

2019/20 Annual Report



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Message from the Chair of the



Nigel Gilby
President
Board of Directors

The COVID pandemic began right at the end of our 2019-20 fiscal year and the impact is so significant that although this report is focused on the past year, we must acknowledge our DBIS community for their resilience, perseverance, and commitment as we move through this new challenging year.

We continued to tweak and further refine our client journey to ensure that our service models best meet the needs of all stakeholders; clients, families, the communities we work in, and our healthcare provider partners. One example of refining our services is the evolution over this year of the Residential Transitional Services (RTS) which began the previous year, and is highlighted later in this report.

In addition we received new funding late in the third quarter of the year for what we call the Intensive Community Transitional Service Program (ICTS or referred to as the Early Discharge Program by our funders at Ontario Health West through the Ministry of Health). This program supports individuals with an ABI (including stroke) to be discharged home from hospital as soon as possible,

with intense in-home supports that meet all their needs, up to 16 hours/day for the first few weeks, then gradually reduced as they proceed along their rehabilitation journey. The DBIS staff provide rehab assistance under the direction of the variety of therapists and Regulated Health Professionals involved, as well as all of the personal care supports. In addition there is a DBIS staff matched with the caregiver to provide them with whatever individual supports they need to ensure that their loved one's return home is a successful and smooth transition. (See the ICTS and RTS Dashboards further in the report). We are very appreciative of our partners at Parkwood Institute who have worked with us in making this program so successful.

We continue to expand caregiver support services as we recognize the diverse needs of caregivers, including those who are new to the caregiving role as well as those who have been caregivers for many years. We are offering a variety of groups, and have developed materials such as toolkits and phone supports for assistance with such things as problem solving,



Sue Hillis
Executive Director

Board & the Executive Director

advocacy and navigating the health and social service systems.

This fiscal year a total of 11 of our clients accessed Residential Respite Services for a total of 201 days. Reasons for accessing this service included caregiver respite, recovery from surgery, and increased support needs.

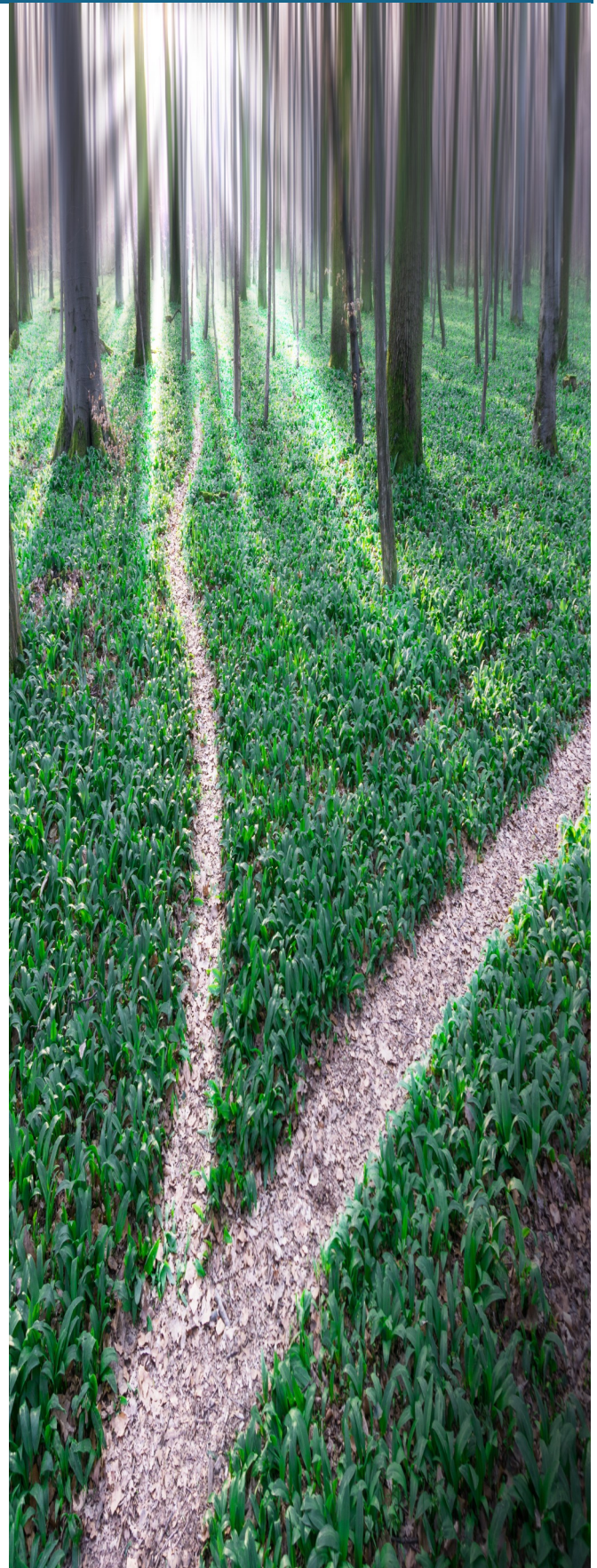
All of our client outcome indicators are very positive and improving. Each year we evaluate which indicators are most important to gather in order to measure our performance in a way that is meaningful to all our stakeholders. We thank our staff for their flexibility, commitment and especially their tremendous skills, which ensure that we always provide excellent quality services.

