Descriptions of Programs/Services of Member Organizations

Community Head Injury Resource Services of Toronto (CHIRS)
- Community Support Services, Residential Services, Adult Day Services, Neurobehavioural Intervention, Clinical Groups, and Neuropsychological Assessment

Cota
- ABI Case Management Services, ABI Crisis Case Management, ABI Supportive Housing, ABI Adult Day Services

Hennick Bridgepoint Hospital - Sinai Health System
- Inpatient ABI and Neurological Care Unit
- Outpatient Neurological Rehabilitation Program

Holland Bloorview Kids Rehabilitation Hospital
- Brain Injury Rehabilitation Team (BIRT), Inpatient or Day Program Service
- Brain Injury Rehabilitation Team (BIRT), Outpatient Services
- Persistent Concussion Clinic

March of Dimes Canada – Regional office
- Community Support Services – Supportive Housing (Toronto & Newmarket), Group/Day programs (York region), Case Management and Outreach Rehab Support (York region)

PACE
- ABI Supportive Housing, Adult Day Services

Scarborough Centre for Healthy Communities
- Scarborough ABI Outreach Program

St. Michael's Hospital - Unity Health Toronto -
- Trauma and Neurosurgery Program – Regional Trauma Centre
- Trauma and Neurosurgery Program – Head Injury Clinic (HIC)

Sunnybrook Health Sciences Centre
- Trauma Program/Regional Trauma Centre
- Mild to Moderate Traumatic Brain Injury Clinic ~ Outpatient, Follow-up Clinic

Toronto Rehabilitation Institute – University Health Network
- ABI Physiatry Clinic
- Inpatient ABI Rehabilitation
- Outpatient ABI Rehab Service

Toronto Western Hospital – University Health Network
- Acute Care Institution

West Park Healthcare Centre – University Health Network
- Inpatient Neurological Rehabilitation
- ABI Behaviour Services (ABIBS): Day Program, Outreach Program, Inpatient ABIBS Unit

York-Simcoe Brain Injury Services (YSBIS)
- Community Support Services – Behaviour Consultant, Case Manager and Rehabilitation Worker
- ABI Adult Day Program

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, Women's group, Positive Psychology, Skills for Emotional Well Being, Cognitive Rehab following ABI, Goal Management Training **Adult Day Services:** **Hours of operation**: 9:00 a.m. to 9:00 p.m. Monday to Friday with some evening and weekend programming/special events. • social/recreation programs at CHIRS Head Office and in the community including virtual programs and some in-person groups offered in hybrid format. • various special events, including one weekend event/month, theme weeks and workshops • Drop-in available Monday to Friday 9:00 a.m. to 4:00 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.

Descriptions of Programs/Services of Member Organizations

<table>
<tr><td></td><td>► 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
• 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

➢ Supported Independent Living (5 participants; 1 and 2-bedroom shared unit)
• Unique partnership with Reena, located in Thornhill.
• Participants receive a maximum of up to 20 hours per week of 1:1 support, Monday to Saturday. Non-CHIRS staff are available 24/7 for security and reassurance checks, medication and activity prompts.</td><td>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.

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.
• with positive findings on brain imaging</td></tr>
<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, 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</td></tr>
<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 Toronto ABI Network’s ABI Community referral form
• review of documentation, screening interview, then review by intake committee</td></tr>
<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
Fee-for-Service: Funding arranged through third party payer</td></tr>
</table>

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	Cota 550 Queen Street East, Suite 201 Toronto, Ontario M5A 1V2
Program or Service:	**ABI Case Management Services; ABI Crisis Case Management; ABI Supportive Housing; ABI Adult Day Service**
Contact:	Kelly Gunnell, Manager of ABI Services (416) 785-9230
Definition of ABI:	*Cota acknowledges the following World Health Organization's definition of Acquired Brain Injury (ABI):* *"Damage to the brain, which occurs after birth and is not related to a congenital or a degenerative disease. These impairments may be temporary or permanent and cause partial or functional disability or psychosocial maladjustment" (Geneva 1996)*
Program Description:	**ABI Case Management Services:** The Acquired Brain Injury (ABI) Case Management program provides goal-directed individual supports to adults with an acquired brain injury, who are between 16 and 64 years of age, and reside within the City of Toronto. Our ABI Case Managers work collaboratively with service users to provide person-centred supports that assist individuals to live well within their community. **ABI Crisis Case Management**: Crisis Case Management intervention aims to provide rapid, short-term intervention to address an acute situational crisis. **Note:** length of service is anticipated to be **up to** 3 months **For the purposes of this service, Cota defines 'situational crisis' as:** • A situation where an individual, or their family's, usual coping mechanisms are overwhelmed, leading to a disruption in their normal functioning and an inability to resolve the situation using their standard problem-solving resources • Is temporary in nature • A circumstance, that if not addressed quickly, could lead to potentially harmful outcomes • **Excludes** situations that require immediate crisis support services, such as 911 or 211 **ABI Supportive Housing:** Cota's Acquired Brain Injury services include a supportive housing program located in a Toronto Seniors Housing apartment building in downtown Toronto. This program provides rent-geared-to-income accommodation and on-site supports to 20 adults between the ages of 59 and 64. Each tenant resides in a bachelor apartment, and has access to a communal kitchen. The on-site staff supports tenants with their activities of daily living, and individualized goals, in order to live well within their community. **ABI Adult Day Services:** The ABI Adult Day Service offers a supportive and creative group environment for adults, 16-64yrs of age with an ABI, to engage in meaningful daytime activities, explore strengths, and develop new skills. ABI Adult Day Service is designed to act as a stepping stone to personal recovery and community inclusion. As such, we encourage group participants to define their goals and help shape activities to meet those goals. In person, Monday-Friday 9am-4pm.
Admission Criteria:	• Must have a documented acquired brain injury • 16 – 64 years of age • Have an acquired brain injury and are experiencing longer-term (> 6 months) functional and/or psychosocial challenges following initial hospitalization and inpatient treatment/rehabilitation

