BIRT outpatient services * Have rehabilitation goals and willingness to participate in rehabilitation programs * Live within the Toronto Area * Need to be off tube feeds and IV's for at least 4 hours a day so they can participate in rehabilitation * No longer ventilator dependent * Not a danger to themselves or others * No drug or alcohol dependency
Exclusion Criteria:	*
Admission Process:	* Fax medical referral to Registration Services, (416) 422-7036
Discharge Criteria:	* Achievement of target goals * Plateau in areas of concern * Community services able to address ongoing needs of client and family
Funding:	* Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: March 2014

	HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL 150 Kilgour Road Toronto, On Canada M4G 1R8
Program or Service:	**Persistent Concussion Clinic**
Contact:	Intake Coordinator (416 425-6220 ext.3239) Central Registration (416 425-6220 ext. 6460) Outpatient Referral Form
Capacity:	Based on services required on intake and FTE attached to this service. Waitlist may be utilized.
Definition of ABI:	Any concussion or mild brain injury as a result of traumatic causes
Program Description:	Comprehensive medical follow up and outpatient services for clients recovering from a concussion at home. Services may be offered individually or in a group/workshop format Concussion and You Education Sessions are offered on a regular basis, and open to clients and families Registration for Concussion and You Education Holland Bloorview Kids Rehabilitation Hospital is a paediatric treatment centre for Metro Toronto and a provincial resource for community consultation, education and development.
Admission Criteria:	• Must be 3 months to 18 years • Medically stable • At least four weeks post-concussion • Symptoms related to the concussion persist • Unable to return to school activities or sport • Medical referral to BIRT Outpatient Services is required • Have rehabilitation goals and willingness to participate in rehabilitation programs • Not a danger to themselves or others • No drug or alcohol dependency
Exclusion Criteria:	*
Admission Process:	* Fax medical referral to Registration Services (416) 422-7036
Discharge Criteria:	• Achievement of target goals • Plateau in areas of concern • Community services able to address ongoing needs of client and family
Funding:	* Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: January 2016

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	MARCH OF DIMES CANADA – REGIONAL OFFICE 13311 Yonge Street, Ste 202 Richmond Hill, ON L4E 3L6
Program or Service:	**Community Support Services – Supportive Housing (Toronto & Newmarket), Group/Day programs (York region), Case Management and Outreach Rehab Support (York region)**
Contact:	Joanne Dick , Independent Living Resource Worker (905) 773-7758 ext 6216 or jdick@marchofdimes.ca
Capacity:	**Supportive Housing** Newmarket 9 spaces shared and single occupancy **Supportive Housing** Toronto 5 spaces single occupancy **Group/Day programs** York Region – group size varies **Case Management and Outreach Rehab** York Region – case load varies based on need
Definition of ABI:	Damage to the brain which occurs after birth as a result of a traumatic or non-traumatic event and is not related to a congenital or a degenerative disease.
Program Description:	**Supportive Housing** Individualized support within a 24 hour program model, with activities of daily living, community orientation and recreation activities. Clients are supported to acquire new skills and develop strategies for community integration in consultation with a range of professionals including Behaviour Consultant and Neuropsychiatrist. **Peer Groups** Provides a safe and supportive atmosphere in which to learn coping strategies with peers, explore ABI education and opportunities to participate in social/recreational events. *Participants are responsible for travel and any personal support required **Day program – Aphasia and Communication Disabilities** The program is supported by Speech Language pathologists, Communicative Disorders Assistants and trained volunteers who encourage learning and use of supportive communication strategies (written key words, interactive drawings, gestures) to optimize language abilities. **Case Management (Partnership with Mackenzie Health) & Outreach Rehab Support** The program incorporates comprehensive functional behaviour assessments to evaluate the effects of brain injury and an individualized plan is developed with recommendations for community support to promote acquisition of skill and strategies for re-integration. Program team includes Behaviour Consultant and Neuropsychiatrist.
Admission Criteria:	Basic criteria for ABI programs - 16 years or older, Ontario Resident insured under OHIP & Documented ABI. Aphasia and Communication Disabilities program – 18 years or age or older living with Aphasia or other acquired communication disabilities due to stroke or brain injury. More details Re: Admission criteria– please contact Joanne Dick @ jdick@marchofdimes.ca
Exclusion Criteria:	None where admission criteria are met.
Admission Process:	Referral by self or other. Completion of ABI Client Community Profile if a referral made through the TO ABI Network Completion of MODC ABI Application for services if referral made directly to MODC. Contact Joanne Dick at (905) 773-7758 ext 6216 or jdick@marchofdimes.ca or visit our website for application www.marchofdimes.ca Review of documentation, Applicant Interview and review by Internal Intake Committee.
Discharge Criteria:	MODC may discharge if the individual no longer meets the eligibility criteria, if needs change to the extent that available resources are no longer adequate or if the individual discontinues service
Funding:	Central and Toronto Central LHIN Fee for Service options

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES 700 Gordon Street Whitby, On Canada L1N 5S9
Program or Service:	Neuropsychiatry Service
Contact:	Clinical Manager 905-430-4055 ext. 6448
Capacity:	25 bed inpatient unit (including 5 PICA beds)
Definition of ABI:	Brain Injury or neurological disorder, including Huntington Disease
Program Description:	• NRS provides inpatient and outpatient services to clients 18-65 years of age who are medically stable, who have an ABI or neurological disorder and a mental health concern in a recovery based model. NRS is a secure unit that provides treatment specific interventions in an interprofessional care environment. Individualized treatment plans are designed to meet client needs. Consultation via video conferencing is supported by the Ontario Telemedicine Network. Education and support is provided for clients, their families and community service providers.
Admission Criteria:	• 18-65 years • ABI or neurological disorder • Mental health concern • Medically stable
Exclusion Criteria:	• Developmental delay • Those individuals who require extensive physical rehabilitation • Those individuals who have addiction issues and who are currently actively using substances
Admission Process:	• Referrals are made via the Central Intake Program at Ontario Shores: www.ontarioshores.ca or 1-877-767-9642 • Clients are triaged and prioritized for admission
Discharge Criteria:	• Recovery based philosophy ensures client's strengths are identified and enabled to assist in goal achievement. Client may be followed via video-conferencing upon discharge in a shared care model/and or through follow-up in our neuropsychiatry outpatient clinic.
Funding:	OHIP

