

Behavioural Supports Ontario/ Specialized Geriatric Services Central Clinical Intake
Frequently Asked Questions

<p>How do I contact Central Clinical Intake?</p>	<ul style="list-style-type: none"> • Central Clinical Intake can be reached at: <ul style="list-style-type: none"> ○ Phone: 905-521-2100 Ext. 12221 ○ Email: gericentralintake@hhsc.ca ○ Fax: 1-855-406-2163
<p>Why is Central Clinical Intake for Behavioural Supports Ontario (BSO) and Specialized Geriatric Services (SGS) a priority now?</p>	<ul style="list-style-type: none"> • Currently, there are many different points of access to BSO and SGS services. While these programs strive to provide patients with timely care, the lack of coordinated access creates a variation in processes and difficulty in knowing true wait times. • Service providers may not know of one another's involvement with shared patients, missing valuable opportunities to build upon work that has been completed. • Patients and families who receive service from multiple providers are often required to repeat their stories or complete assessments multiple times, which may contribute to inefficiency and assessment burden. • Opportunities exist to standardize referral processes and gather data to help identify bottlenecks and streamline referral processes.
<p>What specific services do Behavioural Supports Ontario and Specialized Geriatric Services provide?</p> <p><i>*Specialized Geriatric Services includes Geriatric Medicine and Geriatric Psychiatry</i></p>	<p><u>Behavioural Supports Ontario</u></p> <ul style="list-style-type: none"> • Timely response to incoming referrals • Offers holistic assessment of responsive behaviours, care planning, non-pharmacological interventions, and connection to other community supports. <p><u>Geriatric Medicine</u></p> <ul style="list-style-type: none"> • Specialized assessment and medical care for older adults with age related disorders • Comprehensive geriatric assessment, including ongoing investigations • Case management support • Collaboration with Primary Care Providers regarding diagnosis • Medical care for patients with any of the following clinical concerns: <ul style="list-style-type: none"> ○ Confusion and/or Memory Concerns ○ Dementia Diagnosis/Management ○ Functional Decline & Frailty ○ Falls/Instability ○ Mobility Changes ○ Bone loss/Fragility ○ Complex Medication Review ○ Multiple Emergency Room Visits <p><u>Geriatric Psychiatry</u></p> <ul style="list-style-type: none"> • Comprehensive assessment and treatment planning • Case management support • Short-term psychotherapy • Advocacy, health teaching and education • May provide outreach services to those who cannot or will not access traditional ambulatory services

	<ul style="list-style-type: none"> • Consultation and collaboration to support older adults with complex mental health disorders, addictions, behavioural issues which may include the following: <ul style="list-style-type: none"> ○ Mood and Anxiety Disorders ○ Psychosis ○ Progression of cognitive disorder ○ Substance use • Can also provide initial diagnosis, diagnostic clarification, second opinion on diagnosis or treatment and treatment recommendations for patients who are treatment resistant • Any of the following clinical concerns: <ul style="list-style-type: none"> ○ Risk harming themselves or others ○ Risk being aggressed by others ○ Exhibit challenging responsive behaviours not well managed by Interpersonal and/or Environmental Interventions ○ Wandering and exit seeking ○ Complex Medication Review (specifically psychotropics) ○ Multiple Emergency Room visits for behaviours
<p>What are the eligibility criteria for Behavioural Supports Ontario and Specialized Geriatric Services?</p>	<p><u>Behavioural Supports Ontario</u></p> <ul style="list-style-type: none"> • Cognitive impairment and responsive behaviours • Patients who are not connected to or refuse services, are unable to access care, lack support or live at risk due to cognitive impairment <p><u>Geriatric Medicine</u></p> <ul style="list-style-type: none"> • Age 65 years or older • Under 65 years of age if experiencing difficulties associated with aging (Parkinson’s disease, Dementia, Osteoporosis, Intellectual Disability) <p><u>Geriatric Psychiatry</u></p> <ul style="list-style-type: none"> • Age 65 years or older with complex psychiatric disorders and/or age related concerns including Dementias/Neurocognitive Disorders • Under age 65 if experiencing age-related neurocognitive changes
<p>What is considered “living in the community”?</p>	<ul style="list-style-type: none"> • For the purposes of Central Clinical Intake, living in the community is defined as residing at home, in a retirement home, group home, residential care facility, lodging home, or transitioning from the hospital back to the community.
<p>What if the patient is not eligible for Behavioral Supports Ontario or Specialized Geriatric Services?</p>	<ul style="list-style-type: none"> • Central Clinical Intake will identify which alternative resources and supports are most suitable for the patient and offer considerations and support to the referring health care provider, who may then wish to refer the patient to the recommended services.
<p>What criteria will Central Clinical Intake use to determine which service provider the patient is connected to?</p>	<ul style="list-style-type: none"> • When directing the referral, continuity of care will take precedent. That is, referrals will be sent to the BSO or SGS provider who previously saw the patient. • Central Clinical Intake will not determine whether the patient will be seen in the clinic or outreach setting - this determination will be made by service providers. • Central Clinical Intake will flag referrals as “for urgent review”, which will indicate to the service provider that the patient is to be reviewed as a priority.
<p>Can I refer to a specific physician or provider?</p>	<ul style="list-style-type: none"> • Yes. Under Section E of the referral form (“Reason for referral”) you may specify a preferred physician or provider. Central Clinical Intake will make an effort to direct the referral to the requested physician or provider.

<p>How will I know my referral has been received?</p>	<ul style="list-style-type: none"> • Central Clinical Intake will provide the referral source with a copy of the Clinical Intake Assessment and a letter indicating which service provider the referral has been sent to. • Central Clinical Intake will contact the referral source if the patient is not eligible for services.
<p>What is the responsibility of the referring health care provider?</p>	<ul style="list-style-type: none"> • Please complete the referral form and submit any relevant supporting documentation (Past Medical History/ Cumulative Patient Profile, Medication List, Relevant Consultation Reports, Recent Diagnostics, Lab Values). • Please obtain Informed Consent from the patient and/or Substitute Decision Maker to be referred to BSO or SGS teams. As Central Clinical Intake will function as an integrated member of the BSO and SGS teams, Central Clinical Intake will collect personal health information using secure electronic health databases for the purposes of conducting a clinical intake assessment. <ul style="list-style-type: none"> ○ The clinical assessment includes information gathered about the patient's physical & mental health, health history, demographic information and goals for future care. ○ Your patient's clinical assessment will only be viewed by service providers within the circle of care. • Central Clinical Intake may contact the referring health care provider to obtain additional information to support decision making.
<p>What happens to the existing wait lists?</p>	<ul style="list-style-type: none"> • Central Clinical Intake will review all waitlisted referrals and collaborate with partners to ensure that all patients receive equitable access to service.
<p>What if the patient is in crisis or requires more immediate support?</p>	<ul style="list-style-type: none"> • BSO, SGS and Central Clinical Intake are not crisis services. If your patient is in crisis, please direct them to the nearest emergency department or contact a local crisis agency.