

# Acquired Brain Injury Partnership Project

## 2016 – 2018 Program Review



### THE ABI PARTNERSHIP PROJECT

Funded by:



Project Managed by:



*Provides funding to 36 programs across Saskatchewan*

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## Executive Summary

Since the Acquired Brain Injury (ABI) Partnership Project's (the ABI Partnership) inception 23 years ago, a broad range of services and a solid infrastructure of ABI support has been established across the province. This report summarizes service events and activities that occurred in 2016-17 and 2017-18. Key highlights of the report include:

Each year, the ABI Partnership:

- Served 1,088 clients
- Saw 348 new clients
- Delivered 55,530 service hours to registered clients
- Had over 7,000 attendees at community group events
- Continued to support families

Our client outcome measures show client improvement after involvement with our programs:

- 91% of client goals were achieved
- Functional improvements shown on the Mayo Portland Adaptability Inventory

The only cure for brain injury is prevention. A key role of our education and prevention programs has been furthering the understanding of the public through education about brain injury and its prevention. This is seen through activities across the province where each year:

- Over 22,000 people attended education and injury prevention events
- Resources and promotion material were delivered to over 7,300 recipients
- Traffic Safety and Injury Prevention Community Grants were awarded to communities across the province

ABI funded agencies indicate that service partnerships help in better serving individuals with an ABI and their families. This includes:

- Over 1,670 consultations each year to assist other service providers in meeting the needs of individuals with brain injuries
- Over a third of consultations resulting in a referral (625 referrals each year)
- 645 referrals for registered clients each year
- 1,130 reported service partners

This contract term funded agencies continued with the program improvements they had identified in the previous contract's site-level evaluations.

A new focus this contract period has been on demonstrating the value of our services. This was demonstrated in quantifying partner investments, a cost benefit analysis, an infographic and feedback from funded agency staff, their survivor and family clients and service partners. The quote from a service partner on the following page speaks to the unique role that ABI programming plays within the health system and the importance of continued support for ABI Partnership services.

*THE ABI PROGRAM HAS BEEN BENEFICIAL FOR MANY OF MY CLIENTS AS IT IS A GREAT "FOLLOW UP" FOR UNMET NEEDS WHEN MANY CLIENTS RETURN HOME. NAVIGATING THE HEALTH SYSTEM CAN BE OVERWHELMING AND THE ABI PROGRAM HAS SUPPORTED CLIENTS AS THEY WALK THE PATH. THE PROGRAM HAS ALSO SUPPORTED CLIENTS WHO WOULD OFTEN "SLIP BETWEEN THE CRACKS". IT IS A RESOURCE LIKE NO OTHER IN OUR HEALTH SYSTEM AND I FEEL LIKE THE CLIENTS ARE FORTUNATE TO HAVE AN OPEN DOOR IN THAT PROGRAM THAT THEY CAN TURN TO.*

*~ ABI SERVICE PARTNER ~*

## What is an ABI

Acquired brain injury (ABI), particularly of the traumatic brain injury (TBI) type, is one of the leading causes of death and lifelong disability worldwide [1]. Studies have shown TBI results in severe disability for 30-40 per 100,000 individuals [2].

With advances in medical technology and emergency response, the brain injury survival rate has dramatically increased. Because of the complex physical, cognitive, psychological and psychosocial impairments that often result, many individuals who sustain serious brain injuries require service and support for many years – some for the remainder of their lives [3-5].

An ABI refers to damage to the brain that occurs after birth. The damage may be caused by a traumatic injury to the head associated with an external force such as a motor vehicle collision, fall, assault or sports injury, or a non-traumatic injury cause such as a tumour, aneurysm, stroke, anoxia, or an infection [6].

### QUICK FACTS:

- ABI is the leading cause of death and disability for Canadians under the age of 40 [7].
- The incidence of ABI outnumbers breast cancer, spinal cord injury, multiple sclerosis, and HIV/AIDS combined [7].
- 160,000 Canadians sustain ABIs each year. Incidence (and reporting rates) are rising [7].
- Approximately 1.5 million people in Canada are living with an ABI [7].

## CONSEQUENCES OF ACQUIRED BRAIN INJURY

There are multiple consequences of moderate to severe ABI, with many resulting in long-lasting and life-long disability. The severity of these consequences is dependent on the area of the brain that is injured, but can include [8]:

- Cognitive difficulties with: attention, concentration, distractibility, memory, speed of mental processing, confusion, perseveration, impulsiveness, language processing, decision-making & problem-solving
- Speech and language difficulties such as: difficulty speaking, difficulty understanding the spoken word, slurred speech, problems with reading and writing
- Sensory and perceptual difficulties with: interpretation of touch, temperature, movement, limb position and with the integration or patterning of sensory impressions into psychologically meaningful data
- Physical difficulties with: vision, hearing, taste, smell, seizures, limb weakness, paralysis or spasticity, loss of balance/coordination, chronic pain, sleep disorders, loss of stamina/extreme fatigue, bowel and bladder control, menstruation difficulties
- Social-emotional difficulties with: dependent behaviours, inappropriate emotions, lack of motivation, irritability, aggression, anxiety & depression, disinhibition, lack of insight/awareness

These consequences negatively impact ABI survivors' quality of life, family dynamics and peer relationships, as well as their prospects for return to work or school. All affect survivors' overall community participation and reintegration [9]. Some life areas prominently impacted by these ABI consequences are outlined below.

Fatigue - general fatigue is one of the most common problems reported by ABI survivors [10,11] with one study indicating as many as 70% of TBI survivors complained of mental fatigue [12]. The ability to successfully reintegrate into community life, including return to school and work is often significantly hampered by both physical and mental fatigue.

Behaviour - changes to behaviour are often seen post-injury and present challenges for social integration. Addressing ABI survivors' behavioural changes is a particularly important area of rehabilitation as it is often these changes that survivors find distressing and that their families report having the most problems coping with [13]. Behavioural challenges have a marked impact on relationships and successful community participation and are an issue of concern many years post-injury. The literature points to the need for long-term support in this area [14].

Mental Health and Addictions Issues - anxiety and depression rates are higher for individuals with ABI compared to the general population. Numerous studies on prevalence indicate that many survivors of brain injury had pre-existing psychiatric disorders and are at a substantially higher risk of developing mental health issues [15,16,17,18,19], and also of having pre-injury or developing post-injury substance use problems [18,20]. For those with pre-injury substance use problems, they are at much greater risk of developing post-injury substance abuse and experience much poorer overall outcomes as a result [21].

Marital Discord - high rates of marital dissatisfaction [22] and breakdown [2] are an unfortunate consequence after a partner sustains an ABI. The support that is lost due to marriage breakdown further impacts other aspects of survivors' lives.

Vocational Status/Return to Work - most ABI survivors want to return to work post-injury but many are unable to resume their previous employment or work full-time for a variety of reasons. One study showed at one year post-injury, only 24% of TBI individuals were competitively employed [23] and another study showed for those working prior to their TBI, only 41% had resumed work up to two years post-injury [24].

Independent Living and Homelessness - without adequate family and professional supports to address the many and varied consequences of ABI, the ability for survivors to live independently is sometimes in jeopardy. Individuals with ABI are at increased risk of housing insecurity. The risk of homelessness is very real, with research showing an alarmingly high rate of ABI among the homeless population [25]. This potentially tragic outcome is what the ABI Partnership's programming and support ultimately work to mitigate.

No two brain injuries are alike and therefore the consequences that manifest are equally individual. The degree of challenges that result can often be helped or hindered by a variety of factors such as: age, gender, pre-injury educational and occupational attainment, income, and family support, to name a few. However, it is important to understand that by its very nature brain injury leads to consequences that need to be managed, often for the remainder of survivors' lives. The scope of these challenges should not be underestimated and it is important to continue to create better awareness of them. Better societal understanding of these challenges creates a deeper appreciation for why having access to individualized community-based supports such as those offered by the ABI Partnership is so critical.

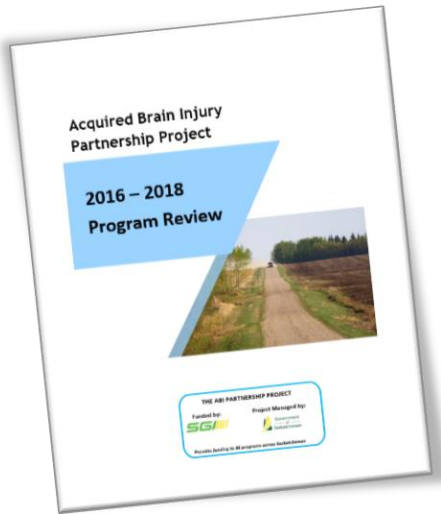
## The ABI Partnership Project

The Acquired Brain Injury (ABI) Partnership Project (hereafter referred to as the “ABI Partnership”) was established following the introduction to SGI’s No Fault Insurance. It has continued to be funded by SGI and managed by the Ministry of Health since its inception in January 1996.

The unique partnership established by SGI and the Ministry of Health set out to build “a comprehensive, integrated system of supports, resources and services that will enhance the rehabilitation outcomes and improve the quality of life for individuals with acquired brain injuries and their families” [26]. The ABI Partnership was intended to address the following identified gaps in service:

- service coordination to facilitate survivors’ access to required services
- life skills programming
- options for:
  - avocational,
  - vocational,
  - social, and
  - recreational and leisure activities
- residential service options
- supportive services for families
- education and training on brain injuries, and
- prevention activities to reduce the prevalence of traumatic and other brain injuries [26].

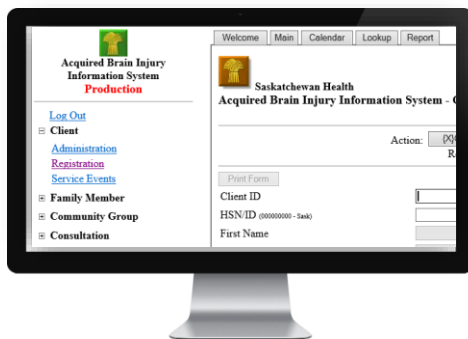
# About the Current Report



This report summarizes service events and activities that occurred during the first two years of this contract period (2016-17 and 2017-18) including:

- Direct service to ABI survivors, families, and other service providers
- Education on how to prevent injuries and information provided about ABI and the ABI Partnership to a variety of audiences
- Injury Prevention events to a variety of audiences

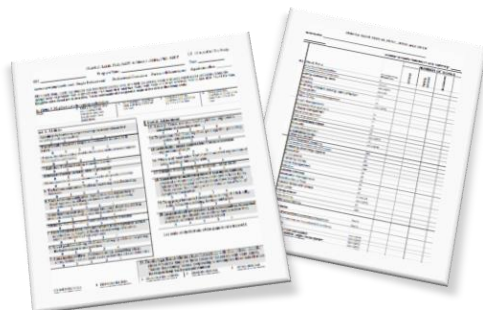
## INFORMATION SOURCES FOR THIS REPORT



### The Acquired Brain Injury Information System (ABIIS).

This system tracks client demographics and referral source, client referrals made, client and family services, consultations, education, and injury prevention activities.