Program details subject to change. Last reviewed: April 2016

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	PACE INDEPENDENT LIVING 970 Lawrence Ave. West #210 Toronto, Ontario M6A 3B6
Program or Service:	Possibilities Projects:(Supportive Housing - Edwards Manor: 24 hours, 7 days a week and Adult Day Services -The Learning Network: Tuesday-Saturday 9:00 am-4:00 pm)
Contact/Phone:	Jackie Wilson (Program Manager) 416 789-7806 ext. 314 JLWilson@pace-il.ca
Capacity:	Supportive Housing: 10 individual studio apartments Adult Day Services: based on services required
Definition of ABI:	Brain injury that is non–degenerative and non-congenital in nature
Program Description:	Program is designed to provide "just enough support" to help people live as independent as possible in spite of on-going needs for assistance due to the effects of their brain injury to enhance skills or learn new ones. Program is geared to the expressed needs and goals of the individual.
Admission Criteria:	The Possibilities Projects (Edwards Manor and The Learning Network) are located in southern Etobicoke. Supportive Housing: • persons who have sustained a brain injury and in need of a long term supported living environment • able and willing to live in a community setting • age 45 and up • must be medically stable • must be able and willing to identify and participate in learning goals Adult Day Services: • person must have sustained a brain injury • age 18 years and up • be able to learn in a group environment • must be able to identify learning goals and work towards using learned skills in their home environment • must be independent for personal care including incontinence
Exclusion Criteria:	• Client has severe behavioural challenges (physical, verbal, aggression, substance abuse, wander) which precludes their participation in the program and integration into the community and may present imminent harm to self and others. • Client is medically unstable • Client has a progressive or degenerative disease • Client is not able or willing to participate in goals • Client has high-risk physical conditions which would require on-site, intensive medical/nursing observation and treatment
Admission Process:	**Referral within the Network**: Completion of ABI Client Community Profile application **Referral by self or other** Intake interview to establish appropriateness of program for the client
Discharge Criteria:	Noncompliance with Member Participation and Service Agreement Member decides to leave Program
Funding:	Ministry of Health and Long Term Care through the Toronto Central LHIN

Program details subject to change. Last reviewed: March 2015

	PEEL HALTON DUFFERIN ACQUIRED BRAIN INJURY SERVICES (PHDABIS) 176 Robert Speck Parkway Mississauga ON, L4Z 3G1 **www.PHABIS.com**
Program or Service:	**Rehabilitation and support services for adults with ABI**
Contact:	Le-Anh Ngo, Clinical Services Manager (Intake Coordinator): (905) 949-4411 ext. 225 Fax: (905) 949-4019 Candice Drury, Clinical Services Administrator: (905) 949-4411 ext. 250: Rob Sargalis, Human Resources Manager (905) 949-4411 ext. 232
Capacity:	Transitional Residence for Specialised Learning - 6 clients Life Long Living Services - 27 clients Day/Community Programming – 200+ clients PHDABIS West - 9 clients ABI Seniors Services
Definition of ABI:	Brain injury that is non-degenerative and non-congenital in nature.
Program Description:	**I.** PHDABIS Clinical Services include neuro-psychiatric and psychological assessment and support. **II.** The PHDABIS programme currently comprises 5 service streams: 1) **Transitional Residence for Specialised Learning (TRSL)** - behaviour management programming and rehabilitative functional skills training in a highly structured environment 2) **Life Long Living Services** - supportive housing in: • staffed (24 hours) aggregate apartments (Conover, Britannia Place) • aggregate apartments with staff support provided based on assessed need (Windsor Hill, Westminster) 3) **Day/Community Programme Services** – open concept environments, individuated programmes and group/ modular activities addressing therapeutic recreation, life skills, vocational and psychosocial issues 4) **Outreach Services** - case co-ordination and community crisis support 5) **PHDABIS West** - a secure, highly structured environment for the hardest-to-serve of the repatriated population 6) **Seniors Services** - behavioural/cognitive consultation and augmented community support **7) Supported Independent Living (SIL) Programme**- single unit and shared apartments with support based on assessed need
Admission Criteria:	To receive service an individual must: • live with the effects of an acquired brain injury • be between the ages of 16 and 56 (unless designated a Seniors Services applicant) • live, or choose to live in the Region of Peel, Halton or Dufferin • be an active participant in achieving mutually agreed upon goals • be medically stable
Exclusion Criteria:	
Admission Process:	Download an application at www.PHABIS.com
Discharge Criteria:	
Funding:	Services are offered on a subsidised or fee for service basis: If no rehabilitation funding exists, the client is entitled to *subsidised* (Ministry of Health and Long Term Care base funding) service.

	Clients with access to rehabilitation funding (third party payers) will be expected to defray the cost of their involvement in the programme.

