

Enhanced adult day program for individuals with Acquired Brain Injury (ABI) 2010/11 – Call for Proposals

Background

Acquired brain injury (ABI) is a leading cause of death and disability. In a review of 4 years worth of CIHI-held databases, the ABI dataset project, funded by the Ontario Neurotrauma Foundation, identified that each year in Ontario, ABI results in more than 36,000 emergency room visits and/or hospitalizations for ABI, with many more episodes of care. The ABI dataset project also identified that of all acute care admissions, 11% have at least one alternate level of care (ALC) day, which speaks to the challenges in finding care options beyond the acute care setting for individuals with ABI.

ALC refers to when a patient occupies a bed in a particular care setting and does not require the intensity of resources/services provided in this setting (i.e., acute, complex continuing care, mental health or rehabilitation) but is having difficulty accessing more appropriate (and often preferred) care options (i.e., community care, supportive housing and long term care). ALC statistics reflect the issue that patients are not transitioning from hospital to the next level of care the way they should. When hospital beds are occupied by ALC patients this delays patient admissions from ER into inpatient beds, contributing to ER wait times.

Reducing Emergency Room (ER) Wait Times and ALC days is one of the government's and Local Health Integration Networks' (LHINs') key priorities.

Acquired brain injury often results in significant impairment that requires life-long support. People who sustain traumatic injuries are often young, and even mild injuries can lead to long-term disability. The consequences for families and caregivers, with respect to care giving responsibilities and quality of life, are significant.

Across Ontario, Local Health Integration Networks (LHINs) have received \$315,000 in new annualized base funding from the Ministry of Health and Long Term Care (MOHLTC) to increase community capacity to assist adults with acquired brain injuries to live more independently in the community.

In alignment with the Ministry guidelines and in support of the LHIN's focus on ER/ ALC the Toronto Central LHIN is issuing a Call for Proposals for an Enhanced Adult Day Program for individuals with Acquired Brain Injury (ABI). The target populations for the program are:

- 1) Adults with ABI currently living in the community
- 2) Adults with ABI in hospital with an ALC designation (or at risk of becoming ALC) who can be transitioned back to the community with the support of this program.

Toronto Central LHIN 201/2011- Call for Proposals

The LHIN is interested in receiving proposals from health service providers to provide **an Enhanced Adult Day Program for individuals with ABI living in the community**. The LHIN is seeking proposals that will address the objectives, requirements and target population outlined in the call below.

The 2010/11 Call for Proposals focuses on initiatives that support the following objectives:

- Increase supports to individuals and families to support avoidable institutionalization and support discharge from hospital back to the community

- Create new capacity for adult day programs, respite for caregivers and support to understand and cope with cognitive and behavioral challenges which is key to supporting people with ABI to remain living independently in their community.

Requirements of Enhanced Day Program Proposals:

- Enhanced Adult Day Program must result in net new capacity
- The Program will build on and enhance existing services known to support caregivers and the individuals they care for in a clustered service model and supported by a partnership of local health service providers
- The Program leverages existing capacity (i.e. available space to provide this program)
- The Program includes any combination of social and skills development, caregiver support, stimulation, focused activities, directed/targeted rehabilitation, and any other services that will enable clients with ABI to maintain their health and level of functioning and avoid unnecessary ER visits and hospital use
- The model of care is rooted in an integrated multidisciplinary approach to client services (e.g. formal linkages to primary care, case managers, psychiatric support, professional services and other complementary service providers) to help effectively meet the needs of the targeted client, to support them to remain in the community
- Services provided should support caregivers of community-living ABI clients by providing caregiver respite and support
- Model should include transportation services to and from the Enhanced Adult Day Program site.

Intended Target Population:

The target populations for the program are:

- 1) Adults with ABI currently living in the community; and /or
- 2) Adults with ABI in hospital with an ALC designation (or at risk of becoming ALC), who can be transitioned back to the community with the support of this program.

And individuals who have:

- Mild to moderate service needs
- A Traumatic and/or Non-Traumatic Brain Injuryⁱ

Proposal Requirements:

The Toronto Central LHIN is seeking proposals that demonstrate the ability to meet the needs of ABI clients in an Enhanced Adult Day Program. Applicants will need to clearly outline the:

- Number of new clients to be served in the proposed program (per session and annually)
- Location of the program
- Proposed admission criteria
- Services to be provided to the targeted clients
- Proposed staffing model
- Proposed cost per client/ per diem
- The multidisciplinary approach to client service, including how the program will integrate with existing service providers (CCAC, etc), and other partners involved in the program and their specific roles
- In-kind support (e.g. space) or other resources provided by partner health service providers.

All submissions should clearly demonstrate how the following will be addressed within the proposed program:

- Client and caregiver-centred and responsive to unique needs
- Clients are supported to achieve and maintain optimal levels of functioning and independence
- Program ensures integration with other key health service providers, will be collaborative in nature and reflect linkages to off-site specialized services to meet the needs of the target population
- Value for money
- Timely implementation.

Process

For the 2010/11 Enhanced Adult Day Program for individuals with Acquired Brain Injury (ABI) Transitional Call for Proposals, please complete a [Health System Improvement Pre-Proposal \(H-SIP\)](#) found on the Toronto Central LHIN website. **All** sections of the [H-SIP Form](#) must be completed in order for the application to be considered. Please consult the [H-SIP Manual](#) on the Toronto Central LHIN website under Health Service Providers, and Health System Improvement Pre-Proposal.

Submit proposals to torontocentral@lhins.on.ca by 5pm on Tuesday June 15, 2010.

Questions from Health Service Providers regarding the 2010/11 Enhanced adult day program for individuals with Acquired Brain Injury (ABI) Call for Proposals will be accepted until noon on June 7, 2010. This process allows for all questions and answers to be posted on the Toronto Central LHIN website during the week of June 7, 2010 for all potential applicants to benefit from. Questions will not be accepted after this time. Questions must be submitted in writing to torontocentral@lhins.on.ca. Please include "Enhanced adult day program for individuals with Acquired Brain Injury (ABI) Question" in the subject line and provide contact information so that the LHIN team can get clarification on questions as needed.

Timelines

Activity	Timeline
Call for Proposals Issued	Wednesday June 2, 2010
Submission of questions from HSPs	June 2 – June 7, 2010 by 12 noon
Questions and answers published on Toronto Central LHIN website	Week of June 7, 2010
Proposal submission deadline	Tuesday June 15, 2010 by 5 p.m.
Successful applicants recommended to Senior Team and Board	Week of June 21, 2010
Ministry acknowledgement	July 2010 (estimate)
Program Implementation	July - August 2010

ⁱ 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)