**Annual Reporting.** This includes financial information, description of programming and partnership activities, and supplemental information (for this contract period, information on **value-add**, quantity of service partnerships, and staffing).



**Client Outcome Reporting.** This includes: 1) Goal Attainment summary for each funded program, and 2) Mayo-Portland Adaptability Inventory for each consenting client.



## Quick Summary of the Programs Funded

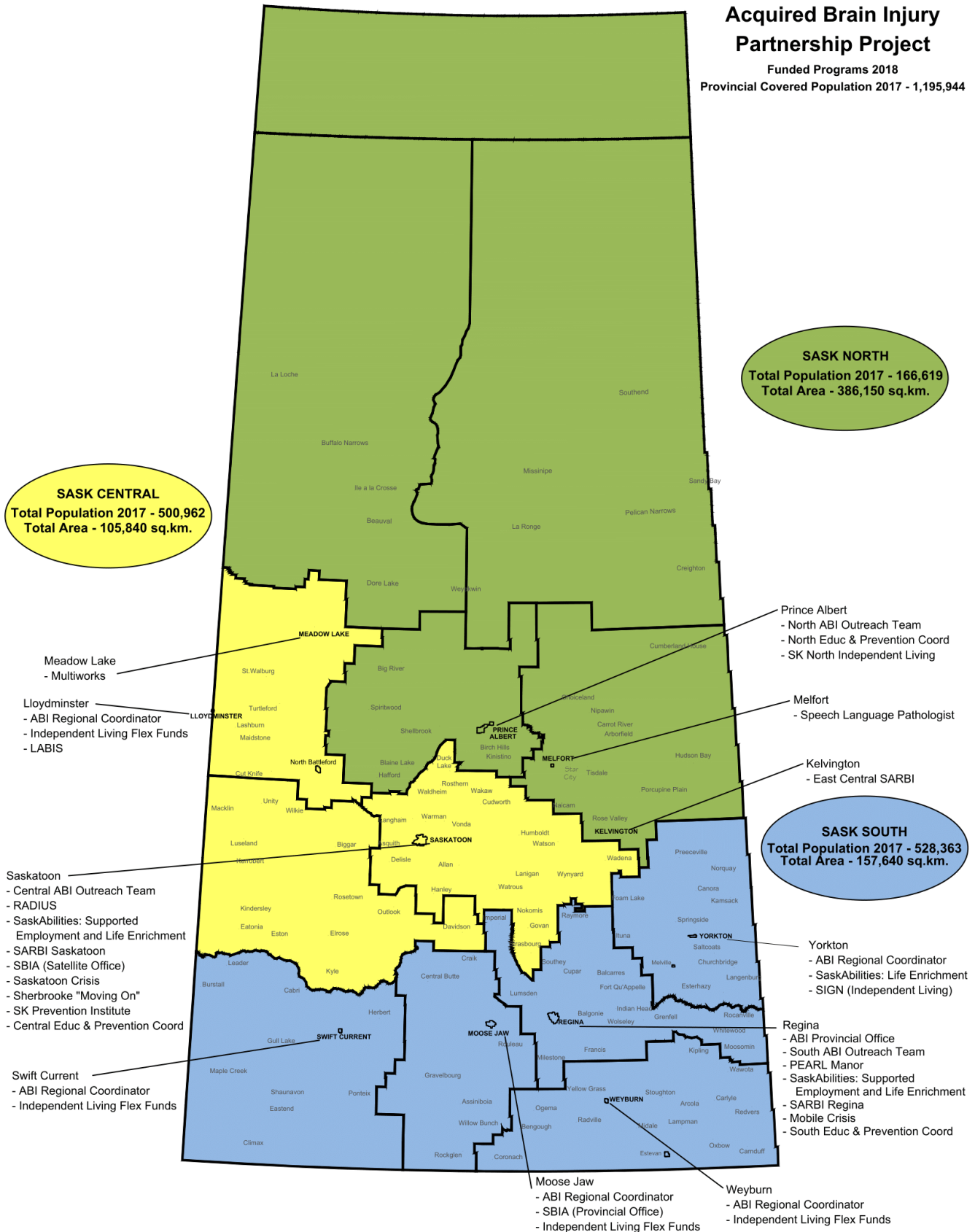
Funding is provided to 36 community-based programs (18 delivered by non-profit organizations, 17 delivered by the Saskatchewan Health Authority and 1 delivered by the Ministry of Health), including three multidisciplinary outreach teams responsible for three broad geographic service areas, and five education and prevention programs. A total of 68.6 direct service FTEs are funded by the Partnership as reported at the end of the 2017-18 fiscal year, in addition to 1.0 FTE dedicated to provincial education and prevention activity coordination and 1.0 FTE dedicated provincially to project management.

Funded Programs by Type	Program #	FTEs	Funding
<b>Case Management</b>	<b>8</b>	<b>33</b>	<b>49%</b>
<ul style="list-style-type: none"> <li>• South Outreach - Regina</li> <li>• Central Outreach - Saskatoon</li> <li>• North Outreach - Prince Albert</li> <li>• Coordinator - Lloydminster</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinator - Moose Jaw</li> <li>• Coordinator - Swift Current</li> <li>• Coordinator - Weyburn</li> <li>• Coordinator - Yorkton</li> </ul>		
<b>Education and Injury Prevention</b>	<b>5</b>	<b>5.7</b>	<b>10%</b>
<ul style="list-style-type: none"> <li>• Education and Prevention (E&amp;P) Coordinator - Regina</li> <li>• E&amp;P Coordinator - Saskatoon</li> <li>• E&amp;P Coordinator - Prince Albert</li> </ul>	<ul style="list-style-type: none"> <li>• SPI - Child Injury Prevention</li> <li>• SBIA - Survivor and Family Education</li> </ul>		
<b>Day Programming</b>	<b>5</b>	<b>8.2</b>	<b>7%</b>
<ul style="list-style-type: none"> <li>• SARBI Saskatoon</li> <li>• SARBI Regina</li> <li>• East Central SARBI - Kelvington</li> </ul>	<ul style="list-style-type: none"> <li>• LABIS - Lloydminster</li> <li>• Sherbrooke Centre "Moving On"-Saskatoon</li> </ul>		
<b>Independent Living and Residential</b>	<b>7</b>	<b>12.7</b>	<b>17%</b>
<ul style="list-style-type: none"> <li>• SK North Independent Living – P.A.</li> <li>• PEARL Manor – Regina</li> <li>• SIGN – Yorkton</li> </ul>	<p><b><u>Independent Living Flex Funds -</u></b></p> <ul style="list-style-type: none"> <li>• Former Cypress Regional Health Authority (RHA)</li> <li>• Former Five Hills RHA</li> <li>• Former Prairie North RHA</li> <li>• Former Sun Country RHA</li> </ul>		
<b>Life Enrichment</b>	<b>3</b>	<b>2.1</b>	<b>3%</b>
<ul style="list-style-type: none"> <li>• SaskAbilities Life Enrichment - Regina</li> <li>• SaskAbilities Life Enrichment - Saskatoon</li> </ul>	<ul style="list-style-type: none"> <li>• SaskAbilities Life Enrichment - Yorkton</li> </ul>		
<b>Children</b>	<b>1</b>	<b>2</b>	<b>3%</b>
<ul style="list-style-type: none"> <li>• Radius ABI Community Integration Service</li> </ul>			
<b>Vocational</b>	<b>3</b>	<b>3.2</b>	<b>4%</b>
<ul style="list-style-type: none"> <li>• SaskAbilities Supported Employment - Regina</li> <li>• SaskAbilities Supported Employment - Saskatoon</li> </ul>	<ul style="list-style-type: none"> <li>• Multiworks - Meadow Lake</li> </ul>		
<b>Crisis</b>	<b>2</b>	<b>1.2</b>	<b>3%</b>
<ul style="list-style-type: none"> <li>• Mobile Crisis - Regina</li> </ul>	<ul style="list-style-type: none"> <li>• Saskatoon Crisis - Saskatoon</li> </ul>		
<b>Rehabilitation</b>	<b>1</b>	<b>0.5</b>	<b>1%</b>
<ul style="list-style-type: none"> <li>• Former Kelsey Trail RHA Speech Language - Melfort</li> </ul>			
<b>Provincial Coordination</b>	<b>1</b>	<b>2</b>	<b>5%</b>
<ul style="list-style-type: none"> <li>• ABI Provincial Office - Ministry of Health, Regina</li> </ul>			
<b>Total</b>	<b>36</b>	<b>70.6</b>	<b>100%</b>

The map below shows the location of the funded programs by service area: south (blue), central (yellow), and north (green).

## Acquired Brain Injury Partnership Project

Funded Programs 2018  
Provincial Covered Population 2017 - 1,195,944



## Valuing the ABI Partnership

### SGI TOTAL INVESTMENT

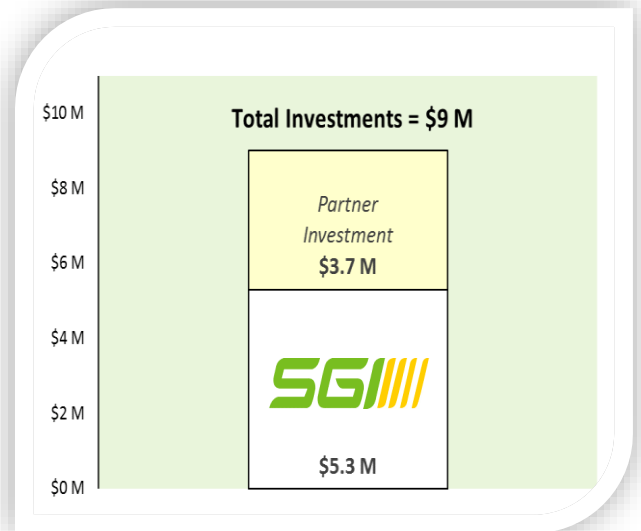
The Partnership has been funded by SGI since its inception in January 1996. SGI has committed \$99M in total funding to the Partnership, including \$16.45M in new funding for the current three-year contract period which began April 1, 2016 and will end March 31, 2019.

### PARTNER INVESTMENTS

Over 2016-18, ABI funded agency partners reported an average annual investment of \$3.7M, which supplemented SGI's annual funding of \$5.3M to them by 70% to support the delivery of ABI programming.

