

The *Complex ABI Needs - Community Reporting Form* is a tool that allows you to summarize the needs of clients who are living in the community with complex issues that meet **all 3** of the following criteria:

1. Has a diagnosis of ABI or suspected ABI; often in combination with other diagnoses (e.g. Mental Health, Addictions) **AND**
2. Has cognitive, physical and/or behavioural needs and these can't be met by or exceeds current resources **AND**
3. Requires multiple resources of a specialized nature (e.g. Justice, housing, etc.)

This form can be completed by any service provider working with a client who meets the criteria listed above and when all appropriate resources have been explored and exhausted. Once the form is completed it should be submitted to the Toronto ABI Network by fax at 416-597-7021 or e-mail at info@abinetwork.ca

Information reported through this form will be used to summarize challenges experienced by people living in the community with complex ABI needs and support the Network's advocacy efforts with policy makers to help illustrate system pressures. Below are instructions and examples on how to complete the form.

First Section – Reporting Source

- All 3 criteria must be met by patient
- All lines must be fully and clearly completed (organization, date (in mm/dd/yyyy format), name and role of person completing the form, contact information)

Second Section – Client Information

- It is important to include Year of Birth and Age at Injury, this will provide the number of years a person has had a brain injury
- Rurality and geographic location helps us to understand access and availability of services
- It is important to track whether or not the ABI Navigator has been involved
- If consent is difficult to obtain (e.g. client is homeless and it's difficult to locate), omit postal code information.

Third Section – Current Challenges Experienced

- Select all checkboxes that are applicable (e.g. "Mental Health" and "Housing"); if you select "Other" indicate what the "Other" is in the text box.
- Briefly describe the pertinent details so that the circumstances are accurately described without providing too much information that will be hard to follow or that will identify the patient/client.
- *Example:*

Client is at risk of losing his housing as he has repeated bed bug infestations; other tenants complain of odours from the unit; has been evicted from other locations in past due to inability to manage his behaviours and home; frequent altercations with other tenants; noise complaints from neighbours. Has been hospitalized twice in the last 6 months for 24 hour observation. When workers arrive to work with him he is frequently drunk and/or high from cannabis use and refuses entry.

Fourth Section – Service History

- Here you will indicate all past and current services received.
- Under “Service Type” you can indicate the organization at which services were or are currently being received. Can also make a note on eligibility.
- Select checkbox under:
 - Past: if the service (e.g. Outreach) was provided in the past
 - Current: if there is any active service being provided
 - Unavailable or “U/A”: select this category if service is needed but it is unavailable to the client for reasons of admission criteria, physical availability, etc.
- It is possible to indicate “Past” and “Unavailable” if, for example, the client has been discharged for problematic behaviour
- “Available but long wait” means longer than safe or appropriate to meet the need

Fifth Section – Action to Date & Consent

- Briefly describe the pertinent details so that the actions are succinctly described without providing too much information that will be hard to follow or will identify the patient/client.
- *Example:*

*-Community-based services (list) have had difficulty connecting with this individual who misses appointments, refuses support or entry into his home and is often so under the influence, it is difficult to support him and have not found anyone who is prepared to work with the clients and his challenging behaviour
 -This individual refuses to seek treatment options for his addictions or his mental health and is at risk of becoming homelessness*

- The information in this section will be categorized to form a summary, if there is too much detail it will be difficult to appropriately categorize the key actions.
- DO NOT forget to indicate verbal consent has been obtained. If consent is difficult to obtain (e.g. client is homeless and it’s difficult to locate), omit postal code information.

Questions? Contact us by phone at 416-597-3057 or by email at info@abinetwork.ca