Thank you to our Board Members and Leadership Team for again monitoring and maintaining the financial health of the organization confirming the most efficient and effective use of our funding. We appreciate their ongoing efforts to oversee the sustainability and quality of services provided by DBIS

We are grateful for our clients who show us their resilience and drive every day, as they manage their challenges and work hard at their goals. We feel privileged that we can walk alongside them on their journey.

Nigel Gilby, Board Chair

Sue Hillis, Executive Director



The Evolution of Residential Transitional Services

A few years ago DBIS recognized that there was a need for Residential Transitional Services (RTS), as we were seeing individuals who would benefit from a short stay (months) in the residential setting to develop the confidence and skills required to move on to more independent living. We determined that we would adapt the program at our Burwell site to become transitional, rather than its traditional role as a long stay supportive living or “Assisted Living” site.

Where We Started

We started out with a lengthy assessment phase to adjust clients’ routines and develop a detailed skills training plan. Goals and objectives were very individualized and quite specific resulting in numerous objectives being set. Initially we admitted everyone before their assessment and admitted clients that were familiar to the agency (clients already in other DBIS programs).

Where we are now?

Decisions about whether to provide services are made after an initial assessment is complete to confirm whether the client will benefit from the

Successes

- Increased client confidence, learning strength based strategies and self-advocacy to assist in daily independence
- Clients have improved physical strength and mobility
- Clients can plan and organize their day with purpose and meaning
- Clients have been able to sustain skills needed to live independently
- Sense of community within the program among staff and clients
- All gains, however small are viewed as successes

Who are we hoping to help?

- Individuals with complex challenges related to mental health/addictions & brain injury
- Highly motivated individuals that demonstrate capacity to learn new skills
- Individuals with a transitional plan or set of goals
- Individuals in crisis, can be accommodated

program through willingness to engage and capacity to learn.

We have learned that we need a short Assessment phase lasting approximately 2 weeks, with more emphasis on the client adjusting to a rehab routine.

We have admitted individuals in crisis a few times, and frequently those admitted are experiencing mental health and addiction challenges.

We now work with the individual’s needs utilizing their co-design to create a plan with an emphasis on skills based learning balanced with needs based support in wellness.

Community connections are becoming more efficient, for example one staff member focused on making community connections and acting as a liaison between clients and a housing provider.

We are very excited by what we have learned so far in RTS, and the achievements of the clients and staff in the program. We continue to be flexible, evolving to adapt the program to best meet the needs of the system and our community.