Agencies augment SGI's funding in many ways, including:

- enhancing program activities and hours of service through other funding sources (e.g., grants, fundraising)
- providing clinical supervision, administrative services, and information technology support
- accessing a substantial volunteer base as well as practicum students
- covering the cost of building occupancy, program and office supplies
- covering the cost of staff travel
- covering the cost of staff training and professional fees



These partner investments substantially improve the scope and quality of ABI services and further illustrate the benefit and impact to ABI survivors, their families, and communities.

## SGI PLUS PARTNER INVESTMENTS

The combined funding sources that support the ABI programming of Partnership funded agencies therefore includes both Partnership funding and agencies' partner investments. This funding is reported in Table 3 by contract period.

### Funding reported by ABI Partnership Funded Agencies over the last six contract periods

Contract Period	SGI Funding for the Contract Period	Annual SGI Funding (average)	Annual In-Kind Funding (average)	SGI Grant dollars augmented by (%)
1996-1998	9.3M	3.1M	Not reported	
1999-2003 <sup>1</sup>	17.83M	3.5M	1.2M	34%
2004-2006	11.4M	3.8M	1.3M	34%
2007-2010	12.9M	4.0M	1.9M	47%
2010-2013	14.9M	4.9M	2.7M	55%
2013-2016	16.2M	5.2M	3.8M	73%
Current Contract 2016-2018	16.45M	5.3M	3.7M	70%

The table above illustrates the significant increase in partner investments over time (which are due, in part, to the more thorough reporting of them). These partner investments are substantial. They demonstrate funded programs' ongoing commitment to serving ABI survivors and their families.

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<sup>1</sup> 1999-2003 was a five year contact. All other contract periods were three years.

## RETURN ON INVESTMENT



### **The only cure for Brain Injury is Prevention.**

It was with great foresight that priority was given to funding for education and prevention initiatives under the ABI Partnership service umbrella. We know the age-old adage, “an ounce of prevention is worth a pound of cure”. Review of several injury prevention initiatives revealed an average return on

investment (ROI) of 38:1<sup>2</sup>. In 2017-18, the ABI Partnership provided \$657K in annual funding to support injury prevention and education activities. Using the average ROI above and multiplying its effect by \$657K in annual funding yields an ROI of \$25M for SGI.

Every brain injury that is prevented results in significant, societal cost-savings. The U.S. based Family Caregiver Alliance, for example, estimates the lifetime cost of care for an individual with traumatic brain injury (TBI) averages around 4 million dollars [27].

Because TBIs tend to occur in a younger population who are in their early years of productive activity, the economic burden is far greater because of lost productivity due to their long-term disability and death. The Public Health Agency of Canada estimated the economic burden of TBIs in Canada to be \$7.3B in 2011 and have projected it to increase to \$8.2B by 2031 [28].

Put simply, long-term cost-savings result from investment in brain injury prevention.

Through ABI Partnership-funded education efforts, thousands of people receive education to prevent injuries each year. **It would take having only ONE of the thousands of event attendees avoid a catastrophic injury or death involving a motor vehicle for SGI to recoup its entire investment in the ABI Partnership.**

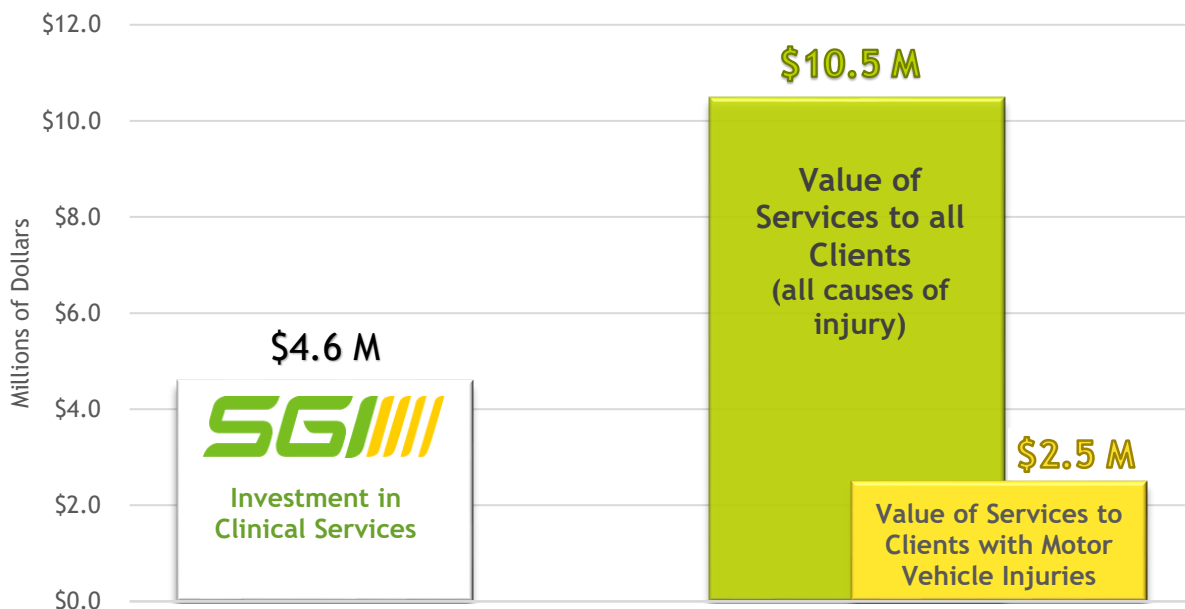
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<sup>2</sup> For detail see Appendix A - Cost Benefit Methodology.

## COST BENEFIT

A cost benefit analysis<sup>3</sup> updated with 2017-18 client service data determined that it would cost SGI an average of \$2.5M annually to purchase clinical services outside the ABI Partnership for its motor vehicle collision clients. However, it is impossible to place a complete monetary value on the full benefit of ABI Partnership funded services. SGI's funding has enabled the creation of a unique service infrastructure that did not exist prior and would no longer exist without it. It is the collective but intangible benefits from this infrastructure including: 750 collective years of staff expertise in ABI, mature service networks, and unique services across the lifespan and available throughout the province that could not be purchased privately or would only be offered piecemeal, at best. ABI partner investments augment SGI's funding for ABI services by 70% annually. The whole is greater than the sum of its parts; together SGI and ABI partner investments support comprehensive ABI services that effectively address the many and varied needs of ABI survivors, their families, and communities.

SGI's funding of the ABI Partnership provides a broad-based public good by enabling service access to all survivors of ABI regardless of their injury cause. The overall cost to the Province of Saskatchewan to provide these ABI services would be approximately \$10.5M - far exceeding SGI's annual investment in ABI clinical services of \$4.6M.



<sup>3</sup> For detail see Appendix A.

## HOW ABI SERVICES PROVIDE VALUE

In 2017-18, funded agency staff were asked to report on how their services provide value to ABI survivors, their families, communities, and to SGI. The word cloud below illustrates this value in terms of the principles that guide their work, the service needs they address, the types of service they provide, and the roles they play in supporting their clients.



The ABI infographic **Valuing Acquired Brain Injury Services** on the following page highlights some of the key service principles and areas of accomplishment that further support the value of ABI services.

**Investments** – ABI partners invest \$3.7M to augment SGI’s \$5.3M by 70%, for total annual investment of \$9M.

**Client Journey** – foundational to the Partnership is primary and secondary *prevention* of brain injury, and *education* is the main vehicle for much of our activity. Strong *relationships* are key to success and start with the survivor and their ABI service team but extend out to include family, friends, and other service providers. The aim is to increase *community participation* in whatever ways possible with the ultimate goal of achieving *optimal recovery*.

**Principles** – the ABI Partnership provides unique, comprehensive and responsive services as shown through the key service delivery principles of: Service Coordination, Continuity of Care, Holistic & Client-Centered, Therapeutic Relationships, Geographic Reach, and Accountability.

**Accomplishments** – key accomplishments highlighted include client service volumes, client success through service partnerships, positive client outcomes, service delivered by experienced staff, and substantial investment in injury prevention activity.



# Valuing Acquired Brain Injury Services



**Annual Investments:**  
\$5.3 M - SGI  
plus \$3.7 M - ABI Partners

## PROVINCIAL COVERAGE



**Optimal Recovery**



**Community Participation**



**Relationships**



**Education and Prevention**

## THE CLIENT JOURNEY

## PRINCIPLES



**Service Coordination**  
Facilitating service referrals and system navigation



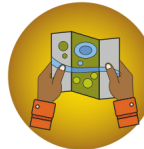
**Continuity of Care**  
Range of services offered to enhance existing services



**Holistic & Client-Centered**  
Goal-directed, outcome-oriented, family-involved



**Therapeutic Relationships**  
Flexible, individualized, long-term



**Geographic Reach**  
Provincial Coverage for case management and injury prevention programming



**Accountability**  
Program management and evaluation

## ACCOMPLISHMENTS



**Clients Served**  
5915 Total  
1088 active annually  
348 new annually



**Service Partnerships**  
1130 partnerships in  
182 communities



**Client Outcomes**  
91% of Service Goals Met  
Improved function on  
78% of clients' MPAI scores



**Expertise**  
71 staff with 750 years  
combined service experience



**Injury Prevention**  
Almost \$2.2M to over 2300 grants to support injury prevention in SK

395 activities each year  
131 communities served

**Prevention ... the only cure for brain injury.**



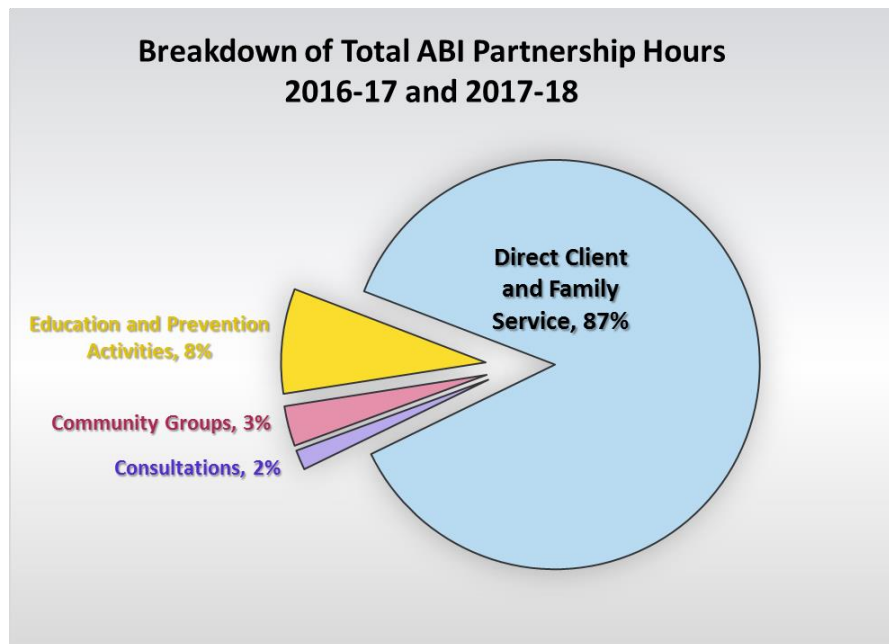
## Provincial Overview – All Services

### ABI PARTNERSHIP DELIVERED SERVICES

The majority of service time in 2016-17 and 2017-18 was direct client service with registered survivors; however, education and prevention activities, as well as community group<sup>4</sup> service hours were also a large proportion.

