

# Acquired Brain Injury (ABI) Service Expansion

February 2010

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## Purpose - Request from MOHLTC

- Resources are provided by MOHLTC for people with Acquired Brain Injury in the CE LHIN.
- Increase the community capacity to assist adults with acquired brain injuries to live more independently in their communities.
- New base funding be directed to local Health Service Providers to develop or improve the following capacities with the LHIN:
  - local ABI service coordination;
  - ABI outreach services or day services in communities and rural areas where these services may be lacking.

## Objectives for Investment

Identify a preferred option for investment of one-time and on-going allocation of new ABI resources recognizing:

- the needs of CE LHIN residents with ABI
- current community-base service capacity
- the desire to advance CE LHIN level ABI integration (partnerships and coordination)
- the opportunity to leverage joint contributions for education across 5 GTA LHINs through the Toronto ABI Network.

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## Funding Provided

- \$315,000 annualized new resources beginning in 2010-11
- \$157,000 – One-time 2009/10.

## Central East LHIN residents who experienced ABI (2006):

Traumatic Brain Injury (TBI) = 289

Non-Traumatic Brain Injury (non-TBI) = 946

Total = 1235

Similar number of new incidents/cases in 2003-2005 (range 1000–1200 per yr)

# Definition of Acquired Brain Injury

## Traumatic Brain Injury (TBI)

Generally as a result of injuries to the head sustained from:

- Motor vehicle collisions
- Falls
- Assaults

## Non-Traumatic Brain Injury (non-TBI)

Includes any type of injury to the brain as a result of a non-traumatic medical condition, that has the potential to result in long-term cognitive problems including:

- Toxicity (e.g. severe alcohol poisoning, drug overdose, fume inhalation or lead poisoning)
- Aneurysms and Vascular Malformations (including certain types of hemorrhagic stroke which result in cognitive impairments)
- Anoxia (e.g. Asphyxiation, drowning and nonfatal submersion, strangulation)
- Brain Tumors
- Encephalitis Meningitis
- Metabolic Encephalopathies (e.g. diabetic coma)

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# Unmet Needs for People with ABI

The Toronto ABI Network has identified the following gaps in ABI service. This provides a high level summary of needs with which to align CE LHIN level investments and integration activities:

- Access to neuropsychological and neuropsychiatric services
- Access to mental health services for individuals with ABI
- Drug and alcohol support services
- System navigation and coordination
- ABI day services/day program
- Supported employment programs
- Caregiver respite and support
- Transportation services
- Support for children/youth in the school system
- Timely access to inpatient ABI rehab for those who need an observer
- Supportive housing
- Specialized ABI resources/supports in LTC Homes
- Access to generic community based services such as counseling, family support, employment

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# Key Messages

- Investments in ABI will **increase the capacity** in CE LHIN for:
  - **day programming and outreach support** for approximately 120 consumers and their caregivers.
  - **coordinated education and network initiatives** across CE LHIN ABI providers in partnership with the Toronto ABI Network.
- Resources will be directed to **three community-based ABI Health Service Providers (HSP)** serving clients in the three CE LHIN clusters - Scarborough, Durham and the Northeast.
- Investments will **improve equity** across CE LHIN by addressing a significant gap in community-based services in the Northeast cluster.

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## Key Messages - continued

- **To advance the Strategic AIMS** - HSPs will be requested to focus these resources and their efforts on reducing time spent in Emergency Departments (hours) and length of stay in hospital (days) particularly reducing those days in which a client is waiting for an alternative, more appropriate care setting (ALC days).
  - Community-based outreach and day programming enhancements will increase supports to individuals and families to keep them out of hospital or LTC Homes and will enable discharge to home more quickly.
  - Meaningful programming and engagement, respite for caregivers and support to understand and cope with cognitive and behavioural challenges are key to support people with ABI to remain living independently in their community.

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## One-time Investment (2009/10)

One-time Enhancement (2009/10): = \$157,500

- **Four Counties Brain Injury Services [FCBIA] (Northeast Cluster):** \$117,000 to support Day Program relocation including a client/service tracking system
- **Community Head Injury Resource Services [CHIRS] (Scarborough):** \$29,500 to enhance client transportation to programs/outreach to clients.
- **Head Injury Association of Durham [HIAD] (Durham):** \$11,000 - Day Program equipment and computer/IT systems

# On-going Investment (2010/11)

On-going/Annualized Enhancement (2010/11): = \$315,000

- **Community Support/Outreach Services and Day Programming**
  - FCBIA (Northeast Cluster): 2 FTE = \$134,000
  - CHIRS (Scarborough) 0.75 FTE = \$50,250
  - HIAD (Durham) 0.75 FTE = \$50,250
- **Day Program Operations**
  - FCBIA (Northeast Cluster): Supplies and Accommodations = \$34,000
- **Central East LHIN ABI Education and Coordination Support\***
  - LHIN wide ABI Education/Coordination (0.5 FTE) = \$33,500
  - Education and Training Resources = \$13,000 annually.
- \*Implemented by the CE LHIN ABI Network in consultation/ collaboration with GTA LHINs through the Toronto ABI Network. FCBIA has agreed to host/administer these joint resources.

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## MOTION:

The Central East LHIN Board authorizes Management to allocate:

- **one-time investments** in Acquired Brain Injury services of \$157,500 (2009-10) to enhance community-based service capacity in the Durham, Scarborough and the Northeast Cluster.
- **on-going** investment of \$315,000 beginning in 2010/11 to enhance community-based service capacity in the Durham, Scarborough and the Northeast Cluster directed to:
  - Day Programming
  - Outreach Supports
  - CE LHIN ABI Network Education/Coordination for providers, consumers and caregivers

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