	• Have complex support needs • Have identified goals or areas of support that require a direct visit (face-to-face) minimum every 2-weeks • Must reside within the City of Toronto **Note**: Crisis Case Management additional criteria as follows: Have met the definition of 'situational crisis', and require a direct visit (face-to-face) minimally once per week **Note:** Referrals are received through the Toronto ABI Network
Exclusion Criteria:	• Individuals that are under the age of 16 and over the age of 64. • Individuals whose primary diagnosis is a congenital disorder or a neurodegenerative disorder
Admission Process:	**Referral within the Network:** • Completion of ABI Community referral form • Send referral to ABI Network office • Referral forwarded to program • Review of referral by program staff • Screening assessment to determine eligibility and client's interest in our services Please note that the Collegeview ABI Supportive Housing Program only holds a small waitlist due to the limited number of vacancies that become available over time. Thus, we do not accept new referrals on an ongoing basis.
Discharge Criteria:	• Dependent upon client's goals
Funding:	• Ontario Health Toronto

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	Hennick Bridgepoint Hospital - Sinai Health System 1 Bridgepoint Drive Toronto, Ontario M4M 2B5
Program or Service:	**Inpatient ABI and Neurological Care Unit**
Contact:	Utilization Team: 416-461-8252 ext. 2038
Capacity:	**Number of spaces:** 33 bed unit located on 4 South -- 19 High Intensity beds and 14 Reconditioning 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 • coordinates with patients, caregivers, 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 • must consent to participating in the rehab process • 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 • anticipated discharge destination be included on the application
Exclusion Criteria:	• severe behavioural problems unless accompanied by privately funded behaviour specialist • medically unstable such that participation not possible • presence of severe cognitive deficits, significant neglect inattention or judgement that impedes progress with rehabilitation • brain injury event greater than 1 year • restraints/constant care provider in use • does not consent to admission
Admission Process:	**Referral within the Network:** • completion of application • application faxed 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, Institutional Division

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	Hennick Bridgepoint Hospital - Sinai Health System 1 Bridgepoint Drive Toronto, Ontario M4M 2B5
Program or Service:	**Outpatient Neurological Rehabilitation Program**
Contact:	Case Manager 416-461-8252 ext. 2278 | Ambulatory Care Reception, ext: 2371
Capacity:	Based on services required. Waitlist is 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, Speech Language Pathology, Social Work, Nursing, and Physiatry. Access to Neuropsychology is available as per internal team request. • Therapeutic group(s) and 1:1 rehab options available
Admission Criteria:	Client must: • be 18 years of age or older • be medically stable • have a 'recent' (usually within 6-12 months) diagnosis of CHI, CVA and other acquired brain injury of traumatic, vascular, neoplastic, hypoxic or infectious origin. • have active, functional 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 able to toilet independently • 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 toilet independently and does not have a care provider able to attend appointments who can assist with toileting. Client has severe behaviour problems (i.e., physical / verbal aggression, substance abuse, sexually inappropriate behaviour, 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 • Alternate Level of Care (ALC) status during inpatient stay
Admission Process:	Referral within the Network: • Completion of Toronto ABI Network's ABI Community referral form • Referral form faxed 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
Discharge Criteria:	• Client has completed rehab program

	• Client has repeated absences from scheduled appointments (2 missed appointments) • Client is not willing to participate in the program • Client admitted to another facility (e.g., inpatient/acute care or outpatient program) • Community services able to address ongoing needs of client and family
Funding:	Ministry of Health

Descriptions of Programs/Services of Member Organizations

	Holland Bloorview Kids Rehabilitation Hospital 150 Kilgour Road Toronto, Ontario M4G 1R8
Program or Service:	**Brain Injury Rehabilitation Team (BIRT), Inpatient**
Contact:	Lauren Holden, Clinical Lead, Access and Flow 416-425-6220 ext. 3167 Inpatient Referral Form
Capacity:	**Number of spaces:** 24 inpatient
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 (i.e. stable vital signs, stable tracheostomy, no peripheral IV) • An onsite or virtual case conference review maybe required (Zoom*, Teams)* • Clients need to be off tube feeds and central line for at least 3 hours consecutively so they can participate in rehabilitation • Expected participation in a school program and/or therapeutic playroom activities • Appropriate services are not available closer to home • A discharge destination is known • Clients who are --ventilator dependent must be stable • Clients who are not a danger to themselves or others (i.e., not psychotic/suicidal) • Clients with no overriding and active 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 immediate environment

	• Expected participation in a school program and/or therapeutic playroom activities • Medically stable (i.e., stable vital signs, stable tracheostomy) • A plan in place for discharge post rehab which includes a discharge destination • Appropriate services are not available closer to home • Clients need to be off tube feeds and central lines for at least 3 hours a day so they can participate in rehabilitation • Clients who are - ventilator dependent and stable settings • Clients who are not a danger to themselves or others (i.e., not psychotic/suicidal) • Clients with no overriding & active drug or alcohol dependency
Exclusion Criteria:	• No discharge disposition • Less than Rancho III • Over 18 years of age • Active psychosis or severe delirium • Not interested in rehabilitation or participation in an academic program
Admission Process:	**Other Referrals:** • Complete and submit Holland Bloorview Kids Rehabilitation Hospital referral -OCEAN • 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