Type of Service	Average Annual Service Hours	% of Total Recorded Time
Direct Client and Family Service	55,530	87%
Consultations	1,003	2%
Community Groups	2,030	3%
Education and Prevention Activities	5,291	8%
<b>Total</b>	<b>63,854</b>	<b>100%</b>

Source: Acquired Brain Injury Information System



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<sup>4</sup> Community Group events include those services delivered to a group. These events are delivered to a wide variety of audiences – survivors, family, support groups, and health and other service providers.

# Provincial Overview – Direct Client Service

## REGISTERED CLIENTS

An annual average of **1,088 clients** received service from an ABI Partnership funded program during this contract period, with **348 of these clients being newly registered**.

Over half of the ABI Partnership’s registered clients in 2016-17 and 2017-18 were registered with one of the ABI Outreach Teams (58%), and over half (54%) were registered with one or more funded programs.<sup>5</sup>

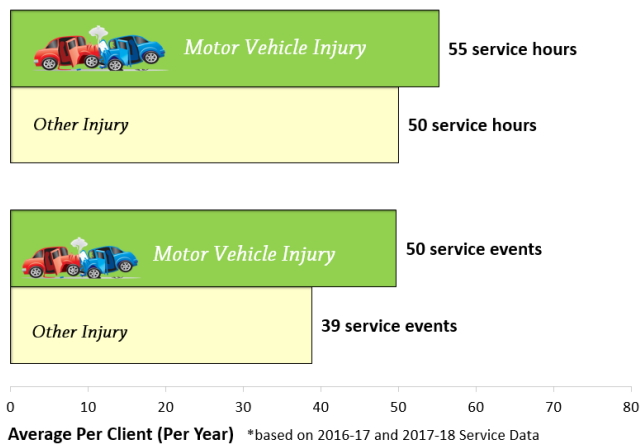
## SERVICE TIME BREAKDOWN BY CAUSE OF INJURY



Five injury causes accounted for over two-thirds (67%) of **direct client service time** in 2016-17 and 2017-18:

1. Motor vehicle collision (MVC) - 23%
2. Stroke - 21%
3. Encephalitis/Meningitis - 9%
4. Anoxia - 7%
5. Blow to head (not assault) - 7%

On average, clients injured in MVCs receive more service events and time from ABI Partnership funded programs than clients with other injuries.



<sup>5</sup> These percentages add to more than 100% as many clients (12% of registered clients) were registered with both an ABI Outreach Team and one or more funded programs.

Clients injured in MVCs make up almost a quarter of all individuals served by the ABI Partnership through direct service programs (1,467 of 6,251 individuals) since 2000. On average, these clients have required a duration of service greater than clients with other injuries (see table below).

**Average Number of Years Receiving ABI Partnership Services by Cause of Injury and Status, as of March 31, 2018**

Injury Cause	Inactive Clients	Active Clients	All Clients
Motor Vehicle/Motorcycle	3.1	8.1	3.7
All Other Injury Causes	2.0	5.3	2.4
<b>Total Individuals</b>	<b>2.3</b>	<b>6.0</b>	<b>2.7</b>

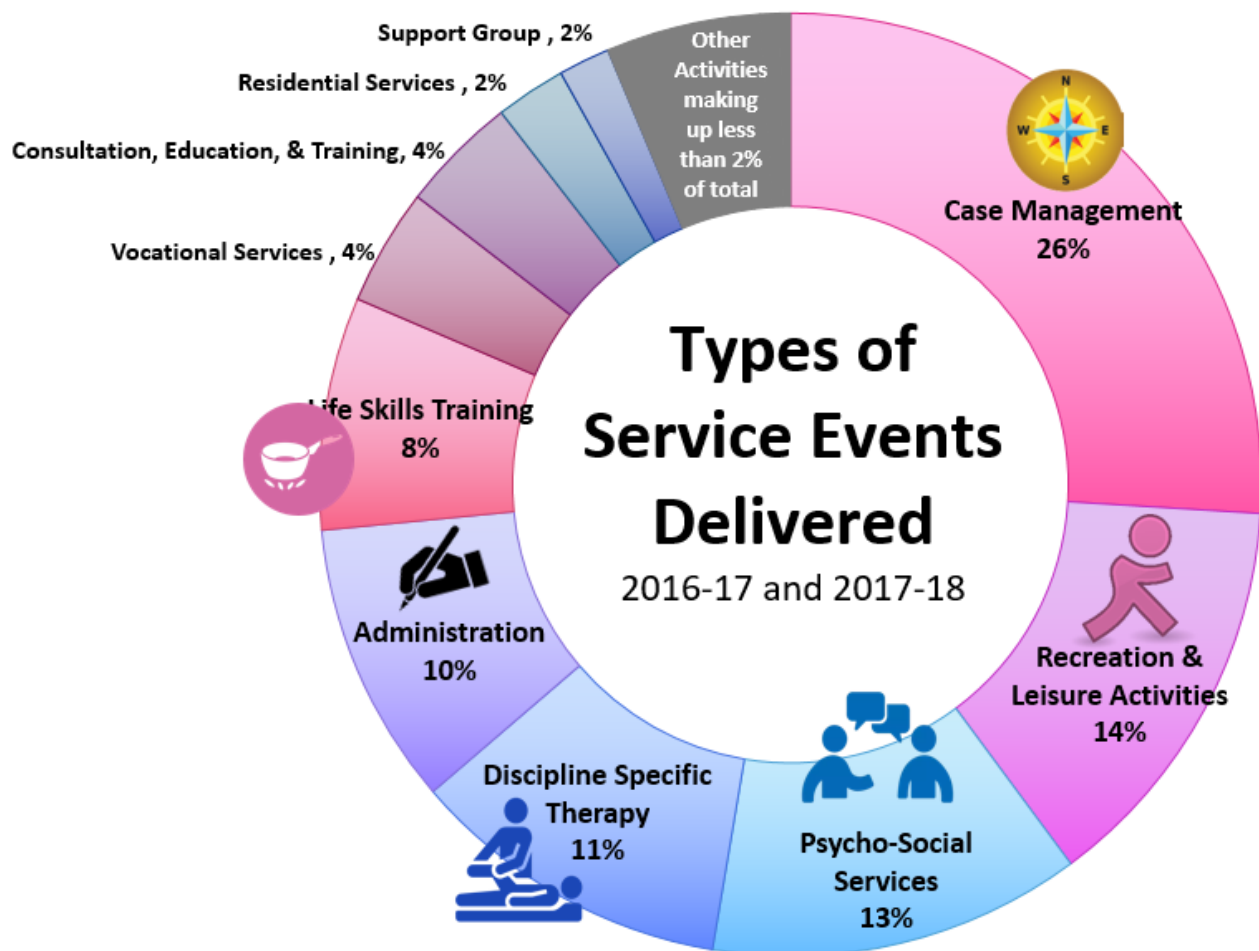
In addition to requiring service for a greater length of time, clients injured in motor vehicle collisions typically require more service hours than clients with other injuries. MVC clients received an average of 170 hours of service versus 129 hours for clients with other injuries over the length of their involvement with the Partnership.

This pattern of service speaks to the long-term nature of service need of clients with a traumatic brain injury, such as those sustained in an MVC. This could be due in part to the varied goals of the younger MVC clients, and the severity of injuries often resulting from injuries due to MVCs.

## REGISTERED CLIENTS – BREAKDOWN OF TYPES OF SERVICES RECEIVED

The ABI Partnership funds a wide variety of programming not provided by the public health system. Case management is an integral programming component, receiving 45% of Partnership funding. Case management services help clients navigate a complex service system to address their individual needs. These services are available throughout the entire province and can be accessed through three broad geographic service areas.

In 2016-17 and 2017-18, 26% of the services received by ABI survivors were case management. The other 74% of services reflected a range of programming:



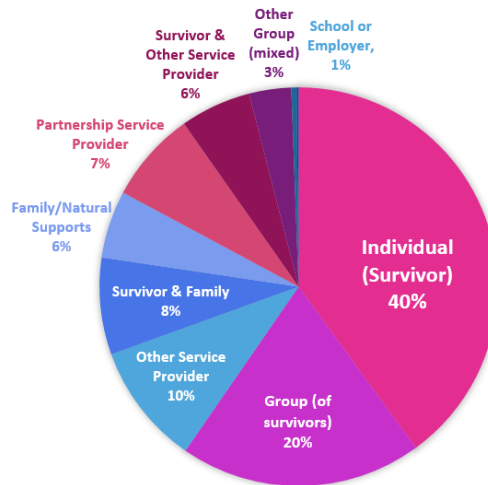




## SERVICE COORDINATION AND PARTNERING

### WHO FUNDED AGENCIES COMMUNICATE WITH – DIRECT CLIENT SERVICE

For Partnership services with ABI survivors registered in a funded program<sup>6</sup>, the majority of events occur with either the individual survivor (40%) or a group of survivors (37%). Case management programs, however, have service events with a wide variety of recipients, as shown in the pie chart below. The reason is that case management programs coordinate services and help clients and families navigate a variety of programming, which requires not only working with the clients, but also their supporters (such as family, schools, employers) as well as services to aid in survivors' optimal recovery.



### WHO FUNDED AGENCIES COMMUNICATE WITH – CONSULTATIONS

Funded agencies often give information and advice to ABI survivors, their families, other funded programs, health and other professionals, and others through consultations when service need is of a more time-limited nature. These exchanges are not associated with registered clients<sup>6</sup>.

Consultations took place with a wide variety of people and programs. Two-thirds of consultations were with one of five recipients as shown in the table on the next page. The pie chart on the next page shows that the majority of exchanges were for the purpose of a specific individual, information gathering or to ask about services.