Program details subject to change. Last reviewed: May 2012

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	ST. MICHAEL'S HOSPITAL 30 Bond Street Toronto, Ontario M5B 1W8
Program or Service:	**Trauma and Neurosurgery Program – Regional Trauma Centre**
Contact:	Mary Copeland, Clinical Leader Manager (416) 864-6060 x. 5113
Definition of ABI:	TBI, non-traumatic ABI (includes aneurysms, tumours, AVMs)
Program Description:	• Provides care to acutely ill patients with multisystem traumatic injuries and those requiring neurosurgical management • Includes an intensive care unit and an inpatient unit • Patients fall within two services – trauma or neurosurgery – depending on injury classification • Full complement of health disciplines staff (PT, OT, SLP, SW, RD, Pharm, Chaplaincy); includes Case Managers and NPs • Access to other internal specialized care teams as required • Daily rounds to discuss patient care plan • Affiliated internal Head Injury Clinic for outpatient follow up as required
Admission Criteria:	• Most trauma patients are admitted through Emergency Department • Large number of trauma patients being referred from across the province (provincially designated trauma centre) • Neurosurgical admissions through Emergency Department, direct from neurosurgeons, and from other agencies; direct admission to ICU also possible
Exclusion Criteria:	None
Admission Process:	• Usually through emergency department, or through elective surgical admission • Head injury diagnosis is made together by team, to facilitate referral to appropriate services
Discharge Criteria:	• Ultimate goal to is to ensure patients are receiving appropriate treatment in most appropriate setting; once medically stable, and no longer requiring specialized trauma/neurosurgery care, patients are repatriated back to sending/home hospital or alternate level of care is pursued based on each patient's needs • Potential discharge destinations include: other tertiary centre if indicated, home or referring hospital, home (with or without home care supports), outpatient rehabilitation, inpatient rehabilitation, complex continuing care, long term care, palliative care and respite care. • Please note that these discharge destinations will be determined through discussion between the health care team and the patient and their family, and will be based on the patient's goals and care needs.
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: May 2016

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	ST. MICHAEL'S HOSPITAL 30 Bond Street Toronto, Ontario M5B 1W8
Program or Service:	**Follow- up Head Injury Clinic** **(at Acute Care Hospital; Level I Trauma Centre)**
Contact:	Alicja Michalak – Case Manager: (416) 864-5520
Capacity:	The St. Michael's Hospital Head Injury Clinic (SMH HIC) was established in 1987 to manage and treat patients who suffer from a traumatic brain injury over the long term. The Head Injury Clinic is the largest of its kind in Ontario, over 1700 patient visits per year.
Definition of ABI:	Acquired traumatic brain injury
Program Description:	• This management clinic is a multidisciplinary team of experts including a neurorehabilitation specialist, physiatrists, a neuropsychologist, a neuro-otolaryngologist, a psychiatrist, a case manager, and research coordinators. • Management of physical, behavioural, cognitive, psychological and psychosocial symptoms following a traumatic brain injury. Our main goal is to manage and treat TBI patients until they successfully reintegrate back into the community (e.g. school, work) and/or return to their premorbid activities. • A wide range of services are offered, including: ▪ Early identification of patients who suffer from a traumatic brain injury most in need of highly specialized follow-up services ▪ Access to medical/diagnostic tests and other SMH physician specialists and clinics ▪ Coordination of specialized rehabilitation services outside the hospital (OHIP funded and third party funded services) ▪ Patient and Family education and support ▪ Advocating on behalf of the patients with referring hospitals, community partners, insurers and lawyers. ▪ Provision of services not readily offered by other centers in Toronto: ○ Neuropsychological assessments without third party funding for work, school, driving related issues and further rehabilitation planning ○ Evaluation and treatment of psychiatric symptoms post-TBI with prompt access to SMH psychiatry department if needed ○ Timely access to highly specialized ENT clinic at Toronto General Hospital for testing of hearing, dizziness and balance ○ Prompt reassessment of the effectiveness of pharmacological treatments recommended for post-traumatic headache, fatigue, pain, posttraumatic stress disorder and depression. ○ Assessment, diagnosis and treatment of TBI symptoms using pharmacological and non-pharmacological approaches (referrals to acupuncture, biofeedback, etc).
Admission Criteria:	• Mild to moderate TBI • **Post injury 1 year or less** • 18 years or older • Must include medical notes, imaging • Symptoms must be both Physical and Cognitive (if only 1 or 2 physical symptoms refer to individualized treatments clinics) • The mandate of the clinic is to provide follow-up treatment and care to all St. Michael's Hospital's patients who have been treated for Traumatic Brain Injury • The clinic also accepts referrals from family physicians across the province, from CCAC, COTA, private providers, and other different institutions. These referrals are all coordinated through the ABI Network • To avoid duplication of services, patients who received ABI rehab at Toronto Rehab, Bridgepoint or West Park will be followed by the hospital where they received physiatrist treatment.

	• No geographical limits
Exclusion Criteria:	• Non traumatic brain injuries • Injuries greater than 1 year • To avoid duplication of services, inpatients of Toronto Rehab's, Bridgepoint Health's and West Park Healthcare Centre's ABI rehab programs are not being followed up. However if they continue to have issues once they have been discharged from their program the patient may be referred to our service
Admission Process:	• Referral through the Trauma & Neurosurgery Program or through the emergency department • Through the ABI Network • Diagnosis of Traumatic Brain Injury
Discharge Criteria:	• There are no constraints on the length of time that patients are followed • The Head Injury Clinic offers the flexibility to enter and exit the program as needed
Funding:	Ministry of Health and Long-Term Care