RTS & ICTS Dashboards

RESIDENTIAL TRANSITIONAL SERVICES DASHBOARD




16 Clients served
 16 Clients (11 have Transitioned)
 2 Caregivers Supported

April 2019 – March 2020



Avg. 148 Days
 Hours begin at 24/7 and are gradually reduced as clients move through the program phases

Avg. Stay April 2019 – March 2020



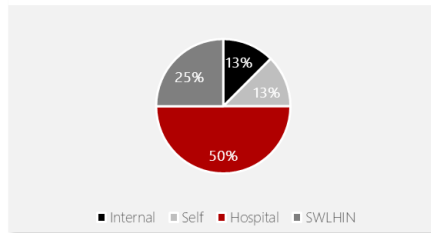
Outcome Measures
 (2019-2020)

Goals & Objectives
 Avg. 85% Achievement all WIM domains
 Zarit Caregiver Burden Survey
 20% Reduction in Burden
 Mayo Portland Adaptability Inventory
 Avg. Gain of 5 for Total Score
 Satisfaction & Experience Survey
 100% Satisfied with Experience
 60% Satisfied with Client Values being met

Services Provided

- Initial assessment
- Capacity Building with client, family and their support system
- Emotional Supports
- Personal care support
- Skills Training across WIM domains (meds, safety, transportation, meal prep, home & community independence, money management, promoting positive social relationships.)
- Prescribed therapies
- Providing connections & linkages to other support services as required

Referral Source



Transition Location

- 7** Home (3 with Caregiver; 2 with CTS supports; 2 Independently)
- 3** Supported Independent Living
- 1** Own apartment with CTS supports

Intensive Community Transitional Services dashboard



10 Clients served
 5 Clients
 5 Caregivers

October, 2019 to Present



Avg 43 hrs/wk
 Range: 19.5 to 64 hrs per week

Initial Support Hours



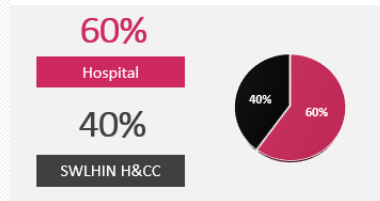
Outcome Measures
 (Pre-and-post assessments)

Goals & Objectives (Clients & Caregivers)
 Caregiver Self-efficacy
 Mayo Portland Adaptability Inventory (Clients & Caregivers)
 Caregiver Pearlin Mastery

Services Required

- Initial assessment
- Respite
- Emotional Supports
- Personal care support
- Skills Training across WIM domains (meds, safety, transportation, meal prep, home & community independence, etc.)
- Increasing confidence & self-efficacy
- Prescribed therapies
- Providing connections & linkages to other support services as required
- Caregiver assessment & supports