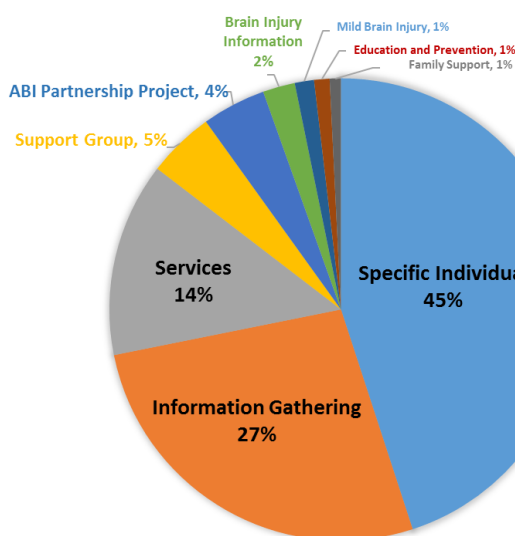
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<sup>6</sup> Services with registered clients are recorded as direct client service



The Top Five Consultation Recipients	% of Total Consultations
1. ABI Survivors and Families	28%
2. Acute Care Services	11%
3. ABI Outreach Teams and Regional Coordinators	10%
4. Other Health Care Professionals	9%
5. Rehabilitation Services	8%
<b>Total Consultations Per Year</b>	<b>1,671</b>

CONSULTATIONS BY PURPOSE, 2016-17 AND 2017-18



The majority of consultations take place either in person or over the phone.<sup>7</sup> The exception was the Saskatchewan Brain Injury Association’s (SBIA) consultations where the majority took place via email (79%).

This breakdown of consultation events shows how ABI Partnership funded agencies:

- are a valuable source of information to survivors not registered in their program, as well as their families
- partner well with the medical system (acute care, rehabilitation services, other health care professionals), and
- work well as a team in that 10% of all consultations recorded during this contract period were with Outreach Teams and Regional Coordinators.

## Helping Others Navigate

In the 2016-17 and 2017-18 fiscal years, ABI Partnership staff consulted with clients and families, service providers, and a variety of other people a total of 1,671 times each year.

This means that **Partnership staff are helping others to navigate the system and to connect to services an average of six to seven times every workday.\***

\* based on 253 workdays per year

<sup>7</sup> Consultations occurred In-person 29% of the time for case management programs and 58% of the time for other funded programs. Consultations occurred over the phone 47% of the time for case management programs and 32% of the time for other funded programs.

## **CLIENT REFERRALS**

Funded agencies referred their clients to over thirty different kinds of programming an average of 645 times each year. Most referrals (82%) were made by a case management program. Over half of all referrals were to one of five of the following kinds of programs:

- 13% were to Other Health Care Professionals
- 13% were to an ABI Outreach Team
- 11% were to another ABI Partnership Project Program
- 11% were to Mental Health Services
- 9% were to Other Health Services

## **REFERRALS RESULTING FROM CONSULTATIONS<sup>8</sup>**

Over a third of consultations (37%) resulted in a referral. This demonstrates how the ABI Partnership assists with service navigation. Of the referrals made during consultation events:

- 70% were to ABI Partnership programs
- 13% were to rehabilitation and other health services
- 17% were to a wide variety of other services

## **REPORTING ON PARTNERSHIPS**

Partnerships are a foundational service delivery principle and an integral part of the ABI Partnership's service delivery success. The ABI Partnership was established to augment and not replace other health and human services. ABI funded agencies work with other service providers funded within the ABI Partnership as well as in their local communities to meet client needs and to improve long-term program and client outcomes.

Programs work in partnership with other services to address immediate client goals, provide education and training support, work to address systemic service gaps, and plan for service improvements through inter-agency networking and community development activities. Many partnering activities also focus on important injury prevention work.

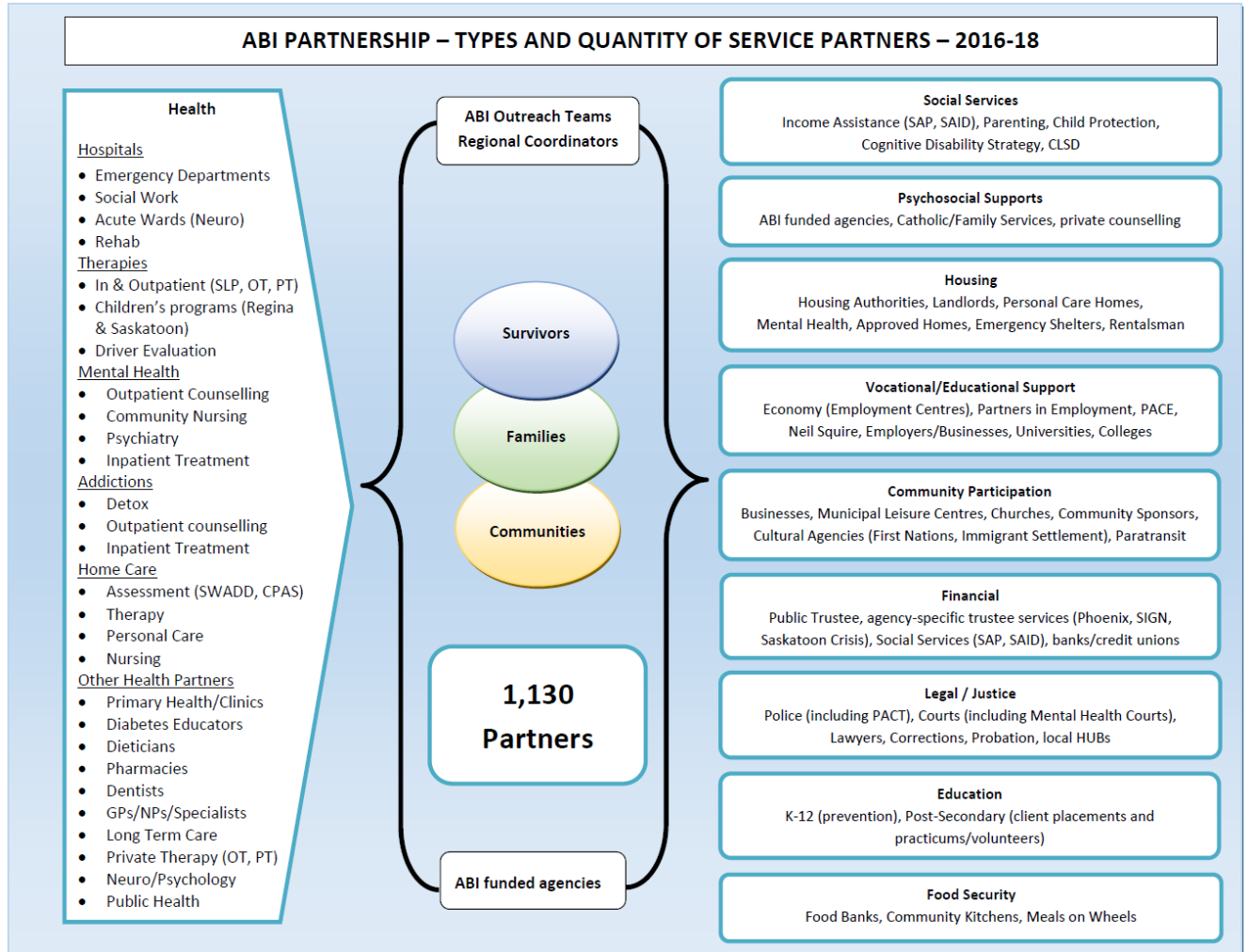
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<sup>8</sup> Consultations are events that occur when the service need is of a more time-limited nature. These exchanges are not associated with registered clients.



To profile the important roles that service partners fulfill, funded agencies report annually about their partnerships. **They reported work with 1,130 partners in 2017-18.**

The types of partners reported by funded agencies are summarized in the graphic below:



# CLIENT OUTCOMES

## FUNCTIONAL IMPROVEMENT

The Mayo Portland Adaptability Inventory (MPAI-4) provides an indication of challenges or impairments in terms of a clients' activity and participation, and has been the main provincial outcome tool used by the ABI Partnership since 2007. Inventories are filled out after a client's intake to a program, and either at their 18-month anniversary or discharge from the program.

The ABI Provincial Office has received 656 intake and anniversary inventories since April 2007. The total scores and subscores for survivor rated, staff rated, and significant other rated inventories all showed statistically significant improvement between their intake and the anniversary or discharge administration.<sup>9</sup>

These inventories show that after involvement with the ABI Partnership Project:

- ***Approximately eight out of ten clients (78%) experienced fewer challenges or impairments in their:***
  - ***ability*** (i.e., sensory, motor, and cognitive abilities),
  - ***adjustment*** (i.e., mood, interpersonal interactions), and
  - ***participation*** (i.e., social contacts, initiation, money management).
- ***Half of the clients experienced enough improvement after involvement with the ABI Partnership Project to warrant a **less severe MPAI-4 diagnostic classification.*****



<sup>9</sup> See Appendix B for MPAI-4 data tables

## GOAL ATTAINMENT

Staff in ABI Partnership programs set goals in collaboration with clients. These goals reflect client service needs that assist in their re-integration back into community.

Goal Attainment data is one of two provincial outcome tools used by the ABI Partnership, and has been reported to the ABI Provincial Office since 2004.

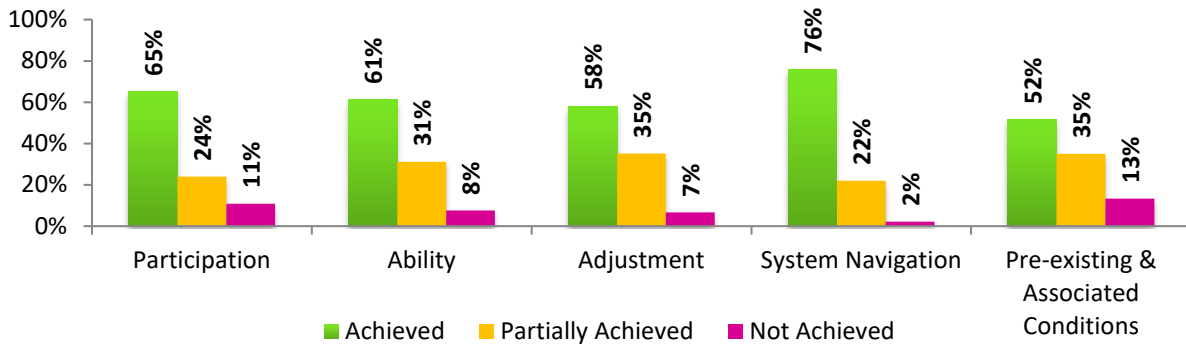
Based on a five year average, 362 clients are discharged each year with each client having worked on six goals with ABI Partnership staff's assistance and/or guidance. ***This contract period, 91% of goals were reported as partially to fully achieved.***

There are five categories of goals. With the exception of System Navigation, these goal categories correspond to the Mayo-Portland Adaptability Inventory (4th Edition) subscales. The goal categories and percentage of total goals they account for in 2016-18 are as follows: 1) Participation (41%); 2) Ability (23%); 3) Adjustment (18%); 4) System Navigation (14%), and 5) Pre-existing and Associated Condition (3%).