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	Holland Bloorview Kids Rehabilitation Hospital 150 Kilgour Road Toronto, Ontario M4G 1R8
Program or Service:	**Day Program**
Contact:	Lauren Holden, Clinical Lead, Access & Flow 416-425-6220 ext. 3167 Day Program Referral Form
Capacity:	**Number of spaces:** 8-day program clients
Definition of ABI:	Any brain injury as a result of traumatic or non-traumatic causes
Program Description:	Our Day Program is an intensive outpatient rehabilitation program aimed at improving the quality of life for children and families with diverse healthcare needs. It provides a structured environment designed to support children's ongoing development and well-being. It offers essential monitoring and daily rehabilitation therapy for clients who are medically stable but still require ongoing care through a structured and comprehensive approach. It is designed to allow clients to continue their therapies, attend school (during the school year), and return home each day to their families. The Day Program serves as a bridge for clients and families transitioning home after a lengthy hospital stay or as an alternative to inpatient care. We understand that major transitions can be challenging, and our goal is to facilitate a smooth and successful shift from hospital to home, school, and community life. Please note that this program is not intended as an alternative to outpatient treatment, but rather as a comprehensive support system for those in need of daily therapeutic intervention. The Day Program provides a structured environment designed to support children's ongoing development and well-being. It operates five days a week from 9 am to 3 pm. Therapy sessions can range in length and frequency based on individual clients needs and throughout the admission. The length of stay varies from client to client and is determined after a clinical assessment with the team.
Admission Criteria:	• Medically stable and requires minimal nursing interventions • Has been safely cared for at home • Requires two or more therapy services at least twice weekly • Has the availability and tolerance to attend the program daily Monday through Friday • Can tolerate a full day program from 9:00 a.m. to 3:00 p.m. five days a week • Can tolerate transportation to and from the program • Age 1– 4 years: requires onsite caregiver supervision and support • Age 4 –18 years: requires daily attendance at Bloorview School Authority* (BSA) *BSA is a school located within Holland Bloorview from JK-Grade 12 (all school boards)
Exclusion Criteria:	
Admission Process:	• Complete and submit Holland Bloorview Kids Rehabilitation Hospital referral
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

Descriptions of Programs/Services of Member Organizations

	Holland Bloorview Kids Rehabilitation Hospital 150 Kilgour Road Toronto, Ontario M4G 1R8
Program or Service:	**Brain Injury Rehabilitation Team (BIRT), Outpatient Services**
Contact:	Appointment Services Line – 416-424-3823 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 outpatient 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:	• Live in the Greater Toronto Area where similar services are not available • Is under the age of 19 • Has a diagnosis of an acquired brain injury • Is willing to participate in setting goals with the support of the brain injury rehab team • Has family members who are willing to become involved in the therapy process *The client/family must be aware of the referral
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

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	Holland Bloorview Kids Rehabilitation Hospital 150 Kilgour Road Toronto, Ontario 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. Consultation model / short-term service 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:	• Live in the Greater Toronto Area where similar services are not available
	• Be between 3 months and 18 years of age
	• Have received a concussion diagnosis within the past 5 years (please include diagnostic report)
	• Be either:
	  ○ 4 or more weeks post-injury, **or**
	  ○ Score ≥7 on the 5P (Predicting Persistent Post-concussive Problems in Pediatrics) tool, **or**
	  ○ Score 4–6 on the 5P tool **and** have a concurrent mental-health, learning, behavioural, or neurodevelopmental diagnosis
	• Continue to experience symptoms that affect return to full workload at school and/or return to activity
	• Be willing to participate in setting and working toward goals with the support of the rehabilitation team
	• Have family members or support persons willing to become involved in the therapy process
	
	Pre-assessment form:
	https://hollandbloorview.ca/sites/default/files/forms/REF-OUTP-CSP-preassessment.pdf

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

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	March of Dimes Canada – Regional Office 13311 Yonge Street, Ste 202 Richmond Hill, Ontario 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:	**Lyndsy Moffitt**, Community Services Resource Worker 905-773-7758 ext. 6216 or lmoffitt@marchofdimes.ca
Capacity:	**Supportive Housing** Newmarket 6 apartment style units in total. 3 one-bedroom units and 3 two-bedroom shared units. 1 unit is market rent and all other units are RGI. **Supportive Housing** Toronto 5 spaces single occupancy **Group/Day programs** York Region and Simcoe County – 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:	Please contact Lyndsy Moffitt at lmoffitt@marchofdimes.ca for more information on eligibility and admission criteria. (Basic - 16 years or older, Ontario Resident insured under OHIP & documented brain injury). 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.
Exclusion Criteria:	None where admission criteria are met.

Descriptions of Programs/Services of Member Organizations

Admission Process:	• Referral by self or other. • Completion of Toronto ABI Network's ABI Community referral form if referral is made through the ABI Network. • Completion of MODC ABI Application for services if referral made directly to MODC. Contact Lyndsy Moffitt at 905-773-7758 ext 6216 or lmoffitt@marchofdimes.ca or visit 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 Region & Fee for Service options