Referral Source

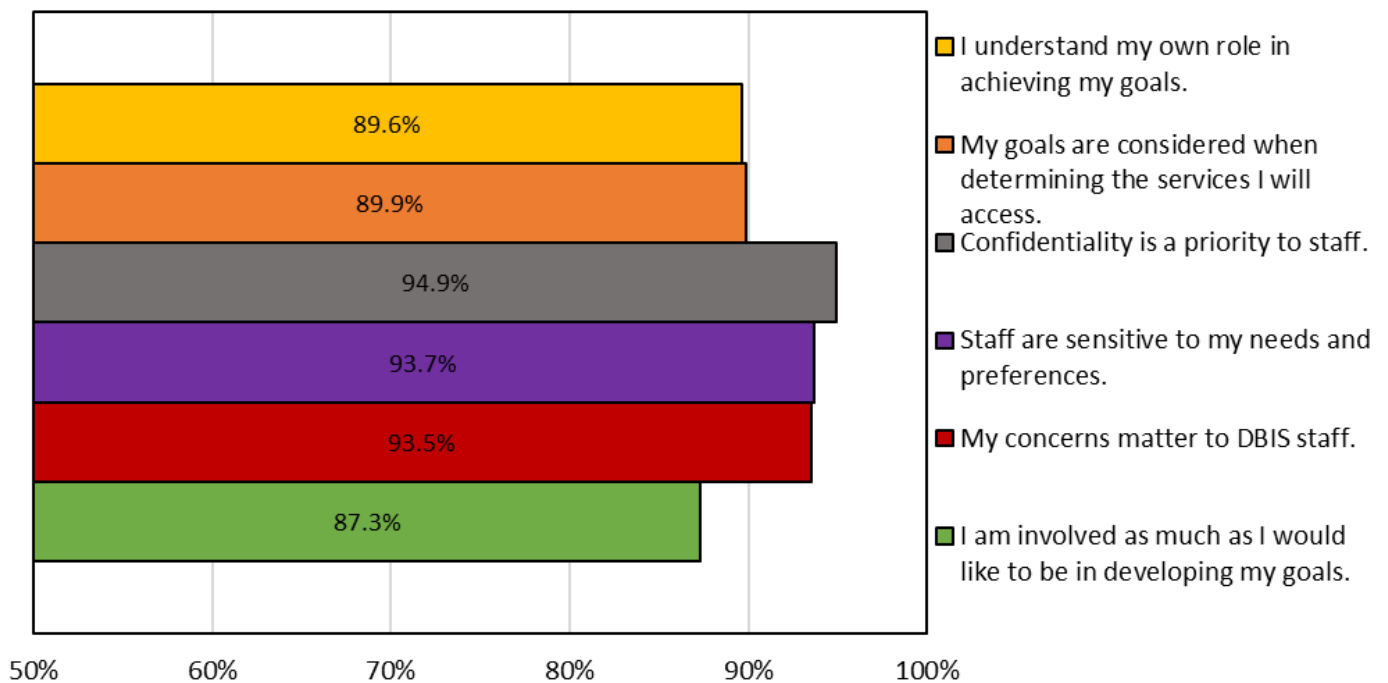
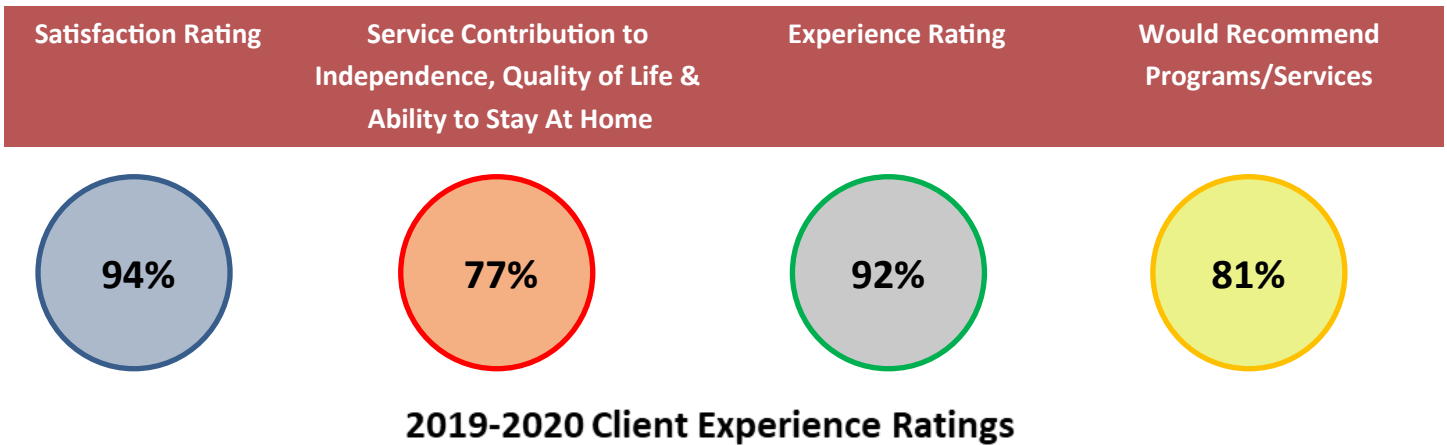


- 4** Hospital to home transitions
- 4** PSW Supports Replaced by DBIS
- 0** ALC
- 4** Avoided LTC Application

Client Satisfaction & Experience Survey

We continue to collect client satisfaction, experience data and information to identify gaps, inform improvement efforts, understand the needs of the people we serve, improve overall satisfaction and experience and to assess the impact of organizational changes over time. Surveys were sent out to clients and caregivers across all four programs for which we received a 20% response rate with 86% of responses from clients and 14% from caregivers.

