

Program # 25110 - Addictions Services Traumatic Brain Injury Efficiency Project

Version 2/23/2007 s

Priority: Basic Needs Lead Agency: County Human Services

Program Offer Type: Innovative/New Program Program Contact: Sean Derrickson

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

This Program will result in County staff from multiple departments (Mental Health & Addictions, Sheriff, Parole & Probation, etc.) being able to more effectively and efficiently manage high needs/high risk/high cost brain-injured clients by hiring a consultant to provide the expertise, analysis, training, and written recommendations/manuals/protocols that the system currently lacks. This program will not directly serve clients but clients and service systems across departments will benefit from program outcomes. This is a new and innovative program developing a "Best Practices" model to effectively manage this very difficult and costly population.

Program Description

This program is a collaborative offer between DCHS and DCJ. Observations by County staff indicate that multi-system involved clients with Traumatic Brain Injury (TBI) are costing a disproportionate and at times an increasing amount of public funds and are not being effectively maintained in our community by our traditional techniques. Currently, the number of clients served with a brain injury by our system is unknown. This program requests \$50,000 of one time only funds to hire an expert consultant to provide an in-depth focused fiscal and service analysis of our current systems that serve clients with TBI, provide guidelines and/or training to staff who work with TBI clients, and to assist and provide recommendations and consultant services across our various systems (Criminal Justice, Mental Health, Sheriff, etc.). These services would allow our system to more effectively identify clients with TBI as well as design specific services/interventions, or adjust current ones to meet their needs. More effective identification and intervention with TBI clients would increase our effectiveness and decrease overall costs, and improve client access and outcomes.

Program Justification

The Center for Disease Control and Prevention, National Center for Injury Prevention and Control estimates that 5.3 million U.S. citizens (2 percent of the population) are living with disability as a result of a traumatic brain injury. CDC reports this estimate may be low because it is based only on hospital data. Using census data, it is projected that at minimum, 13,443 residents in Multnomah County have a TBI. This program links to the Priorities of Basic Needs, Safety, and Accountability. Clients with TBIs may be costing various concurrent single systems an extraordinary amount of public funds per year. Observation has indicated that these clients appear to have a high rate of criminal recidivism and are repeatedly being incarcerated and or hospitalized. Some of our known clients with a TBI have been arrested over 90+ /year with estimated costs of booking and arrest being \$1000+/booking. This trend appears to have no end in sight because of our system's lack of meeting their basic social service and treatment needs and a lack of fiscal and service coordination. At this point the exact number of individuals with TBI in our court and justice system is unknown. This offer will help identify: the number of individuals with TBI in our courts and justice system, the actual fiscal impact of TBI clients on our system, the gaps in our service system as well as provide recommendations regarding areas of fiscal and service coordination and training need (protocols/interventions, training manual, policy recommendations, etc.).

Performance Measures

Measure -		Previous Year Actual		Current Year Estimate	Next Year Offer
Туре	Primary Measure	(FY05-06)	(FY06-07)	(FY06-07)	(FY07-08)
Output	# of TBI clients identified	0	0	0	150
Outcome	% of Start up tasks completed*	0.0%	0.0%	0.0%	80.0%

Performance Measure - Description

*Start up tasks will include: 1. Written recommendations for service practice with TBI clients. 2. Training for staff to increase their knowledge base and skills to better meet the needs of TBI clients. 3. Develop a written training manual and assist in the development of a written protocol for case staffing 4. Development of a TBI case presentation checklist/TBI questionnaire/identification checklist to be used in the future. Training will be done across systems (DCJ, DCHS, MCSO, etc) with staff that work with clients with a TBI. Outcome measure is based on statistical estimation of population based on the number clients served by DCJ.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2007	2007	2008	2008	
Contracts	\$0	\$0	\$50,000	\$0	
Subtotal: Direct Exps:	\$0	\$0	\$50,000	\$0	
Administration	\$0	\$0	\$3,170	\$0	
Program Support	\$0	\$0	\$7,613	\$0	
Subtotal: Other Exps:	\$0	\$0	\$10,783	\$0	
Total GF/non-GF:	\$0	\$0	\$60,783	\$0	
Program Total:	\$0		\$60,783		
Program FTE	0.00	0.00	0.00	0.00	
Program Revenues					
Program Revenue for Admin	\$0	\$0	\$0	\$0	
Total Revenue:	\$0	\$0	\$0	\$0	

Explanation of Revenues

Significant Program Changes

Last year this program was: #25110, Traumatic Brain Injury Client Systemic Coordination and Efficiency Program

This offer was submitted in FY07, but was not funded.