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	PACE 970 Lawrence Ave. West #210 Toronto, Ontario M6A 3B6
Program or Service:	ABI Supportive Housing–(Edwards Manor: 24 hours, 7 days a week) Adult Day Services/Community Coach: Program Flyer found on PACE website (The Paula Cassin Learning Centre-PCLC): Tuesday-Saturday 9:00 am – 3:00 pm
Contact/Phone:	Program Manager 416-789-7806 ext. 314
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:	**Edwards Manor** is PACE's specialized Supportive Housing program for adults living with the effects of an Acquired Brain Injury (ABI). Located in an integrated community apartment complex in South Etobicoke, Edwards Manor offers individuals the opportunity to live independently in their own private studio apartments with dignity, while having access to **24-hour, on-site support** tailored to their unique needs. PACE provides a full continuum of support, including personal care, daily living assistance, and wellness supports. What sets Edwards Manor apart is its **enhanced ABI-specific services**, which are thoughtfully customized to address each individual's cognitive, behavioural, and life-skills challenges. Supports are delivered by highly trained staff and strengthened through an on-site interdisciplinary team that includes a Behaviour Therapist (BT), Occupational Therapist (OT), and Psychologist. This collaborative approach ensures both clients and staff are consistently supported with evidence-based strategies. Each individual works alongside a dedicated primary staff who partners with them to set meaningful, achievable goals. These goals are based on the person's abilities, preferences, and stage of recovery, and are regularly reviewed and adjusted as needs evolve. Supports may include relearning community navigation (such as finding their way to and from their apartment), using public transportation, grocery shopping, and remembering items on a shopping list, building confidence and independence one step at a time. Primary staff also provide essential coordination and advocacy, including maintaining client records, supporting medical appointments, assisting with benefit claims, and connecting individuals to relevant community services. Through this person-centred, goal-driven approach, Edwards Manor empowers individuals with ABI to regain skills, strengthen autonomy, and live with dignity in a safe, supportive community. **The Paula Cassin Learning Centre (PCLC)** is PACE's Adult Day Program for adults living with the effects of an Acquired Brain Injury (ABI). The program provides a structured, supportive environment where participants engage in meaningful social, educational, and goal-oriented activities in a group setting for part of the day run by dedicated **Learning Coaches.** In addition to supporting participants, PCLC also offers essential daytime relief to families and caregivers who provide ongoing care. The program delivers a rotating series of workshops focused on building practical life and learning skills. Programming is responsive to participant needs and typically includes computer and technology skills, social interaction and communication, cooking and meal preparation, health education, and overall wellness. Program sessions run in structured **10–12-week cycles**, allowing participants to practice, reinforce, and build on skills while working toward individualized goals.

	Furthermore, PCLC is strengthened by a **dedicated Community Coach** who provides individualized, in-person support to participants. The Community Coach helps translate skills learned in the day program into real-life application by offering practical strategies, guided practice, and personalized support within the community. This may include support with daily routines, community navigation, social engagement, and career or volunteer readiness. By reinforcing learning outside the classroom, the Community Coach helps participants gain confidence, independence, and tools that directly improve life skills and overall well-being. Together, the Paula Cassin Learning Centre staff support a person-centred approach that promotes skill development, social connection, community participation, and improved quality of life for adults living with ABI.
Admission Criteria:	PACE ABI Programs provide **short- and long-term, community-based support services** to adults **18 years of age and older** who are living with the effects of an Acquired Brain Injury (ABI). Our programs are designed to support individuals in building skills, independence, and meaningful lives within the community.
Supportive Housing – Edwards Manor	Admission to Edwards Manor is open to individuals who meet the following criteria: • Have sustained a **mild, moderate, or severe Acquired Brain Injury**, with **medical documentation confirming the diagnosis** • Require a **long-term supportive living environment** • Can **interact safely within the community** • Are **18 years of age or older**, as required by the landlord, **Toronto Seniors Housing Corporation (TSHC)** • Are **medically stable** and do not present a **risk of harm to themselves or others** • Are **willing and able to identify, participate in, and commit to short- and/or long-term goals** • Can **identify learning goals and work toward applying learned skills within their home environment** Clients who will participate in the **PCLC Adult Day service program**
Adult Day and Community Programs at PCLC	Admission to PACE Adult Day and Community Programs is open to individuals who meet the following criteria: • Have sustained an **Acquired Brain Injury** • Are **18 years of age or older** • Can **participate and learn within a group-based environment** • Are **independent with personal care**, including continence or have their own worker present • Are able and willing to **identify, work toward, and commit to short- and/or long-term goals** • Are **medically stable** and do not present a **risk of harm to themselves or others** • Can **interact safely and appropriately within the community**
Exclusion Criteria:	Individuals may not be appropriate for admission to the program if one or more of the following apply: • The individual presents with **severe behavioural challenges** (including physical or verbal aggression, substance use, or wandering) that limit safe participation in the program, restrict community integration, or pose an **imminent risk of harm to themselves or others** • The individual is **medically unstable** • The individual has a **progressive or degenerative condition** • The individual is **unable or unwilling to participate in goal-directed programming**

Exclusion criteria continued…	• The individual has **high-risk medical or physical conditions** that require **ongoing, intensive medical or nursing monitoring and treatment beyond the scope of the program**
Admission Process:	**Referral within the Network**: Completion of Toronto ABI Network's ABI Community referral form **Referral by self or other** Intake interview to establish appropriateness of program for the client
Discharge Criteria:	Noncompliance with Client Service Agreement Client decides to discontinue the Program Client no longer meets the eligibility criteria, if client needs change to the extent that available resources are no longer adequate.
Funding:	Ministry of Health through the Toronto Central Region

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	Scarborough Centre for Healthy Communities (SCHC) 629 Markham Rd, Unit 2 Scarborough, Ontario M1H 2A4
Program or Service:	**Scarborough ABI Outreach Program**
Contact:	Intake 416-847-4134
Definition of ABI:	Major interruption of brain function occurring after birth, unrelated to a congenital disorder or degenerative disease; the injury typically results from an external trauma or an internal occurrence (i.e., tumour, stroke or aneurysm).
Program Description:	**Scarborough ABI Outreach Program**: • The ABI Outreach Team is a multidisciplinary team of professionals (including a Registered Nurse, an Occupational Therapist, a Behaviour Therapist, Independent Support Workers and a Psychologist). We provide support to persons with an acquired brain injury and their families. We work with our clients to assist them to set realistic goals, learn new skills, and access relevant community resources. Our goal is to assist our clients to optimize their functioning and enhance the quality of their lives.
Admission Criteria:	• Must have a moderate or severe acquired brain injury • Be between the ages of 16-64 • Must reside in Scarborough • Does not need OHIP
Exclusion Criteria:	• Individuals that are under the age of 16 and over the age of 64. • Individuals whose primary diagnosis is a congenital disorder, a neurodegenerative disorder or a concussion.
Admission Process:	**Referral within the Network:** • Completion of Toronto ABI Network's ABI Community referral form • Fax referral form to ABI Network office • Referral form forwarded to program • Review of referral by program staff • Screening assessment to determine eligibility and client's interest in our services
Discharge Criteria:	• Dependent upon client's goals
Funding:	• Ontario Health