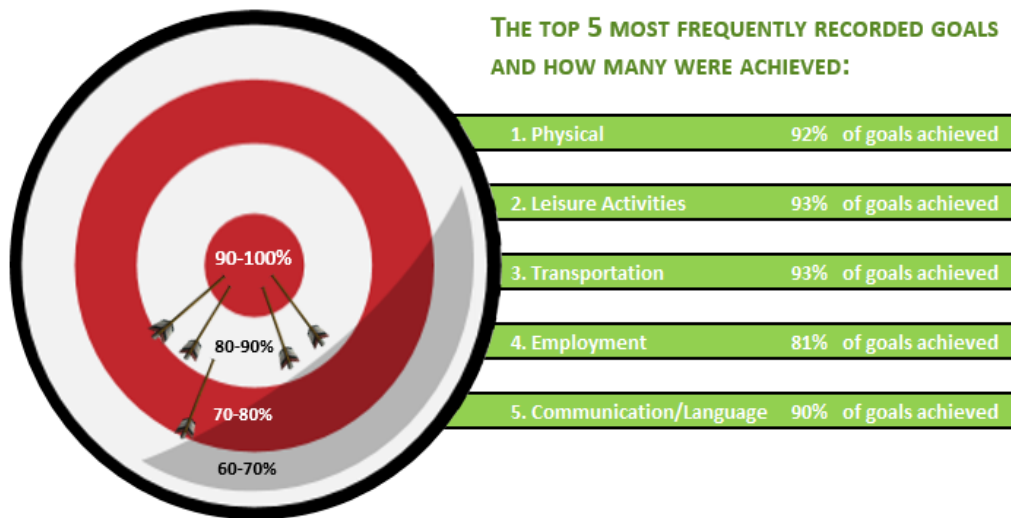
Funded agencies are very successful at helping clients achieve their system navigation goals, demonstrating the effectiveness of our funded programs in assisting clients to navigate complex systems, one of the original goals of the ABI Partnership [26]. The goal category "Pre-existing and Associated Conditions" showed the greatest amount of difficulty, with 13% of goals not achieved.

A Central ABI Outreach Team survey done last contract period showed that of their active clients:

- 93% felt the goal setting process was collaborative and reflected both their needs and opinions
- 93% of clients indicated being successful or somewhat successful in achieving their goals
- 88% reported maintaining or somewhat maintaining goals achieved in the program six months following their discharge.



The five most frequently reported goal areas accounted for almost half (45%) of all goals submitted for discharged clients in 2016-17 and 2017-18. High levels of achievement are seen in all five of these top goal areas.

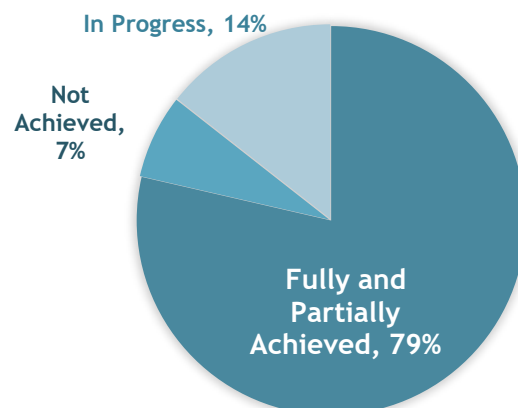


Highlights from 2016-17 and 2017-18 Goal Reporting:

- **Goal areas with the highest levels of achievement** (with a range of 98-100% achievement shown in brackets) were “**Navigating the Medical System**” (100%), “**Other Adjustment**” (100%), “**Advocacy**” (100%), “**Navigating the Financial System**” (98%), and “**Mood Management**” (98%).
- **Goal areas with the highest levels of non-achievement** were “**Volunteering**”, “**Self-Awareness/Insight**”, and “**Addictions**”. Overall, 64% of the goals submitted for 2016-17 and 2017-18 were recorded as fully-achieved compared to only 50% full-achievement in the area of “Volunteering, 43% for “Self-Awareness/Insight”, and 38% for “Addictions”, which speaks to the long-term nature and difficulty working in these areas.

### Goals for Active Clients in 2017-18

The reporting for active clients shows goal achievement for clients still engaged in programming, rather than at the conclusion of their involvement. Unlike the summaries for discharged clients, the goal attainment summaries for active clients include “in progress” as an achievement level. There were 8,746 goals recorded for 883 active clients in 2017-18, averaging ten goals per client. The majority of recorded goals were partially to fully achieved, with 14% still in progress.



The five most frequently recorded "in progress" goals were:

- Leisure Activities,
- Planning/Problem Solving/Self Correction,
- Employment,
- Physical, and
- Behaviour Management

This may indicate the longer-term nature of these goals.

ABI Partnership staff work with ABI survivors on a wide range of goals to help them achieve the highest level of functional independence and community participation possible. The summary of **Matthew's Story**<sup>10</sup> on the following page profiles the service journey of an MVC client and key aspects of service that assisted him. Key service aspects that are profiled include the importance of the therapeutic alliance between ABI staff and survivor, the full range of services that were accessed to meet his goals, and the importance of family support in achieving good outcomes.

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<sup>10</sup> Please refer to Appendix C for the full case persona, Matthew's Story.

## Matthew's Story: The Journey of an ABI Survivor



### Life Before Injury:

Matthew was living with his girlfriend in a small town in rural Saskatchewan, working in construction with big plans for his future.



### Life Course Alteration:

He suffered a severe traumatic brain injury in a motor vehicle collision in his mid-20s.



### From Hospital to Community (*First Year Post-Injury*):

He required several weeks of hospitalization and inpatient rehabilitation, along with a several month period of tertiary assessment and treatment in Regina.



### Getting Back to Life (*One to Four Years Post-Injury*):

He returned to live with his parents, with an initial focus on return to driving. He worked intensively on his skills, relationships, and community participation to support his long-term goals of independent living and return to work.



**Importance of Family:** Matthew lost his girlfriend who couldn't cope with the brain injury. He credits his family for help in regaining his independence. His family's education in brain injury was important to support him. Their crucial assistance provided in behavior and money management and regular check-ins allowed him to move away.



### Transition to Independence:

To increase his employment prospects he moved to Regina four years after his injury. His case manager's assistance was key in finding a suitable apartment and in helping him maintain it.



### Building a New Life:

Matthew struggled with depression and in adjusting to living alone in a new community. His involvement in recreational pursuits was important to re-build his self-esteem and address social isolation.



### Getting Back to Work:

Several years of supported employment job placements were required to find a workplace that was a good 'fit' – both with an employer that was supportive and understanding of his injury, and a work environment able to job carve and accommodate his needs.



Matthew's ABI recovery will be life-long. He has many of the supports in place to help him on his journey: a supportive family, a trusting relationship with his ABI case manager, and his participation in many tailored services.

## SERVICES FOR FAMILIES OF ABI SURVIVORS

Brain injury significantly impacts the entire family. Based on their unique needs and important and often long-term caregiving role [29], families were originally included in the ABI Partnership's mandate and continue to be supported.

After their loved one sustains a brain injury, a critical need for family and caregivers is to receive general information and education, along with psychosocial support [4,30,31] – all areas that ABI funded agencies address on a regular basis. As it is most often family members that take on caregiving roles to ABI survivors post-injury [31], it is both necessary and beneficial to equip them with information about what to expect and how to deal with the varied sequelae that manifests with brain injury. As well, families often require information about what services and supports are available, then help with navigating the service system and in accessing these services [32].

Family members face one of their most difficult tasks in coping with the aftermath of brain injury [29], and service responses are tailored, where possible, keeping this impact to families in mind.

Funded agencies report working with families in the following ways:

- Psychosocial support and education are provided to help families understand and deal with survivors' changes in behaviour, to cope with their own stress and depression, and adapt to their role and relationship changes.
- System navigation assistance and referrals are provided to address their and their loved one's needs (medical, financial, education, employment).
- The Saskatchewan Brain Injury Association is funded to deliver three separate annual events to provide education and support to both families and survivors.
- Families are often funded agencies' first point of contact and are involved with them in intake interviews and information-gathering.
- Family members are usually an integral part of the survivor's care team and are involved with the survivor (where requested/appropriate) in regular case conferences and goal-setting regarding the survivor's care plans.
- Individualized services are provided to families, on a case-by-case basis.
- When survivors do not want/require service from the Partnership, but their family/caregivers do, the family (spouse, parent) is sometimes the primary client. Family may also be seen independent of survivors to gain additional insight and information about family dynamics and needs.

- ABI staff also work with families and other service partners to ensure their safety when there are behaviour/aggression risks.
- Respite support is also arranged for families needing a break from their caregiving role.
- Dependent on family needs at any given time, families are invited to be involved in the regular activities offered to survivors such as support groups and other social and recreational events such as information sessions, BBQs, seasonal dinners, coffee groups, and community outings.
- While the majority of ABI Support Group meetings are open to family members to attend, family-specific support groups are sometimes also offered to address specific needs of a group of family members at certain points in time.

In 2016-17 and 2017-18, some family service event highlights include:

- On average, 3,368 services were delivered to family and natural supports of survivors each year. Ninety-three percent of these services involved a registered survivor, 3% involved family or natural supports receiving services alone, and 4% were received through consultation events.
- Half the events delivered to family and natural supports of registered survivors were case management events.
- Fourteen percent of case management programs' service time was spent communicating with family or natural supports – half being with family alone, and half was communication with both the family and the client.
- Each year, 565 community group events were offered to family and natural supports alone or with their family members. Most of these events were support groups and other support events (e.g., Parent Knowledge Exchange, Coffee Groups).



## Program Type Summaries - Direct Client Service

A summary of each program type funded by the Partnership is outlined in the following pages including amount of Partnership funding this contract period, partner investment, a summary of the services delivered, most frequently reported service events in the ABI Information System (ABIIS) and value add information.

# Provincial Coordination

<p><b><u>Funded Programs</u></b></p> <p>ABI Provincial Office:</p> <ol style="list-style-type: none"> <li>1. Ministry of Health, Regina, Provincial Coordinator</li> <li>2. Provincial Education and Prevention Coordinator</li> </ol>	<p><b><u>Average Annual Funding</u></b></p> <p><b>SGI Funding: \$251K</b></p> <p><b>% of Total Partnership Budget: 5%</b></p> <p><b>Partner Investment: \$192K</b></p>
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## Service Description

The ABI Provincial Office provides overall project management and coordination of the ABI Partnership. Responsibilities include contract management of tripartite agreements (program monitoring, reporting on service utilization trends, issues management, policy development, and ensuring reporting compliance of funded agencies), organizing and/or sponsorship of professional development opportunities to funded agencies, as well as support for the Acquired Brain Injury Information System and the ABI Partnership website.

To ensure that the ABI Partnership service continuum remains responsive to the needs of clients, the ABI Provincial Office formally reports on ABI Partnership activities to the project funder, SGI as well as to the ABI Provincial Advisory Group three times a year. The ABI Provincial Advisory Group provides consultation and advice.