The Client Experience Score is made up of responses to three questions: 1= Overall, how satisfied are you with the help you received, 2= I am treated with dignity and respect and 3= I am involved as much as I would like to be in developing my goals. Overall, 94% of respondents were 'Satisfied' or 'Completely Satisfied' with their care experience. Overall, we have maintained high levels of client satisfaction and experience year-over-year and hope to continue with this trend.



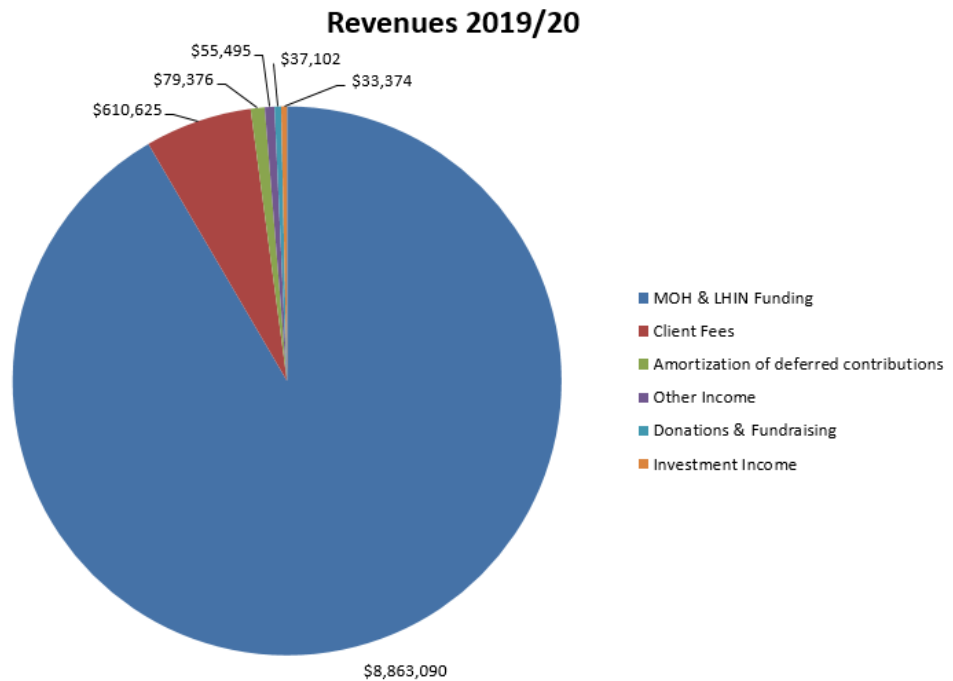
2019-20 by the Numbers

2019-20 Financial Statements

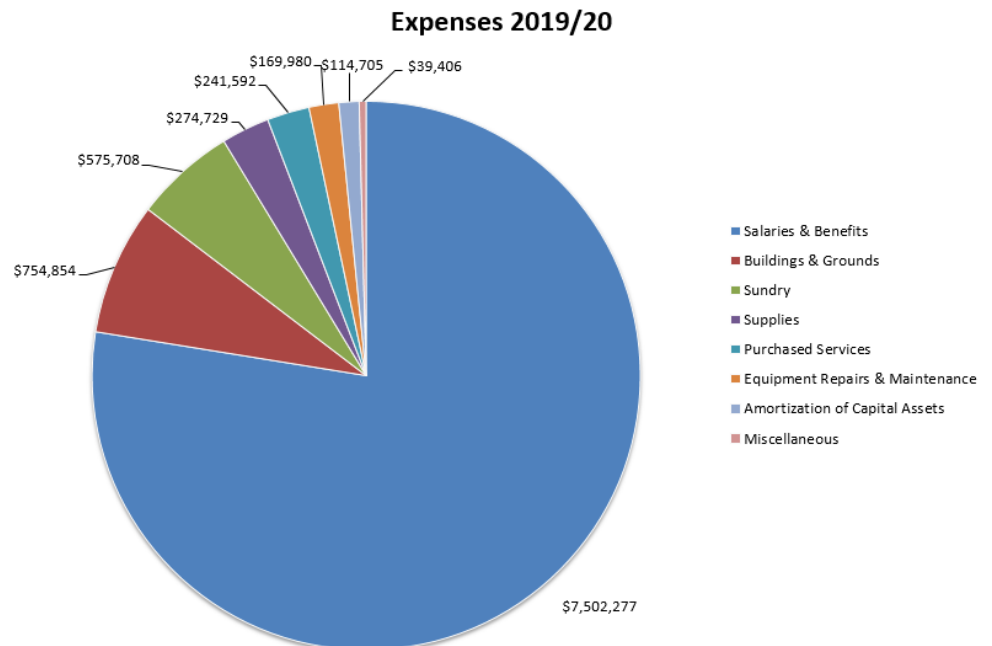
During the year, quarterly financial reports and financial statements were reviewed by the Finance Committee and the Board of Directors. In the spring of 2020 the 2019-20 financial statements were audited by KMPG Chartered Accountants, providing an independent opinion on the financial position of Dale Brain Injury Services.

The following graphs are a summary of the Revenue and Expenses for the year ended March 31st, 2020. A copy of the financial statements is available upon request.

2019-20 REVENUES



2019-20 EXPENSES



Thank You to Our Donors

Thank you to those that donated to DBIS initiatives from **April 2019 - March 2020**

Capital Donations

Nigel & Rhonda Gilby
Lerners LLP
Karen Dalton
Barry Cavens
Catherine McGarrell

Enriching Lives Fund

Anonymous

General Donations

KPMG LLP
United Way
City Hall Charity Chest
Embers Realty Ltd.
Anonymous

Donations in Memory of Jim Buckley

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Ajax
Martinrea Industrial
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Ronald Hicks
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Donations in Memory of Shawn Murdoch

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MDS Farms
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Anonymous

Donations in Memory of John Mastrandrea

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Joe Mastrandrea