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	St. Michael's Hospital – Unity Health Toronto 30 Bond Street Toronto, Ontario M5B 1W8
Program or Service:	**Trauma and Neurosurgery Program – Regional Trauma Centre**
Contact:	Clinical Leader Manager 416-864-6060 ext. 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 Care and Transitions Facilitators 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 and ward to avoid ED impacts
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, Institutional Division

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	St. Michael's Hospital – Unity Health Toronto 30 Bond Street Toronto, Ontario M5B 1W8
Program or Service:	**Trauma and Neurosurgery Program – Head Injury Clinic (HIC)**
Contact:	Head Injury Clinic Office: (416) 864-6060 ext. 4639 Clinical Coordinator: Christine Greve, RN 416-864-5520 / Christine.greve@unityhealth.to Office Hours: Monday to Friday: 8:00am to 4:00pm Clinic Location: 3rd Floor Donnelly Wing South
Capacity:	The St. Michael's Hospital Head Injury Clinic (SMH HIC) was established in 1987 to assess and treat patients who suffered a mild or moderate traumatic brain injury. The clinic supports approximately 2000 patients per year.
Definition of ABI:	Acquired traumatic brain injury
Program Description:	• The HIC aims to provide consultation, management, and treatment to patients who have sustained a mild and moderate Traumatic Brain Injury (TBI) • The clinic ensures patients receive appropriate access to services, as well as accurate information related to mild and moderate TBI management to guide them in their recovery • The clinic is run by a multidisciplinary team including physiatrists, neuropsychiatrist, registered nurse, clinical coordinator, social worker, and cognitive speech-language pathologist Goals of the Head Injury Clinic: ○ Early intervention for patients who have sustained mild and moderate TBI to prevent patients from developing chronic post-concussive symptoms ○ To provide consultation, management, and treatment for patients who have sustained mild and moderate TBI ○ To ensure patients receive appropriate information and access to services ○ To collaborate with other providers across the system to best meet patient's needs
Admission Criteria:	• The mandate of the clinic is to provide follow up treatment and care to St. Michael's Hospital's patients who have suffered mild and moderate TBI • Patients are referred directly from the Emergency Department, Trauma- Neurosurgery Department or from Family Practice at St Michael's Hospital
Exclusion Criteria:	• Non-traumatic brain injuries • Injuries that occurred more than 1 year ago • Inpatients of Toronto Rehabilitation Institute (TRI), Hennick Bridgepoint Hospital and West Park Healthcare Centre • Attendance in a neuro or ABI rehab program • External referrals
Admission Process:	• Through the SMH Trauma & Neurosurgery Program, the SMH Emergency Department & the SMH Family Practice
Discharge Criteria:	• When the patient has reached maximum recovery and/or has a treatment team in place and/or back to pre-morbid activity level whenever possible • At the discretion of the treating physician and HIC team
Funding:	Ministry of Health

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:	(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-centred environment. The interprofessional team on C5 supports the philosophy and principles of patient-centred 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 (this includes repatriation to their community hospital).
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 or tertiary care is complete • discharge destinations will be determine according to patient's current level engagement and functional readiness (Rancho level will be considered in decision making) • generally, patient cannot have 1:1 care (ex. observer) if going to inpatient rehab
Funding:	Ministry of Health, Institutional Division

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:	**Mild to Moderate Traumatic Brain Injury Clinic ~ Outpatient, Follow-up Clinic**
Contact:	Elke McLellan, Traumatic Brain Injury Clinic Coordinator Phone: 416-480-4095 Fax: 416-480-4613
Definition of ABI:	Traumatic brain injury, sustained through trauma – MVC, fall, sports, assault, etc.
Program Description:	The clinic provides early assessment, evidence-based management and follow-up for individuals who have sustained a mild to moderate traumatic brain injury (TBI) Our interdisciplinary team includes a neurologist, neuropsychiatrist, physiatrists, research associate and clinic coordinator/Occupational Therapist The following range of services are provided: • Assessment, diagnosis and management of TBI and related sequelae • Early detection and management of factors that may impact recovery • Patient and family education and resources • Reintegration support for patients returning to work/school • Coordinated care and referrals to additional medical and clinical services at Sunnybrook Health Sciences Centre, as appropriate and if eligible • Connect patients to community supports and rehab services (OHIP and third party-funded) • Collaborative care with the primary care physician/community team • Follow up every 3 months, for up to one year
Admission Criteria:	The mandate of the clinic is to provide follow up to Sunnybrook patients who meet the following criteria: • Mild to moderate TBI • Ages 18-64 • Referrals must be received within 3 months of injury • Geographical limits apply to patients seen in the Emergency Department • Physician/NP referral required ABI Network Referrals: • The clinic also accepts external referrals from community sources provided that the above admission criteria are met and if there are positive findings on brain imaging. Motor vehicle-related injuries (MVC) and WSIB injuries are not accepted.
Exclusion Criteria:	• Referral more than 3 months post injury • Severe TBI • Non-traumatic brain injuries • To avoid duplication of services individuals who receive inpatient ABI rehabilitation or who have been referred to other brain injury clinics or hospital ABI outpatient rehab programs will not be seen in the clinic.

Descriptions of Programs/Services of Member Organizations

Admission Process:	Referrals are received internally through the Sunnybrook Trauma and Critical Care Program and Emergency Department. All external/community referrals to the clinic go through the ABI Network Referral within the Network: • Completion of ABI Community referral form • Referral reviewed upon receipt, telephone screening interview. Patients given appointment if admission criteria is met Referring physician is notified of appointment.
Discharge Criteria:	The clinic is structured to provide either one-time consultation or short term follow up, up to a maximum of one year from the time of injury, with a view towards transition to the community for ongoing support.
Funding:	Ministry of Health
Other:	The TBI Clinic conducts on-going research. We are committed to supporting evidence-based practice to improve concussion and traumatic brain injury management, prognosis and outcomes.