Detail on the activities of the Provincial Education and Prevention Coordinator is provided in the Education and Prevention section on page 57.

# Case Management

<u>Funded Programs</u>	<u>Average Annual Funding</u>
<ol style="list-style-type: none"> <li>1. Sask North ABI Outreach Team (Prince Albert)</li> <li>2. Sask Central ABI Outreach Team (Saskatoon)</li> <li>3. Sask South ABI Outreach Team (Regina)</li> <li>4. Cypress ABI Coordinator (Swift Current)</li> <li>5. Five Hills ABI Coordinator (Moose Jaw)</li> <li>6. Prairie North ABI Coordinator (Lloydminster)</li> <li>7. Sun Country ABI Coordinator (Weyburn)</li> <li>8. Sunrise ABI Coordinator (Yorkton)</li> </ol>	<p><b>SGI Funding: \$2.6M</b></p> <p><b>% of Total Partnership Budget: 49%</b></p> <p><b>Partner Investment: \$1.2M</b></p>

## Service Description

The three ABI Outreach Teams are located in Prince Albert, Saskatoon and Regina but are responsible for providing services in three broad geographic service areas encompassing all former health regions (see service map, page 10), making case management service support available throughout the entire province. In addition, five ABI Coordinators are responsible for providing services in the former health regions and corresponding community locations listed above providing additional case management support at the local level.

The Outreach Teams and ABI Coordinators work to bridge the gap in service between acute care/rehabilitation and the community. **Their mission is to provide individual and family support to people with acquired brain injury so that they may live successfully in their communities with improved quality of life.**

Case management programs provide the following services:

- **Client Case Management/Service Coordination which includes** – assessment/reassessment (including some discipline-specific assessment), care planning, service coordination, as well as crisis support as needed.
- **Linkages to community resources** – which includes connecting clients and families to the supports they need to facilitate optimal levels of functioning.

Examples of linkages include:

- The medical system

- The financial system
  - The education system
  - Finding/keeping housing & obtaining funding
  - Life skills (e.g., instrumental/activities of daily living/self-care routine, family relationships)
  - Therapies (e.g., physical, occupational, and speech language therapy)
  - Leisure/recreation services
- **Direct Service** is also delivered including:
    - **Discipline-specific service** – this is provided when otherwise unavailable (e.g., discipline-specific assessment and individual and group treatment).
    - **Education to survivors and families** – includes specifics on individual survivors’ brain injuries (e.g., area damaged, expected short- and long-term impact) as well general brain injury and management information (e.g., fatigue, impact of alcohol on brain function, how to prevent subsequent injuries).
    - **Education for other service providers** – community partners who are working with ABI clients often require the same education as noted for clients and families above. Education is also given about how to best tailor their services to meet the needs of individual clients.
- **Client Goal Attainment** – all service provision is goal-directed to aid clients in achieving as much functional independence possible at home and in community. Goal-setting is client-driven, and based on SMART goal-setting principles. Some typical examples of goals are: return to productive activity (school and work), independent living support and skill-building including obtaining housing, home management, money management, social, communication, and community participation.
- **Education and Injury Prevention Services** – the ABI Regional Coordinators also engage in injury prevention activities and provide education to target groups in their service area. They work to increase awareness in the general public and at-risk populations (children/youth and seniors) around conditions that can cause brain injury. Activities include attendance at community events to educate and raise awareness around topics such as the PARTY program as well as bike, medical scooter, ATV, and farm safety.

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Registered Clients:** 858 clients (65% of the Partnership’s total registrations)

**Direct Client Service Events:** Accounts for 43% of all Partnership service events

Top 5 Service Events in 2016-17 and 2017-18	Percent of Total Direct Client Service Time
<b>Case Management</b>	35%
Recreation & Leisure Activities	13%
Discipline Specific Therapy	11%
Administration	10%
Support Group	6%
<b>% of the Program Type’s Total Time</b>	<b>76%</b>

Case Management Sub-codes (2017-18 data)	Percent of Total Direct Client Service Time
Review/Reassessment Process	15%
Health Service Coordination	7%
Coordination of Other Services	5%
Financial Service Coordination	4%
Intake Process	4%

### Registered Clients - Top 5 Referral Sources for Case Management Programs

Places or agencies clients were referred from	% of Total Clients seen from April 2016 to March 2018
Rehabilitation Services	30%
Other Health Care Professionals	20%
Acute Care Services	12%
ABI Outreach Team	11%
Client Self-referrals	6%
<b>Total</b>	<b>80%</b>

## Value Add

### The unique service role of ABI case management programs:

- Service linkages – providing transitional support from acute care to community is an important aspect of service that assists with clients’ continuity of care.

*“They met me before I was even discharged from the hospital which was great for me to know I had ongoing support after leaving the hospital.” ~ ABI Survivor ~*

- Geographic reach – an important feature of ABI case management is that the Outreach Teams are responsible to serve three broad geographic areas providing service coverage for

the entire province. ABI Coordinators provide additional support at the local community level.

- Flexible service – service is not ‘one size fits all’, but tailored to address individual need.

ABI case managers will work with clients ‘where they are at’ whether it be at home, at school, at work, or in the community. In addition to the supportive role they play, they help clients and their families navigate services and partner with other existing services to meet survivors’ varied needs.

**Feedback from survivors, families and service partners on service impact:**

- Many survivors state that they don’t know what they would have done if the ABI case managers had not been there for them. One survivor said, *“If it wasn’t for the ABI case manager it would be hard to stay on track and stay the right way”*.
- For families, their feedback often centers on the understanding, education and support they receive. One ABI case manager reported that families tell them that they are the only one that truly understands the challenges they face.
- Community partners polled feel that ABI case management services provide:
  - support from a variety of angles to improve the client’s lifestyle as they rehabilitate from a brain injury,
  - (help) in navigating the health system (that) can be overwhelming and the ABI program has supported clients as they walk the path, and
  - ...a resource like no other in our health system and...clients are fortunate to have an open door in that program that they can turn to.

Several sources in the ABI literature have documented the importance of access to skilled, long-term case management, service coordination, and system navigation. Through these types of supports, many critical needs are met for both survivors and their families [3,4,9]. Recent research into system navigation supports for ABI individuals has spoken of the successful outcomes achieved by clients having access to this service [9], which validates the Partnership’s significant investment in this type of service support.

# Day Programming

## Funded Programs

1. SARBI Saskatoon
2. SARBI Regina
3. East Central SARBI (Kelvington)
4. LABIS (Lloydminster)
5. Sherbrooke Community Center “Moving On” (Saskatoon)

## Average Annual Funding

**SGI Funding: \$368K**  
**% of Total Partnership Budget: 7%**  
**Partner Investment: \$650K**

## Service Description

ABI survivors often need behavioural support, help with social communication skills and community participation. They are often socially isolated and require a program that will motivate them to leave home. All of the day programs funded by the ABI Partnership provide a safe, welcoming, and structured environment where ABI survivors can work together to reach their goals, although each program is structured slightly differently. In addition to leisure, physical activities, and psychosocial skills, Sherbrooke’s “Moving On” and East Central SARBI’s programs also focus on life skills such as meal preparation, and East Central SARBI carries out therapy plans (speech language, physical therapy).

The goal of all day programs is to increase skills in the areas of communication, interpersonal relations, and interacting with the greater community, with the addition of meal planning and preparation for Moving On and East Central SARBI programs, money management for Sherbrooke, and functional mobility for East Central SARBI.

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Registered Clients:** 89 clients (7% of the Partnership’s total registrations)

**Direct Client Service Events:** Accounts for 14% of all Partnership service events

Top 5 Service Events in 2016-17 and 2017-18	Percent of Total Direct Client Service Time
Psycho-Social Services	48%
Discipline Specific Therapy	29%
Recreation & Leisure Activities	11%
Case Management	7%
Life Skills Training	2%
<b>% of the Program Type’s Total Time</b>	<b>97%</b>

### Registered Clients - Top 5 Referral Sources for Day Programs

Places or agencies clients were referred from	Percent of Total Clients seen from April 2016 to March 2018
ABI Outreach Team	40%
Family	14%
Long Term Care/Special Care Homes	8%
Other Health Services	7%
Rehabilitation Services	7%
<b>Total</b>	<b>76%</b>

## Value Add

**The unique service role of ABI day programs** - providing a 'one of a kind', safe, structured, and supervised environment for ABI survivors to practice the skills they require to integrate back into the community. SARBI programs additionally promote inclusive and culturally appropriate programming.

- Respite for families – survivor access to this programming additionally provides **respite** for family/caregivers who live with and/or care for them. Family members can enjoy a break for several hours a day, several times a week knowing that their loved one is being taken of, learning skills, and enjoying themselves with other survivors.

#### **Feedback from survivors and families on service impact:**

*A survivor said, "I like being able to come for the social encounter, otherwise it's me alone at home."*

*A family member spoke of her son who has been attending a day program for several years, "After (my son) was in a motor vehicle accident, he hated the world, had limited social skills and had no idea how to function in society with his limited capabilities. (The ABI day program) provided him with a place to interact with others and learn valuable life skills while being supervised and guided by a great team."*

#### **What would happen if ABI day programming no longer existed?**

**For survivors** - there would be limited opportunities for them to get out and they would become more socially isolated, have reduced skill development, and reduced quality of life.

**For families** - without access to these local day programs there would be nowhere to send their loved one and increased caregiver burden as a result. ABI service providers stated that it may be difficult to support the ABI survivor in the community and there would be an increased risk of institutionalization without the respite and other support provided to both the survivor and their family by the day program.

Social participation has been documented in the literature [33] as an important means to enhance survivors’ quality of life – a primary goal of the ABI Partnership. Studies have shown that individuals with brain injuries who report **greater participation in the community** have improved outcomes in physical and cognitive abilities, adjustment, and quality of life [34, 35].

# Independent Living & Residential

<p><b><u>Funded Programs</u></b></p> <ol style="list-style-type: none"> <li>1. Sask North Independent Living (Prince Albert)</li> <li>2. Phoenix Residential Society, PEARL Manor and Community Support programs (Regina)</li> <li>3. SIGN (Yorkton)</li> </ol> <p><b><i>Independent Living Flex Funds for:</i></b></p> <ol style="list-style-type: none"> <li>4. former Sun Country RHA</li> <li>5. former Cypress RHA</li> <li>6. former Five Hills RHA</li> <li>7. former Prairie North RHA</li> </ol>	<p><b><u>Average Annual Funding</u></b></p> <p><b>SGI Funding: \$886K</b></p> <p><b>% of Total Partnership Budget: 17%</b></p> <p><b>Partner Investment: \$251K</b></p>
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## Service Description

Following brain injury, many ABI survivors require assistance with housing and placement options, development and maintenance of independent living skills (e.g., budgeting, cooking, Instrumental/Activities of Daily Living), as well as behavioural and medical support to live independently in their communities. Independent living programs also strive to improve community integration and quality of life. Some of these programs work to increase stability in terms of physical and mental health, and many also provide assistance in rehabilitation treatment plans.



