



Acquired Brain Injury (ABI) and Mental Health/Addictions Collaborative

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General FAQ:

When should a referral be made to the Acquired Brain Injury (ABI) and Mental Health/Addictions Collaborative (AKA “The ABI/MHA Collaborative”)?

After an agency has exhausted all its resources and those available through existing community collaboration, referrals that meet criteria should be brought for discussion.

With written consent, any community agency or organization with connection to the individual(s) can submit a referral. To make a referral, a referring agency will need to present at the ABI/MHA Collaborative and agree to the process of being the Lead Agency or finding a lead agency for the process and 6 months of follow up.

What kinds of referral situations has the ABI/MHA Collaboratives addressed?

- Housing (preparing for discharge from hospital, or eviction from current housing, or shelter as permanent address)
- Referral for neuropsychiatry, diagnosis for mental health, medication and mental health community supports
- Respite/Supports for family members
- Transportation
- Supports in community for alcohol and/or substance use disorder
- Medication compliance
- Financial vulnerability

What is the ABI/MHA Collaborative?

The ABI/MHA Collaborative offers an efficient and effective method for collaboration with a comprehensive group of service providers and professionals. This coordinated and integrated service delivery model assists in the development of plans for interventions.

The goal is to reduce high levels of acute risk for individuals and families for whom the probability of harm or victimization is prevalent.

What is “High Risk”?

High risk means individuals facing a number of risk factors that affect multiple areas of the individual’s life and in all likelihood will lead to something bad happening and happening soon. These could include individuals that may be at risk of doing harm to others, becoming victim, relapsing on a treatment plan, and/or ending up on the street.



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How are specific individuals brought to the attention of ABI/MHA Collaborative?

Following Consent (See consent and referral forms), Community agencies and organizations will bring forward individuals and families they encounter who they deem to meet eligibility criteria, have acutely elevated risk factors, and at acutely elevated risk of harm.

Eligibility criteria:

- 16 years of age or older
- Lives in southeastern Ontario (SEO)
- Evidence of moderate to severe Acquired Brain Injury (ABI)
- Evidence of mental illness and or evidence of substance use disorder
- Presence of high risk situation
- Unmet needs

Examples of high risk situations

Mental health	Housing issues/risk of LTC admission	Gambling/Gangs
Suicide	Antisocial/Negative Behaviour	Physical Health
Crime Victimization	Threat to Public Health and Safety	Criminal Involvement
Sexual Violence	Drugs	Emotional Violence
Basic Needs	Cognitive Impairment	Supervision
Alcohol	Self-Harm	Parenting
Social Environment	Physical Violence	Negative Peers
History of trauma	Elder Abuse	Missing/Runaway
Poverty	Unemployment/risk of losing employment	Financial vulnerability
Missing School	Lack of formal/informal supports	Marginalized population

How does it work and what is the goal?

During an ABI/MHA Collaborative meeting, the presenting agency will share details of the case. Guests and Membership Agencies work together to discuss situations of acutely elevated risk to develop action items. By addressing situations, the table works collaboratively to reduce multiple risk factors that increase the likelihood that someone within a community will experience harm and victimization.

The discussion aims to:

- develop plan of options for client
- determine lead for meeting with client
- determine timeline for meeting with client
- determine timeline for lead to inform providers of client’s decisions.

The SEO ABI System Navigator receives referrals, organizes and facilitates the meetings. The focus is on mobilizing service access to already existing supports. This is an opportunity for service providers to collaborate and brainstorm ideas, to confirm processes, but not for line jumping or fast track processes.



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What if consent is not provided? Is there a de-identification process to still make a referral to the ABI/MHA Collaborative?

The ABI/MHA Collaborative does not have a de-identification process. While there may be acutely elevated risk of harm of something bad happening and happening soon, unless explicit consent is received, a discussion cannot take place.

How often and when does the ABI/MHA Collaborative meet?

Monthly virtual meetings to hear new situations, and follow current situations (6 month period and follow up).