Program details subject to change. Last reviewed: May 2016

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	SUNNYBROOK HEALTH SCIENCES CENTRE 2075 Bayview Avenue North York, Ontario M4N 3M5
Program or Service:	**Trauma Program/Regional Trauma Centre**
Contact:	Elise Goldberg, Occupational Therapist (416) 480-6100 ext. 4187 (C5 ward unit)
Definition of ABI:	Traumatic brain injury, intracranial hemorrhage
Program Description:	As an integral part of Sunnybrook Trauma, Emergency and Critical Care Program, the Trauma unit cares for acutely ill patients with multisystem, traumatic injuries. These injuries can result from falls, motor vehicle crashes, assaults, work related and sports injuries. Many teams of physicians may care for a single patient depending on the complexity of their injuries. Patients requiring neurosurgical intervention such as those with traumatic brain injury may be cared for on two levels of intensive care units and the ward, C5. The primary focus of care on C5 includes assessment of functional status, intervention, discharge planning, and communication within a patient-centered environment. The interprofessional team on C5 supports the philosophy and principles of patient-centered care, and the mission and values of Sunnybrook Health Sciences Centre – excellence, collaboration, accountability, respect, and empowerment. Typically patients on C5 are prepared for discharge home, inpatient rehabilitation, complex continuing care facility or another community care setting.
Admission Criteria:	• clients with ISS score of 16 or greater • any referrals by acute care hospitals • any admissions via the Emergency Room as per provincial trauma triage guidelines
Exclusion Criteria:	None
Admission Process:	• usually through emergency department, or by referral
Discharge Criteria:	• goal is to discharge when client is medically stable • if discharge to a facility (including inpatient rehab), generally Rancho Los Amigos Level III–VI, depending on admission criteria of receiving facility • generally, patient cannot have 1:1 care (ex. observer)
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: June 2018

	SUNNYBROOK HEALTH SCIENCES CENTRE 2075 Bayview Avenue North York, Ontario M4N 3M5
Program or Service:	**Mild to Moderate Adult TBI Clinic ~ Outpatient, Follow-up Clinic** **Mild to Moderate Adolescent TBI Clinic ~ Outpatient, Follow-up Clinic**
Contact:	Elke McLellan, TBI Clinic Coordinator Phone: (416) 480-4095 Fax: (416) 480-4613
Capacity:	n/a
Definition of ABI:	Traumatic injury to the brain, sustained through trauma – MVC, fall, sports, assault, etc. Severity determined by loss of consciousness/alteration in level of consciousness, GCS, retrograde & post-traumatic amnesia, and CT/MRI findings
Program Description:	Interdisciplinary, evidenced-based approach for the early assessment, diagnosis and management of physical (somatic), emotional, behavioural, cognitive, psychological and psychiatric symptoms following mild to moderate traumatic brain injury. Patients are seen in the acute /sub-acute stage after injury. Persistent symptoms that extend beyond the typical acute recovery period are managed. Appointment consists of: * completion of release of information forms & self-report forms; * interview with clinic co-ordinator (Occupational Therapist) and Psychiatrist of the TBI clinic and Neuropsychiatry Department to gather relevant injury information, past medical history, presenting symptoms/complaints and impact on functioning (e.g. home and community activities, work, school) * brief neuropsychological testing/screening is completed in order to gain an objective profile of cognitive functioning * evaluation and management of neuro-psychiatric symptoms post-TBI with pharmacological and non-pharmacological treatment approaches and access to mental health resources and treatment, if needed * examination by a physiatrist (currently no physiatrist on staff of TBI Clinic) to assess for any physical complaints related to TBI. Education regarding traumatic brain injury, symptom management and usual course of recovery as well as guidance in facilitating wellness and recovery and return to daily activities is provided. Team based and Person-Centred approach to assessing and determining the most appropriate treatment needs and options for each patient. Referrals are coordinated for established specialty consults (e.g. pain/headache clinic, ENT, ophthalmology, sleep clinic, etc.), medical/diagnostic tests, community supports and treatment services as appropriate. Consultation with primary health care providers/family physicians and other health care providers involved in patient's care.
Admission Criteria:	• Mild to moderate TBI, sustained within 3 months of referral. • Age range 19 – 65 for Adult Clinic, 14 – 18 for Adolescent Clinic. • Physician to physician referral. Referrals accepted from inpatient programs at SHSC, emergency physicians, and community physicians.
Exclusion Criteria:	• Injury sustained more than three months prior to the time of referral. • Severe TBI. • Non-traumatic acquired brain injuries • Patient referred to an in-patient ABI rehab program, or other TBI/ABI Clinic.
Admission Process:	Referral sent to TBI Clinic. Initial telephone screen is completed with patient. Appropriateness of referral determined, and inclusion of all necessary information confirmed by TBI Clinic staff. Appointment date and TBI Clinic information pamphlet is mailed to patient. Referring physician is notified of appointment.

Discharge Criteria:	Patients are generally followed in the TBI Clinic for up to one year, at which point reasonable and necessary community services should be well established, and care is then transferred to the community physician.
Funding:	Ministry of Health and Long-Term Care
Other:	The TBI Clinic also has a mandate to conduct on-going research in the assessment and treatment of mild to moderate TBI.