Descriptions of Programs/Services of Member Organizations

	Toronto Rehabilitation Institute – UHN **University Centre** 550 University Avenue Toronto, Ontario M5G 2A2
Program or Service:	**Toronto Rehab ABI Physiatry Clinic**
Contact:	Toronto Rehabilitation Institute, University Centre, Specialty Clinics Phone: 416-597-3422 ext 4200 Fax: 416-597-7074
Capacity:	N/A
Definition of ABI:	See ABI Network definition of ABI
Program Description:	Outpatient Physiatry clinic offering consultation, diagnosis and management for patients with ABI. Mild TBI patients may be seen for a one-time consultation only, to provide education and management recommendations to the referring physician, or may be seen in follow-up at the physiatrist's discretion. Please note that rehabilitation services (e.g. PT, OT) are not available as this is not a multidisciplinary clinic.
Admission Criteria:	• Mild, moderate or severe TBI and any non-traumatic ABI • For mild TBI referrals, patient must be less than 1 year from date of injury and patient must have a family physician • Concussion injuries post MVC are not accepted • Age over 18 years old • No geographical limits
Exclusion Criteria:	None
Admission Process:	• Physician referral is required • The clinic also accepts external referrals from community physicians. Completion of Toronto ABI Network's ABI Community referral form. • Referral reviewed upon receipt. Patients given appointment if above referral criteria and requirements are met. Referring physician is notified of appointment.
Discharge Criteria:	At the discretion of the physiatrist
Funding:	Ministry of Health

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:	Vivien Poon, Service Coordinator, ABI Unit 10 South 416-597-3422 ext. 3593 Miranda Hong, Service Coordinator, ABI Unit 11 South 416-597-3422 ext. 3441
Capacity:	**Number of spaces:** 33 inpatient beds
Definition of ABI:	An injury to the brain caused by a traumatic or non-traumatic mechanism that is not progressive or degenerative in nature and having occurred within 1 year.
Program Description:	We offer high intensity rehabilitation on secured units across two floors and 33 beds that provides specialized care to patients whose primary needs relate to physical function, cognition, swallowing and communication, and/or behavioural changes. Note: the program also provides inpatient rehab services to patients with MS who have cerebral involvement (recent diagnosis or following a relapse/MS flare).
Admission Criteria:	• Primary diagnosis is traumatic and non-traumatic brain injuries (this may include brain tumours, infections, aneurysms and anoxic brain injuries, etc.). • Acquired brain injury has occurred within the first year of application for admission • Note: also accepts patients with a recent diagnosis of MS who have cerebral involvement or following a relapse/flare • Accepts referrals regionally, out-of-province and out-of-country, but the majority of referrals come from the Greater Toronto Area • Patient must demonstrate insight and 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 and psychiatrically stable in order to participate in an intensive rehabilitation program • If a patient has complex issues, a trial assessment may be required to determine if continuation in the program is recommended • Patients should exhibit purposeful responses to the environment and be able to actively participate in a rehab session for a minimum of 45 minutes, 2-3 times/day, 5-6 days/week • Patients must be oriented x 2 and demonstrate carry-over of new learning • A minimum Rancho Los Amigo Scale level = 5 is required. • Admissions are determined on an individual basis
Exclusion Criteria:	• Patients who do not participate in or agree to the inpatient rehabilitation process • Patients with a progressive neurological condition as primary diagnosis (other than MS) • Patients with severe behavioural disturbances which precludes their participation in the program and their safe integration into the unit • Other behaviours which limit rehabilitation potential and participation, e.g., concurrent alcohol and/or drug misuse • Patients not able to participate in intensive rehab due to medical or psychiatric conditions (unstable/active/acute psychiatric illness) requiring medical care/special needs/frequent medical appointments • Patients who may require specialized care to manage medical conditions that is not available within our program (e.g dialysis)

Descriptions of Programs/Services of Member Organizations

Admission Process:	• Completed referral forms are submitted through Strata eReferral (RM&R). If no access to Strata eReferral (RM&R), please submit a completed GTA Rehab Network Integrated Acute Care to Bedded/CCC Referral form via fax to the Toronto ABI Network • Toronto ABI Network forwards faxed applications to ABI program service coordinator for review • ABI Service Coordinators review faxed applications and referrals submitted via Strata eReferral (RM&R)
Funding:	Ministry of Health, Institutional Division

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	Toronto Rehabilitation Institute **University Centre (UC)** 550 University Avenue Toronto, Ontario M5G 2A2 (University & Dundas)
Program or Service:	**Outpatient ABI Rehab Service**
Contact	Outpatient ABI Service Coordinator Tel: 416-597-3422 ext. 5321
Capacity:	40-50 patients between both sites
Definition of ABI:	• An injury to the brain caused by a traumatic or non-traumatic mechanism that is not progressive or degenerative in nature
Program Description:	• short term active outpatient rehabilitation for individuals requiring an interdisciplinary, goal-oriented approach addressing impairments in physical, perceptual, cognitive, communicative, and social domains

Admission Criteria:	• Diagnosis of an acquired brain injury with positive imaging findings on MRI and/or CT head having occurred within the last 24 months
	• For neuro-oncology referrals, we are only able to consider referrals after radiation is completed
	• Clients must require the intervention of at least 2 different therapy services (e.g., PT, OT, SLP, and/or SW)
	• Clients must be clinically stable (mentally, physically and medically) to enable regular attendance and full participation in therapies (attend approximately 2 x/week for 1 – 3 hours per visit)
	• Clients must have the capacity to benefit from a goal oriented, therapeutic program and demonstrate potential to improve through program participation
	• Clients require accompaniment if they:
	  ○ require assistance to safely arrive to the centre and/or to navigate the building
	  ○ require assistance with toileting

