

# Referral Criteria to Toldo Neurobehavioral Institute (TNI)

## Principles

- The patient will have the potential to respond to active treatment and rehabilitation, and to benefit from services at TNI.
- The patient with the referring agency have identified goals to be achieved at TNI
- Excellent communication between TNI and referral source will be maintained, including complete documentation.
- TNI is not considered to be a first line of service; therefore patients will generally be referred from a mental health inpatient service at an acute care hospital. (referrals from existing non bedded services of HDGH or individuals discharged within the last 30 days may be considered for direct admit on a case by case basis)
- TNI is understood to be an active treatment center for who require diagnostic clarification or who are treatment refractory

## Inclusion Criteria:

- Age 16 & older
- Resident of Windsor/Essex & Chatham/Kent Counties
- Individuals requiring diagnostic clarification or are treatment refractory
- Diagnosis of an Axis I serious and persistent mental illness i.e. schizophrenia, schizoaffective disorder, bipolar disorder/major mood, concurrent diagnosis.
- Axis I disorder must be considered the predominant issue in cases where multi-axial diagnoses are present (i.e. dual diagnosis, concurrent disorders, dementia, and comorbid personality disorders).
- Requires specific intensity and continuity of care with respect to MH issue and recovery that can only be provided as an in-patient.
- Has not responded to recent, less intensive interventions. First-line, community, and acute inpatient interventions, expertise and resource have been exhausted.
- Medically stable.
- Has not been designated as requiring an alternate level of care.
- Geriatric referrals: age 65 & older (55 & older if age related condition exists and appropriate for unit), exhibits problematic aggression/responsive behavior, and Axis I symptomology alongside dementia or other cognitive illnesses.

## Exclusion Criteria

- Those individuals who will not require or will not benefit from active treatment
- First-line or community interventions have not been attempted
- Individuals who require residential care only or have exhausted all housing options
- Patients with forensic designation/patients currently involved in active criminal justice cases
- Acuity of illness remains high and requires care intensity

## Documentation

- Referral form with each section completed in full and appropriate goals for tertiary care specified
- Psychiatric assessment/consultations for the current admission, as well as all other previous psychiatric admission and discharge reports
- Discharge report from acute care (to be sent upon completion)
- History and Physical report
- Medication records
- Most recent laboratory results
- All Mental Health Act forms (including Form 33 )
- Allied health assessments
- Most recent RAI
- Additional information as requested

## Referral Process

- The referral is received by TNI intake nurse by hard copy (fax: 519 257 5210)
- Screening through intake nurse may involve clarification of information, requests for additional information and in some cases a face to face assessment.
- Review by Intake Team against inclusion criteria at Intake Review Meeting.
  
- Decision for acceptance made within 2 weeks (or sooner) of receipt of **complete referral package and all required documentation**
- Patient accepted into TNI – communication with referral source:
  - Confirm admission date (if bed available)
  - Discuss wait list (if bed not available)
- Patient not accepted to TNI:
  - Notification of decision with rationale communicated to referral source
  - Provide alternate planning recommendations (eg CCAC, CMHA, etc.)

Requests to appeal decision will involve review by clinical and medical leadership ( pending receipt of new information)