Program details subject to change. Last reviewed: January 2015

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	TORONTO CENTRAL LHIN HOME AND COMMUNITY CARE, ABI PROGRAM 250 Dundas St. W., Suite 305 Toronto, ON M5T 2Z5 Tel: 416-217-3817	
Program or Service:	**ABI Program**	
Contact:	Client Services Manager	
Capacity:	Approximately 100 clients	
Definition of ABI:	Damage to the brain which occurs after birth and is not related to a congenital disorder or a degenerative disease (such as Alzheimer's or Multiple Sclerosis). The brain damage may be due to a traumatic injury to the head, incurred through a motor vehicle crash, a fall, an assault, a sports injury, etc. It may also be caused by conditions such as anoxia, aneurysm, infection (e.g., encephalitis).	
Program Description:	• broad range of health and support services for the individual and the caregiver(s) living with the effects of an acquired brain injury with goals of optimizing function in their roles with family and in the community • care coordination and resource management of ABI services • Comprehensive range of rehab-focused services in with community agency partners: physiotherapists, speech-language pathologists, social workers, occupational therapists, rehab support workers, psychology services, and behaviour therapists. • rehab goals reflect maximizing independence, community reintegration and quality of life	
Admission Criteria:	• Primary diagnosis of acquired brain injury. The referral source is asked to provide as much information as possible (e.g., client's cognitive status; site of injury; impact of injury; all neurological reports) • Verification that client is medically stable and able to participate in a rehabilitation program. • people who live at home or are capable of doing so (not residing in an acute care institution or long term care facility) • 18 to 65 years old (other referrals will be considered on a case-by-case basis) • Individuals who require rehabilitative assistance from the ABI team to improve/sustain the ability to remain at home in their community • client/family/caregiver consent to collaborate with ABI team to develop and implement an individualized rehabilitation program • reside within the Toronto Central LHIN boundaries	
Exclusion Criteria:	• severe behaviour and/or active substance abuse • individuals requiring 24-hour nursing care • individuals with progressively degenerative, developmentally delayed, or geriatric, neurological conditions	
Admission Process:	**Referral within the ABI Network:** • Completion of ABI Client Profile • Fax Profile to ABI Network Office • Profile is forwarded to Cota • Review of Profile by Cota for TC-LHIN ABI Program • Once referral is made, an assessment is completed by Cota to determine eligibility for ABI Program via telephone discussions and hospital/home visits	**Other Referrals (outside the ABI Network):** • accepted from health care professionals, community service providers, family members, clients, or any other person who identifies a need for service • in-hospital clients: contact Intake Care Coordinator at hospital • community clients: contact ABI Care Coordinator or Manager of ABI Program • once referral is made, an assessment is completed to determine eligibility for ABI Program via telephone discussions and hospital or home visits
Discharge Criteria:	• Client's rehabilitation goals have been met. • Client may be transferred to regular TC LHIN caseload	
Funding:	Ministry of Health and Long-Term Care	

Program details subject to change. Last reviewed: June 2018

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	TORONTO REHABILITATION INSTITUTE - UHN **University Centre** 550 University Avenue Toronto, Ontario M5G 2A2
Program or Service:	**Inpatient ABI Rehabilitation**
Contact:	Carmen Volpe, Service Coordinator, Neuro Cognitive Stream: (416) 597-3422 ext. 3593 Miranda Hong, Service Coordinator, Neuro Physical Stream: (416) 597-3422 ext. 3441
Capacity:	**Number of spaces:** 27 inpatient beds: 5 “slow stream” & 22 regular rehab
Definition of ABI:	• brain injury not progressive in nature, having occurred within ‘recent’ time period
Program Description:	• program enables client who has had a serious brain injury to attain his/her rehabilitation goals and ultimately maximize his/her functional abilities • slow stream services slow-to-recover clients who are capable of benefiting from a rehab program by making improvements in functional capacity but over a longer period of time, and who can ultimately be discharged from the unit • Note: the program also provides services to patients with MS who have cerebral involvement • ABI Service is divided into 2 streams: ABI Neuro Physical and ABI Neuro Cognitive. Patients are placed into appropriate stream dependent on functional presentation at time of referral. Referral sources may refer to Toronto Rehab for ABI Service, and patient will be streamed by the ABI Network and/or internally to appropriate service.
Admission Criteria:	• Primary diagnosis is traumatic and non-traumatic brain injuries; this may include benign tumours, infections, aneurysms and anoxic brain injuries. • accepts referrals regionally, out-of-province and out-of-country, but the majority of referrals come from the Greater Toronto Area • patient must show potential for participating in the rehabilitation process and is expected to participate in all components of the program • Age range is generally 18 years of age and older. Younger referrals may be considered depending on patients goals. • patient must be medically stable in order to participate in a vigorous rehabilitation program • if a patient has multiple diagnostic issues, a trial assessment might be required to determine if continuation in the program is recommended • acquired brain injury has occurred within the first year of application for admission • patients applying to slow stream should exhibit purposeful responses to the environment and be able to actively participate in a rehab session for a minimum of 20-30 minutes, twice a day, 5 times a week • admissions are determined on an individual basis
Exclusion Criteria:	• patients who do not participate in the rehabilitation process • patients with a progressive neurological condition (other than MS), e.g., dementia, malignant tumours • patients with severe behavioural disturbances such as aggression or severe anti-social behaviour which precludes their participation in the program and their integration into the unit • other behaviours which limit rehabilitation potential, e.g. alcohol and/or drug misuse • patients not able to perform due to medical or psychiatric conditions requiring medical care
Admission Process:	• completion of *Inpatient Rehab/CCC Referral Form*, plus the 2-page *Functional Information Form* or completion of the Strata eReferral (RM&R) • completed application along with CT/MRI head reports and Medication Administration Record faxed to the Toronto ABI Network office, or submitted via Strata eReferral system • Toronto ABI Network forwards application to ABI program service coordinator for review • ABI program staff review application
Discharge Criteria:	• upon completion or near completion of rehab goals • Patient no longer benefiting from active inpatient service. Those who are inconsistently participating may be discharged if no progress is being made. • patient encounters any of the exclusionary criteria (see above)

	• patient does not want to participate in active inpatient rehabilitation • if patient does not have a discharge location, he/she might be returned to the referring facility or to the care of his/her family
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: January 2014