Exclusion Criteria:	• medically unstable • uncontrolled alcohol/substance abuse which interferes with participation in an active outpatient rehab program • severe behavioural issues (i.e. physical/verbal aggression, substance abuse, unstable psychiatric disorders) • client requires a general maintenance rehab program • has already participated in an outpatient ABI/Neuro rehab program for the same injury • concussion/mild TBI if imaging results are negative • access to motor vehicle collision insurance funding for rehab services
Admission Process:	• Toronto ABI Network ABI Community referral form must be completed and faxed to the ABI Network • Toronto ABI Network forwards the application to Toronto Rehab's ABI Outpatient Service Coordinator • Referrals are reviewed and clients meeting program eligibility criteria will be contacted

Discharge Criteria:	• upon completion or near completion of rehab goals • client's ongoing goals can be appropriately addressed in a community setting • client presents with any of the exclusionary criteria described above • clients who are inconsistently participating or who do not want to participate in active outpatient rehabilitation • clients who are not following the attendance policy • client is admitted to another facility (e.g., acute care or inpatient program) • client has completed their length of stay
Funding:	Ministry of Health, Institutional Division

Descriptions of Programs/Services of Member Organizations

	Toronto Western Hospital - UHN 399 Bathurst Street Toronto, Ontario M5T 2S8
Program or Service:	**Acute Care Institution**
Contact:	Neuroscience Units: • 5A unit is 416-603-5917 • 5B unit is 416-603-5833 • 6AB unit is 416-603-5810
Definition of ABI:	Damage to the brain and its functions secondary to injury or illness. Including but not limited to brain bleeds (traumatic and non-traumatic), brain tumours, neurovascular conditions (stroke, AVMs, aneurysms) and other neurological disorders.
Program Description:	• Provide care to acutely ill patients in ICU, Level 2-stepdown or Neurosurgery/Neurology units. • Interdisciplinary team approach for establishing and implementing a comprehensive treatment program during acute hospitalization and/or post-surgical treatment. • Full complement of allied health discipline staff (RT, PT, OT, SLP, SW, RD, Pharm, and Spiritual Care) based on needs. • Allied health team follows patients throughout their acute care stay and help with discharge planning with patient/family.
Admission Criteria:	• Clients who require medical assessment and/or neurology/neurosurgery interventions in an inpatient setting. • Specialize in Neurology, Neurosurgery and Neurovascular specialization (AVM, aneurysm, stroke, tumour, SAH, TBI, SDH)
Exclusion Criteria:	Adult care
Admission Process:	• Admission via the Emergency Department or through elective surgical admission. • Admissions via CritiCall.
Discharge Criteria:	Once medically stable, team decides on appropriate discharge plan and initiate appropriate community referrals (inpatient/outpatient rehab, HCCSS and oncology follow up as directed by the medical team). If patients were transferred to TWH via Criticall, patients may be repatriated back to local hospital following specialized acute neuro-surgery or neurological interventions.
Funding:	Ministry of Health, Institutional Division

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	West Park Healthcare Centre-UHN 170 Emmett Avenue Toronto, Ontario M6M 2J5
Program or Service:	**Service: Inpatient Neurological Rehabilitation**
Contact:	Grissel Crasto, Clinical Manager OR Sherry Said, Service Coordinator, Neurological Rehabilitation, sherry.said@uhn.ca Fax: (416) 207-8907
Capacity:	**Number of spaces:** 12 inpatient bed unit. All are private rooms
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:	• ABI – High Intensity Rehab Stream (do not offer LTLD) • 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:	• Active current substance abuse • Tracheostomy or High Oxygen needs • HD or peritoneal dialysis • Current oncology treatment plan in process • Sitter or 1:1 observer • Enteral feeds will be considered on a case by case basis. • This program cannot accommodate patients with psychiatric disorders that could interfere with the rehabilitation program
Admission Process:	• Completion of Inpatient Rehab/CCC paper referral form through the ABI Network, and/or electronically via Resource Matching and Referral (RM&R) system
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, Institutional Division

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	West Park Healthcare Centre-UHN 170 Emmett Avenue Toronto, Ontario M6M 2J5		
Program or Service:	**ABI Behaviour Services (ABIBS): Day Program, Outreach Program, Inpatient ABIBS Unit**		
Contact:	(416) 243-3600 ext. 30670 | ABI-Outreach@uhn.ca		
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:	• Goal directed clinical assessments and interventions using principles of Applied Behaviour Analysis and Positive Behaviour Supports. • Patient's support, family, caregivers and staff training, as needed. • Assist clients, family members, support staff and healthcare staff to learn skills and provide education and training to family members, healthcare providers, and organizations on coping with behavioural changes following ABI.		
	Day Program	**Inpatient**	**Outreach**
Program Description:	• Group programs focused on daily living skills, social skills and individualized goals within the community setting. • Program is Monday-Wednesday 10:00 AM - 2:00 PM onsite at West Park Healthcare Center. Thursday includes community outings. Fridays are hybrid 10:00 AM – 12:00 PM. • Structured activities and outings in a group format. • Respite stays available on the inpatient unit could be offered as part of the program.	• Behavioural management unit consisting of 5 beds • Provide consultation for clients, family members, and caregivers to help manage challenging behaviours following an ABI. • Rehabilitation therapy (PT, OT and SLP) provided on consultation basis only. • Involvement of family and/or other supports in regular multi-disciplinary team meetings, where available, to discuss the patient's progress and discharge planning. • Generally a 3-6 month stay depending on progress.	• Provide consultation for clients, family members, and caregivers to help manage challenging behaviours, and focusing on skill acquisition following an ABI. • Work closely with other service providers and professionals to coordinate a full spectrum of client services. • Generally 6-12 month consultation depending on progress.
Admission Criteria:	• Adults 18+ who have an ABI. • Must have a valid OHIP card. • Responsible for providing transportation. • Medically and psychiatrically stable.	• Adults who have an ABI and associated behavioural challenges, who are living on their own or with others in a residential facility, or are in a hospital. • Age 18+ years. • Must have a valid OHIP card. • Must have a pre-determined discharge location for inpatient referrals. • Patient or POA/SDM consent.	• Adults who have an ABI and associated behavioural challenges, who are living on their own or with others, in a residential facility, or are in a hospital. . • Age 18+ years. • Must have a valid OHIP card. • Can provide consultation for those in long term care with an ABI supported by BSO. • Can also provide consultation for those in long term care with an ABI supported by BSO.