Herman Lansink
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Pat Stapleton
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Joanne Pollock
Sandra Rant
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S. Nissouri Presb
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Anne Grey
Mathew Brown

Donations in Memory of Anne Serratore

Joe Serratore
Pat Serratore

Donations in Memory of Joshua Hindle

Len Hindle

Donations in Memory of Ron Weaver

Sally Weaver

Walkathon 2019

Rob Secco
Gifffunds
Creative Floor Design
Rodger Industries Inc.
Land Transportation
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Ruth Downs
Kristy Silverthorn
Brian Silverthorn
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Stew Glousher
Sue Hanson
Steve Doak
Carrie Masse
Ross Rowe
Liz Cooper
May McAllister
Hugh Cook
John Molnar
Elaine Russell
Pat Longfield
Deanie McHardy
Judy Power
Christopher Hillis
Campbell Bros Movers
Lynn Deacon

Alan Lawrence
Robert Atkinson
Larry & Mary Ann
Kettlewell

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Lindsay Tuckwood
Cory McGugan
Marie Murphy-Foran
Trudy Richards
Jill Richardson
Theresa Geil
Karin Young
Joshua Young

Joe Denys
Virgina Eade
Sue Been
Larry Campeau
Heather Poliquin
Karyn Olar
John Sims
Helen Rusland
Jan Heinmiller
Louise Bogart
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Rob Myall
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Shirley Ferguson
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Bernie & Judy St. Jean
Karen Schwartzendrwer
Bob Pryce
Margot Dods
W. MacDonald
Elaine Russell
Laurie Fisher
Grant Bragg
Bruce Hammond
Maidie Chalk
Anonymous



ERRORS & OMISSIONS

Every effort has been made to ensure complete accuracy of this list. If any errors are noticed please contact Cassie Taylor at 519-668-0023 ext. 119.

Please accept our sincere apologies in advance.

Each and every gift makes a difference and is deeply appreciated.

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