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	TORONTO REHABILITATION INSTITUTE (2 SITES) **1. University Centre (UC)** 550 University Avenue Toronto, Ontario M5G 2A2 (University & Dundas) **2. Rumsey Centre (RC)** 345 Rumsey Road Toronto, Ontario, M4G 1R7 (Bayview & Eglinton)
Program or Service:	**Day Hospital/Outpatient Rehabilitation**
Contact	Vivien Poon, Outpatient ABI Service Coordinator Tel: (416) 597-3422 ext. 5321
Capacity:	20 at UC 25-8 spaces RC
Definition of ABI:	• Recent acquired brain injury (not progressive or degenerative in nature)
Program Description:	• short term active outpatient rehabilitation for individuals requiring an interdisciplinary, goal-oriented approach • physical, perceptual, cognitive, communicative, and social issues are addressed • specialized team of Occupational Therapists, Physiotherapists, Speech Therapists, Social Workers and Neuropsychology (this is available only as an internal team request NOT as a stand-alone basis via external referral)
Admission Criteria:	• diagnosis of a recent acquired brain injury less than 18 – 24 months post insult/onset • milder injuries will only be considered if there are positive imaging findings • clients must require the intervention of at least 2 different therapy services (e.g., PT and OT) • clients must be mentally, physically and medically stable to enable regular attendance and full participation in therapies (attend approximately 2 x/week for 1 – 3 hours per session) • clients must have the capacity to benefit from a goal oriented, therapeutic program and demonstrate potential to improve through program participation • clients must be accompanied if they are: 1. Not independent with toileting 2. Not independent with transportation 3. If they are significantly cognitively or behaviourally impaired
Exclusion Criteria:	• medically unstable • uncontrolled alcohol/substance abuse • severe behaviour problems (i.e. physical/verbal aggression, substance abuse, unstable psychiatric disorders) • client requires a general maintenance rehab program • has already participated in an outpatient ABI program for the same injury • concussion/mild TBI if imaging results are negative
Admission Process:	• Toronto ABI Network *Community Form* must be completed and sent to the network • Toronto ABI Network forwards application to program's Service Coordinator review of application by Service Coordinator who will then contact the client (if they are appropriate) to schedule an intake appointment with two members of the team and a physiatrist an attempt is made by the team to recommend other services if client is not appropriate for admission to our program
Discharge Criteria:	• upon completion or near completion of rehab goals • client no longer benefiting from active rehab • client encounters any of the exclusionary criteria (see above). • client does not demonstrate motivation to participate in active inpatient rehabilitation • client repeatedly absent from scheduled appointments • client admitted to another facility (e.g. acute care or inpatient program)
Funding:	• Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: June 2018

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	UNIVERSITY HEALTH NETWORK **Toronto Western Hospital** 399 Bathurst Street Toronto, Ontario M5T 2S8
Program or Service:	**Acute Care Institution**
Contact:	Neuroscience Social Workers: The 5A pager is 416-719-1557 and 5B pager is 416-719-1076
Definition of ABI:	Damage to the brain and its functions secondary to injury or illness.
Program Description:	Interdisciplinary team approach for establishing and implementing a comprehensive treatment program.
Admission Criteria:	* clients who require medical assessment and/or intervention * not a trauma unit… neurovascular specialization (AVM, aneurysm, stroke, tumour, SAH due to falls)
Exclusion Criteria:	None
Admission Process:	* either elective (planned) or emergency-based * Patients come from all over Ontario through Criti-Call.
Discharge Criteria:	* once medically stable, team decides on appropriate discharge plan * When possible, medical prognosis is discussed with client/family and preparation initiated for post-rehab care.
Funding:	Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: November 2013

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	UNIVERSITY HEALTH NETWORK **Toronto Western Hospital** 399 Bathurst Street Toronto, Ontario M5T 2S8
Program or Service:	**Acquired Brain Injury Clinic** **University Health Network**
Contact:	Dr. Chanth Seyone (Director): Tel #: (416) 603-5009; Fax #: (416) 603-5292
Capacity	n/a
Definition of ABI:	Head Injury and Acquired Brain Injury (ABI) are terms becoming almost synonymous with traumatic brain injuries. However, for the purpose of the ABI Clinic, the terms are used more broadly to denote injuries sustained through trauma as well as other means such as lesions due to strokes, abscesses, infections etc. An ABI for the purposes of the ABI Clinic is any injury to the brain following birth. Congenital and developmental brain injuries are excluded.
Program Description:	* Provide clinical management of patients with acquired brain injuries, be it by trauma or by other means as long as it took place after birth. * Provide initial assessment and long-term follow up of adults as well as children / adolescent. * Provide support and psychiatric care as needed to family. * Liaise with caregivers of the patient such that a comprehensive management / rehabilitation plan is determined. * Liaise with community agencies to ensure that these management plans are carried through. * Address community needs by providing consultations and ongoing care to patients living in group homes AT the group homes. * Provide a forum for clinical and didactic teaching in this field. – In ABI. – In Sleep Medicine. – In Community Medicine. * Carry out research to enhance the meagre knowledge found within the psychiatric literature in ABI and neuropsychiatric complications. * Aid in the medico-legal clarification (both private / insurance and WSIB) of difficult problems including minimal brain injuries.
Admission Criteria:	Any acquired brain injury, be it by trauma or by other means as long as it took place after birth and lead to neuropsychiatric and behavioural sequelae.
Exclusion Criteria:	Congenital ABI, Developmental Disorders.
Admission Process:	Medical referral to either Dr. Seyone
Discharge Criteria:	When patients are stable and can be managed effectively within the community setting by the patients family physician and care givers.
Funding:	n/a