Descriptions of Programs/Services of Member Organizations

Exclusion Criteria:	• Medically unstable (physically or psychiatrically) • Unmanaged addictions • Degenerative cognitive diagnosis (e.g., Dementia, Alzheimer's, Huntington's etc.). • Requires assistance with self-care.	• Medically unstable (physically or psychiatrically) • Unmanaged addictions • Degenerative cognitive diagnosis (e.g., Dementia, Alzheimer's, Huntington's etc.).	• Medically unstable (physically or psychiatrically) • Unmanaged addictions • Degenerative cognitive diagnosis (e.g., Dementia, Alzheimer's, Huntington's etc.).
Admission Process:	via Toronto ABI Network referral		
Discharge Criteria:	• Day Program and Outreach Services: 6-12 months of service dependent on goals. • Clinical decision made that services are no longer beneficial. • Termination of service by capable patient or POA/SDM in case of incapacity.	• In-patient unit: 3-6 months • Achievement of goals. • Clinical decision made that services are no longer appropriate or beneficial. • Termination of service by capable patient, or POA/SDM in case of incapacity..	• Day Program and Outreach Services: 6-12 months of service dependent on goals. • Achievement of goals. • Clinical decision made that services are no longer appropriate or beneficial. • Termination of service by capable patient, or POA/SDM in case of incapacity.
Funding:	Ministry of Health		

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

	York Simcoe Brain Injury Services (YSBIS) ***A partnership between Mackenzie Health-Centre for Behaviour Health Sciences 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: 705-728-9143 Fax: 705-728-7456
Program or Service:	**Community Support Services – Program Consultant, Case Manager and Rehabilitation Worker** **Areas Served:** York Region, Simcoe and Muskoka area
Contact Person:	Susy Farramenta 905-773-3038 ext. 6200 Email ysbis@mackenziehealth.ca www.mackenziehealth.ca
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.
Admission Criteria:	• 16 years of age or older with an Acquired Brain Injury • Resident of York Region, Simcoe or Muskoka area • Must have a valid Health Card
Admission Process:	• Self-referral, professionals, family member or others with client consent • Completion of Toronto ABI Network's ABI Community referral form -or- • If referring directly to YSBIS, contact office 905-773-3038 for Request for Service form or access the form at https://www.mackenziehealth.ca/programs-YSBIS • For patients residing in the North Simcoe Muskoka Area a YSBIS NSM Collaborative Referral form is available via www.abicollaborative.ca • Review of referral form upon receipt • Patient contacted by office to schedule an in-home Intake Interview to determine eligibility followed by review of further documents obtained upon consent.
Program Description:	• York-Simcoe Brain Injury Services provides behavioural community based ABI clinical assessment, treatment and follow-up to individuals 16 years and older. This may include neuropsychological and/or neuropsychiatric assessments • Case Management and individualized Rehabilitation Support is provided in collaboration with Program Consultant • Individualized goals are developed with client to improve quality of life and ability to engage meaningfully with their community • Problem Solving Group • Caregiver Workshops • Brain Injury Education • ABI Adult Day Programs – See individual description of programs listed on next page

Toronto abi Network

Descriptions of Programs/Services of Member Organizations

York-Simcoe Brain Injury Services (YSBIS) **ABI Adult Day Program** ***A department of Mackenzie Health-Centre for Behaviour Health Sciences***			
3 Locations:	**Maple Health Centre** 10424 Keele Street Maple, ON L6A 2L1	**Newmarket Health Centre** 194 Eagle Street Newmarket, ON L3Y 1J6	**CHATS - Vaughan-Jane** 9401 Jane Street, Building A, Suite 312 Vaughan, ON L6A 4H7
Program or Service:	**ABI Adult Day Program**		
Contact Person:	Susy Farramenta 905-773-3038 ext. 6200 Email ysbis@mackenziehealth.ca		
Hours of Operation:	9:00am to 3:30pm		
Admission Criteria:	• 18 years of age or older with an Acquired Brain Injury • Participants must be medically stable • Resident of York Region, South Simcoe County • Have a valid Health Card		
Admission Process:	• Referrals by self or others with client consent • Completion of Toronto ABI Network's ABI Community referral form -or- • Completion of YSBIS Request for Service Form (Contact office 905-773-3038 for form) access the form at www.mackenziehealth.ca/programs-YSBIS -or- • Contact the Ontario Health at Home – Home and Community Care • Review of referral form upon receipt • Patient contacted by office to schedule an in-home Intake Interview to determine eligibility followed by review of further documents obtained upon consent.		
Fees:	$26.49 P/Day **Sliding Scale based on income. Subsidy Available**	$20.00 P/Day **Sliding Scale based on income. Subsidy Available**	$30.05 Per P/Day **Sliding Scale based on income. Subsidy Available**
Services Provided:	• Arts & Crafts • Social Skills • Peer Support • Brain Injury Education • Cognitive Activities • Cooking Program • Discussion Groups • Fitness & Exercise • Health and Wellness Workshops • Monthly Outings		
Service Description:	A Specialty Day program for individuals with a brain injury resulting from trauma or non-progressive disease. 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 recreational activities while providing caregiver respite. A calendar of events is available on a monthly basis.		