- HPE 8:30 am -9:30 am Second Wednesday of the Month
- LLG 8:30 am -9:30 am Third Wednesday of the Month
- KFLA 8:30 am -10:30 am Last Wednesday of the Month

The set times do not work for me, can the date of or time of the ABI/MHA Collaborative be adjusted?

The meeting dates have been selected for the ABI/MHA Collaborative Members one year in advance. With the exception of end of December for winter break, the date and time of meetings will not be adjusted.

Who attends the ABI/MHA Collaborative meetings?

All involved will represent and offer of assistance, guided by the individuals and families served.

- **ABI/MHA Collaborative Member Agencies:** a core group of primary agencies (Membership). Please see Consent forms for listing of membership. Every effort will be made to ensure that a diverse cross-section of community sectors (e.g. health, housing, addictions and mental health) make up the ABI/MHA Collaborative Membership.
- **Guests:** As per consents, outside agencies (guests) are called upon on a case-by-case basis to provide additional support to the primary agencies at the table when required.

From one of the above groups will be the:

- **Presenting Agency;** the presenting agency will share details of the case.
- **Lead Agency;** is connected with the client, and reports monthly back to the client and the ABI/MHA Collaborative about actions. Sometimes this is the Presenting Agency.

Do clients, family, informal supports attend the meeting?

No, the meeting is for service providers agreed to by the client.



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What paperwork is involved with ABI/MHA Membership, Presenting/Lead Agency and Guests?

To assist with Presentation, the Lead Agency receives:

- **Principles of Respectful Participation**
- **Format for Discussion at the Collaborative**
- **Visual 2019-01-23 ABI/MHA Collaborative**

Documentation with ABI/MHA Membership, Presentation/Lead Agency, and guests:

- **Before the meeting:** Through confidential channels, the ABI/MHA Collaborative consent form is shared with ABI/MHA Membership and guests.
- **After the meeting:** ABI/MHA Members, Presenting/Lead Agency and guests will be provided with the action items for follow up. If a member or guest agrees to an action item, then they are expected to follow through and report to ABI/MHA Collaborative Chair about the progress on the action item (including dates).

Note: During the meeting, the Chair documents in the client's chart in the CBI - System Navigation Collaborative.

Documentation with ABI/MHA Membership Only:

- ABI/MHA Collaborative members, and those attending the meeting not as guests or lead agency, will sign the ABI and Mental Health/Addictions Collaborative non-disclosure agreement.

What are the responsibilities of those attending ABI/MHA Collaborative?

- Regularly attend and respectfully participate at ABI/MHA Collaborative meetings.
- Agency members will identify lead ABI/MHA Collaborative representatives and alternates in order to ensure consistent agency representation at ABI/MHA Collaborative meetings.
- Respect relevant privacy legislation, agency policy and protocols.
- Support the communication of ABI/MHA Collaborative processes and activities throughout their home agencies.
- Sign the ABI and Mental Health/Addictions Collaborative non-disclosure agreement.
- If a member or guest agrees to an action item, then they are expected to follow up on agreed item and then report back to ABI/MHA Collaborative Chair about the progress on the action item(s)
- Sign the ABI and Mental Health/Addictions Collaborative non-disclosure agreement.
- If a member or guest agrees to an action item, then they are expected to follow up on agreed item and then report back to ABI/MHA Collaborative Chair about the progress on the action item(s)

Example of Action items:

- Looking for a referral, or sending a referral form to the lead agency.
- Organizing a joint meeting with the client, and other agencies.



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Processes FAQ:

How are referrals processed?

- Referrals are made through the chair, ABI System Navigator using the 2 part document for the ABI/ MHA Collaborative respective part document (forms are available through the ABI System Navigator and posted on [ABI, Addiction/Mental Health Collaboratives - BrainInjuryHelp.ca](http://ABI,Addiction/MentalHealthCollaboratives-BrainInjuryHelp.ca)) and must include signed consent.
- Clients are registered to Community Brain Injury Services: CBI - System Navigation Collaborative
- Once the ABI System Navigator receives the referral and consent forms, the referring agency will be contacted.

If the referral is not accepted for presentation, what will happen?

The referral source will be contacted and provided with a non-admit letter.