Program details subject to change. Last reviewed: November 2013

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	WEST PARK HEALTHCARE CENTRE 82 Buttonwood Avenue Toronto, Ontario M6M 2J5
Program or Service:	**Service:** **Inpatient Neurological Rehabilitation** **Contact:** Pamela Madan-Sharma, Manager, Neuro-Rehabilitation Services (416) 243-3600 ext. 4135, fax (416) 243-3654 pamela.madan-sharma@westpark.org OR Helen Raheja, Care Co-ordinator, (416) 243-3600 ext. 4106 OR Mary Simone, Care Co-ordinator, (416) 243-3600 ext. 4125
Capacity:	**Number of spaces:** 7 inpatient beds
Definition of ABI:	* Individual who has sustained (acquired) brain dysfunction secondary to a traumatic event, or illness/event requiring neurosurgery and deficits include cognitive and or behavioural issues
Program Description:	* rehabilitation services to patients with an ABI * patient focused, interdisciplinary approach to assist patients in working toward their goals * focus is on education of the patient and the families to allow patients to maximize their abilities for discharge into their community * discharge medical follow up as needed
Admission Criteria:	* clients (individual) who has sustained a recent ABI, who can show improvement in functional independence through a comprehensive rehabilitation program * medically stable * Rancho Los Amigos Level V or above * 18 years old or older * where appropriate, clients (patients) under the age of 18 can be admitted * motivated to improve and willing to participate in program
Exclusion Criteria:	* This program cannot accommodate patients with psychiatric disorders that could interfere with the rehabilitation program * This program cannot accommodate patients who may wander
Admission Process:	* completion of Inpatient Rehab/CCC Referral Form, plus the 2 page ABI-Neuro Functional Information Form. * completed application faxed to the Toronto ABI Network office, or submitted via the Toronto Central LHIN electronic Resource Matching and Referral (RM&R) system * Toronto ABI Network forwards application to ABI program service coordinator ABI program staff review application for completeness and will assist with triaging to most appropriate program.
Discharge Criteria:	* Client is able to safely cope within his/her home environment and to access services, if needed, in the community * Patient no longer requires an in-patient setting for his/her rehabilitation * Patient is able to continue therapy in the community, either through out-patient therapy, home care or private services. * Patient and family have been educated regarding the patient's needs and is able to carry them out safely * The client is demonstrating no further benefit from the in-patient therapy program and/or there are no further goals
Funding:	* Ministry of Health and Long-Term Care, Institutional Division

Program details subject to change. Last reviewed: November 2013

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	WEST PARK HEALTHCARE CENTRE 82 Buttonwood Avenue Toronto, Ontario M6M 2J5	
Program or Service:	**ABI Behaviour Service: Inpatient Services**	
Contact:	Rayna Pinto (416) 243-3600 ext. 2611	
Capacity:	**Number of spaces:** 5 inpatient beds	
Definition of ABI:	Broadly defined with focus on challenging behaviours.	
Program Description:	* service focuses on individual client's goals and needs * service uses a behavioural approach to treatment of challenging behaviours that are the result of ABI * goal is to enable clients with ABI and associated challenging behaviours to lead purposeful and meaningful lives * assist clients to learn skills necessary to live in community settings.	**Service Principles:** * services based on Positive Behaviour Interventions and Support and Applied Behaviour Analysis. * help families adapt to the needs of the person with brain injury * work closely with other service providers to coordinate a full spectrum of client services.
Admission Criteria:	* adults, age 18 to 65 years, who have an ABI and associated behavioural challenges that prevent them from accessing other needed services, or from returning to their communities * identified discharge destination	
Exclusion Criteria:	* medically unstable * requiring hospitalization for medical or psychiatric reasons * facing criminal charges	
Admission Process:	* via Toronto ABI Network	
Discharge Criteria:	* successful achievement of client goals	
Funding:	Ministry of Health and Long-Term Care, Institutional Health Branch	

Program details subject to change. Last reviewed: August 2015

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	WEST PARK HEALTHCARE CENTRE 82 Buttonwood Avenue Toronto, Ontario M6M 2J5	
Program or Service:	**ABI Behaviour Service: Outreach Program**	
Contact:	Rayna Pinto (416) 243-3600 ext. 2611	
Capacity:	Flexible	
Definition of ABI:	Broadly defined with focus on challenging behaviours.	
Program Description:	* provide consultation, and in-home behaviour rehabilitation services for clients, family members, and caregivers to help manage challenging behaviours following ABI. * goal directed clinical assessments and interventions using principles of Positive Behavioural Intervention and Supports, Cognitive Behaviour Therapy, and Applied Behaviour Analysis. * assist clients and family members learn skills and provide education and training to family members, care providers, and organizations on coping with behavioural changes following ABI. * Neuropsychological/neurobehavioural assessments are provided to specific clients if indicated to enhance client care.	**Service Principles:** * service focus is on the goals and behavioural needs of individual clients, family members, and other caregivers * work closely with other service providers to coordinate a full spectrum of client services
Admission Criteria:	* adults who have an ABI and associated behavioural challenges, who are living in their own or their family home, in a residential facility, or are in a hospital * age 18 to 65 years	
Exclusion Criteria:	* medically unstable (for clients living at home) * pre-injury history of serious mental illness or significant substance abuse * requiring hospitalization for medical or psychiatric reasons * facing criminal charges	
Admission Process:	via Toronto ABI Network	
Discharge Criteria:	Normally term of intervention does not exceed 12 months.	
Funding:	Ministry of Health and Long-Term Care, Institutional Health Branch	

Program details subject to change. Last reviewed: August 2015

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	WEST PARK HEALTHCARE CENTRE 82 Buttonwood Avenue Toronto, Ontario M6M 2J5	
Program or Service:	**ABI Adult Day Program**	
Contact:	Pamela Madan-Sharma, Manager, Neuro-Rehabilitation Services (416) 243-3600 ext. 4135, fax (416) 243-3654 pamela.madan-sharma@westpark.org	
Capacity:	Flexible	
Definition of ABI:	See ABI Network definition.	
Program Description:	* The program provides recreational, social, and educational activities, and community outings. * In partnership with Cota, we offer community case management to clients and families. We link caregivers to community services, and provide education on managing challenging behaviours. * Neuropsychological/neurobehavioural assessments are provided to specific clients if indicated to enhance client care. * Overnight respite and consultation with a physiatrist available to participants. * The program operates 5 days per week from 10:00am to 2:30pm; each client attends 1-2 days per week for about 6 months; Friday drop-in sessions with lunch provided, are open to all present and past participants. * Participants bring their lunch Monday - Thursday, and the program provides light snacks.	**Service Principles:** * Program activities enhance participants' strengths, and foster learning new skills. * Educational groups address issues that challenge ABI clients and their families. * Activities focus on recreational activities, social support, and skills training. **Transportation:** * For 2 days each week, West Park provides wheelchair accessible transportation to and from the client's home in the area between Highway 401, Yonge Street, Islington Avenue, and Lake Ontario. The program also welcomes clients outside these boundaries if they have their own transportation.
Admission Criteria:	Program participants are at least 18 years old; have moderate to severe acquired brain injury; are medically stable; currently living in, or preparing to return to the community; have a family physician. They may also have challenging behaviours and/or physical disabilities.	
Exclusion Criteria:	Clients must reside in the community or will be residing in the community. We do not take clients residing in long-term care homes.	
Admission Process:	via Toronto ABI Network	
Discharge Criteria:	Enrolment period about 6 months. Past participants are encouraged to attend Friday drop-in sessions.	
Funding:	Clients must have a valid OHIP card. Program costs are covered by OHIP. There may be costs associated with some outings.	

Program details subject to change. Last reviewed: August 2015

	YORK-SIMCOE BRAIN INJURY SERVICES (YSBIS) ***- A partnership between Mackenzie Health and March of Dimes Canada*** **RICHMOND HILL OFFICE** 13311 Yonge Street, Suite 202 Richmond Hill, ON L4C 3L6 Tel: 905-773-3038 Toll free: 1-800-362-7793 Fax: 905-773-5176 **BARRIE OFFICE** 570 Bryne Drive, Unit H Barrie, ON L4N 9P6 Tel: 705-721-7793 Fax: 705-728-7456
Contact Person:	Client Services Associate: Make referral by calling 905-773-3038 ext. 6200 or Email ysbis@bellnet.ca
Hours of Operation:	Monday to Friday, 8:30 am to 4:30 pm
Service Area:	York Region, Simcoe County and Muskoka Region
Ages Served:	• 16 and over
Languages:	• English, French • Interpreters are provided when possible as needed.
Wheelchair Access:	Yes
Method of Referral:	• Self, professional, or other (consent required for referral)
Method of Payment:	No fee
Services Provided:	• Behavioural Assessment, Treatment & Consultation • Neuropsychological/Neuropsychiatric Assessment • Problem Solving Group • Social Skills Group • Case Management • Rehabilitation Community Support • Caregiver Workshops • Brain Injury Education
Service Description:	York-Simcoe Brain Injury Services is a partnership between Mackenzie Health and March of Dimes Canada. We provide case coordination and in home clinical services for a comprehensive functional assessment to evaluate the effects of the brain injury on the individual and those who support them. An individualized rehab plan is developed with recommendations and community support to promote the acquisition of skills and strategies for community reintegration. The team includes: Behaviour Consultants; Case Managers; and Rehabilitation Workers. Services are offered in the home and in the community.

Program details subject to change. Last reviewed: November 2013

YORK REGION ABI ADULT DAY PROGRAM A DEPARMENT OF MACKENZIE HEALTH			
3 LOCATIONS:	**Maple Health Centre** 10424 Keele Street Maple, ON L6A 2L1	**Newmarket Health Centre** 194 Eagle Street Newmarket, ON L3Y 1J6	**Mackenzie Health Jane Street** 9401 Jane Street, Suite 328 Vaughan, ON L6A 4H7
Contact Person:	Client Services Associate: Make referral by calling 905-773-3038 ext. 6200 or Email ysbis@bellnet.ca		
Service Area:	York Region & South Simcoe		
Ages Serviced:	• 18 and over		
Languages:	• English, French • Interpreters are provided when possible as needed.		
Wheelchair Access:	Yes		
Method of Referral:	• Self, professional (consent required for referral)		
Method of Payment	A daily minimal fee will be charged. Can apply for subsidy.		
Services Provided:	• Computer Activities • Socialize with Peers • Leisure Activities (Bocce, bowling, Mini-putt, shuffleboard) • Arts & Crafts • Cooking Program • Theme Days • Fitness & Exercise • Woodworking • Discussion Group • Brain Injury Education		
Service Description:	Mackenzie Health through York-Simcoe Brain Injury Services offers adult day services to individuals with a brain injury resulting from trauma or non-progressive disease. Participants must be medically stable. This program provides an opportunity to interact with peers in a stimulating and therapeutic environment. It offers a wide variety of opportunities for social and recreation activities while providing caregiver respite. Provide Caregiver Stress Management Workshops. A calendar of events is available on a monthly basis.		

Program details subject to change. Last reviewed: November 2013