Independent Living programs provide services such as: life skills, rehabilitation, recreational activities, and a/vocational support. PEARL Manor, a transitional supported apartment program, is the only ABI funded “bricks and mortar” program and is a provincial resource. Phoenix Residential Society also delivers ABI community support services throughout Regina, similar to those offered through the Sask North Independent Living program in Prince Albert and the SIGN program in Yorkton. The Independent Living flex funds offer as needed, individualized contracted independent living support and are overseen by the ABI Coordinators.

The goal of all seven programs is to enable individuals with ABI to live more independently in their communities with improved quality of life by assisting in the restoration of as much functional ability as possible.

**Annual Program Utilization (Average of 2016-17 & 2017-18)**

**Registered Clients:** 98 clients (7% of the Partnership’s total registrations)

**Direct Client Service Events:** Accounts for 24% of all Partnership service events

Top 5 Service Events in 2016-17 and 2017-18	Percent of Total Direct Client Service Time
Recreation & Leisure Activities	29%
Life Skills Training	22%
Psycho-Social Services	10%
Discipline Specific Therapy	8%
Support Group	6%
<b>% of the Program Type’s Total Time</b>	<b>75%</b>

**Registered Clients - Top 5 Referral Sources for Independent Living and Residential Programs**

Places or agencies clients were referred from	Percent of Total Clients seen from April 2016 to March 2018
Other Health Care Professionals	26%
ABI Coordinator	18%
ABI Outreach Team	14%
Client Self-referrals	14%
Rehabilitation Services	5%
<b>Total</b>	<b>77%</b>

## Value Add

**The unique service role of Independent Living/Residential Options:** the mandate of the ABI Partnership is to increase the functional independence and quality of life of ABI survivors. One of the main ways this is achieved is by supporting ABI survivors with life skills that promote their highest level of independence possible.

One independent living program that provides home-based services spoke to the importance of their role,

*“When ABI survivors initially return home, they have significantly increased barriers and a multitude of adjustments to make. The service access reaches to people living in their own homes and own communities and offers clients opportunity for gains and growth in a manner that is meaningful to them and within their own environment.”*

### **Survivor and family feedback on service impact:**

Survivors said:

- *“This program is my lifeline.”*
- *“I’ve gained the ability to walk again, improved money management and (staff) assisted with helping me gain the skills of daily living.”*

Family members of PEARL’s community support program participants have reported valuing the amount of support the program has given their loved ones, allowing family to move out of their 'caregiver' role and to re-establish normal interactions and roles. This support has taken the form of assisting with financial benefits, liaising with medical professionals and providing ongoing support with medication and money management.

### **What would happen if ABI Independent Living/Residential Options no longer existed?**

- **One independent living program said,** *“We believe that without our service many individuals would not gain the skills to live independently, possibly resulting in them being placed in long-term care facilities, living with families or in agencies such as the Salvation Army (Emergency Shelter) and thus not being able to reach their full potential.”*

Supporting clients to achieve their independent living goals mitigates their potential housing insecurity. Enhancing survivors’ life skills increases their independence thus relieving caregiver burden for those who remain living with family. For others, who want and are able to live on their own, these supports help them maintain their independence by reducing safety risks through regular contacts/check-ins and helping them to continue to build their skills and maintain their stability.

# Life Enrichment

<p><b><u>Funded Programs</u></b></p> <ol style="list-style-type: none"> <li>SaskAbilities (Saskatoon)</li> <li>SaskAbilities (Regina)</li> <li>SaskAbilities (Yorkton)</li> </ol>	<p><b><u>Average Annual Funding</u></b></p> <p><b>SGI Funding: \$151K</b></p> <p><b>% of Total Partnership Budget: 3%</b></p> <p><b>Partner Investment: \$193K</b></p>
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## Service Description

These programs promote and facilitate personal and social rehabilitation, through recreation and leisure activities for those that may not be capable of returning to the competitive workforce in the short- or long-term. Based on client interests, activities are organized individually or for a group. By involving clients in community activities these programs expose clients to new experiences and develop their social skills.

ABI Life Enrichment programs assist persons with an ABI to make social, recreational and leisure connections to the community, reducing their social isolation and in turn increasing their community integration. Through participation in these activities their physical and mental health and overall quality of life are enhanced.

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Registered Clients:** 96 clients (7% of the Partnership’s total registrations)

**Direct Client Service Events:** Accounts for 7% of all Partnership service events

Top 5 Service Events in 2016-17 and 2017-18	Percent of Total Direct Client Service Time
Recreation & Leisure Activities	88%
Administration	7%
Case Management	2%
Exercise	1%
Community Development	0.4%
<b>% of the Program Type’s Total Time</b>	<b>99%</b>

**Registered Clients - Top 5 Referral Sources for Life Enrichment Programs**

Places or agencies clients were referred from	Percent of Total Clients seen from April 2016 to March 2018
ABI Coordinator	30%
ABI Outreach Team	17%
Long Term Care/Special Care Homes	8%
Vocational/Avocational Services	7%
Family	7%
<b>Total</b>	<b>70%</b>

**Value Add**

**The unique service role of ABI Life Enrichment programming:** through access to client-centered, community-based activities this programming engages ABI survivors to develop meaningful peer relationships and achieve a healthy lifestyle through support for their physical and mental health. It works to improve self-confidence by aiming to increase independence in community participation.

**What would happen if Life Enrichment programming no longer existed?**

A service provider said the individuals that their program serves may:  
 1) experience increased social isolation and loneliness, 2) experience a decline in their mental and physical health, 3) experience a loss of personal independence, 4) experience housing difficulties, 5) experience decreased contact with family and friends due to frustration/burnout due to all of the above and the lack of much needed respite that the service offers.

**Survivor and family feedback on service impact:**

*A survivor said, "The ABI people helped me get my life back. I had no desire to live...I couldn't work so I didn't want to be here. I had given up. I didn't think anyone could help me. The ABI Life Enrichment worker listened to me as I told her my plight. She listened and listened. She found information for me...found a way for me to have a purpose...told me to pursue a hobby. That hobby makes me want to get up in the morning. Thank-you."*

*One family member said, "They are growing as their family members (ABI survivors) are gaining skills" and another parent said, "What the program is doing for (ABI survivor son) is incredible as he is a changed person. The program has done more for (him) than anyone has. My son is hugging me again which he hasn't done since he was little and his confidence is so high and we are all going on a date."*

A comment from one survivor about the benefit of this programming to both themselves and their caregiver, *“Gives my mom and I a break from each other and I get to finally feel independent.”*

Research has shown that greater participation in social and recreational activities has been associated with higher rates of return to work, higher income and less depression [36].

# Children’s Programming

<p><b><u>Funded Programs</u></b></p> <p>1. Radius (Saskatoon)</p>	<p><b><u>Average Annual Funding</u></b></p> <p><b>SGL Funding: \$133K</b></p> <p><b>% of Total Partnership Budget: 3%</b></p> <p><b>Partner Investment: \$10K</b></p>
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## Service Description

Radius Community Centre, located in Saskatoon is the only program within the ABI Partnership that offers programming exclusively for children and youth. The goal of Radius’ ABI Community Integration Program is to facilitate age-appropriate integration opportunities for children and youth with acquired brain injury in their own community.

The core program goals strive to:

- improve community participation of children and youth with an ABI by developing and implementing an individual Community Integration Plan;
- provide support to the participant’s family to help integrate the participant within the community;
- assist community integration by linking participants to existing community resources in their home communities; and,
- advocate on behalf of participants to help reduce barriers and improve community participation.

In response to past program evaluation findings, Radius has expanded its programming by: increasing the age-range of services offered (e.g., the Sports for Life program is open to ABI survivors up to 29 years of age) and it also began offering the Parent Knowledge Exchange Program in 2014 to provide structured education and support opportunities that would address the needs of families of ABI survivors.

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Registered Clients:** 22 clients (2% of the Partnership's total registrations)

**Direct Client Service Events:** Accounts for 1% of all Partnership service events

Top 5 Service Events in 2016-17 and 2017-18	Percent of Total Direct Client Service Time
Recreation & Leisure Activities	76%
Camp Event	16%
Case Management	4%
Administration	3%
<b>% of the Program Type's Total Time</b>	<b>99%</b>

### Registered Clients - Top 5 Referral Sources for Children's Program

Places or agencies clients were referred from	Percent of Total Clients seen from April 2016 to March 2018
ABI Outreach Team	46%
Family	27%
Other Health Care Professionals	10%
Education System	8%
Long Term Care/Special Care Homes	6%
<b>Total</b>	<b>97%</b>

## Value Add

**The unique service role of ABI Children's programming:** Radius ABI Community Integration Service is the only ABI program funded to provide dedicated support to children and youth. Being responsive to changing needs, they continue to improve their programming by: having expanded their programming age limit (to 29 years) in their Sports for Life program, addressing the unique informational and support needs of parents/families through their Parent Knowledge Exchange program, and offering staff training to enable programming that is culturally sensitive to clients who are First Nations or newcomers to Canada.

**Survivor feedback on service impact:**

*"Honestly, I'd have nothing to look forward to each week. I love Radius! Its (sic) when I get to go out each week and know I'm going to have fun." ~ Survivor quote ~*

"I participate in Sports for Life through Radius where this gives me the opportunity to socialize and play modified sports in a safe environment. This is an important part of my week and I would miss out on playing sports and meeting new people....Without these supports it would be more difficult for me to be successful." ~ Survivor quote ~

**How would things be different without the Children’s program?**

A family member responded, “One of the first things that comes to mind is that things would have been so much harder for my son with school if we didn't have Radius as a part of our support network...we wouldn't have had a summer program for my son or to have a support worker to take him out. This has been so important for our family because my son has a difficult time with getting out of the house. Radius has also helped us with preparing how to plan for my son's future as he gets ready to graduate high school....sometimes it is really hard to know where and how to access information for things like job placement, financial planning and housing. Radius is always there to provide us with information!”

# Vocational

<p><b><u>Funded Programs</u></b></p> <ol style="list-style-type: none"> <li>1. SaskAbilities (Saskatoon)</li> <li>2. SaskAbilities (Regina)</li> <li>3. Multiworks (Meadow Lake)</li> </ol>	<p><b><u>Average Annual Funding</u></b></p> <p><b>SGI Funding: \$217K</b></p> <p><b>% of Total Partnership Budget: 4%</b></p> <p><b>Partner Investment: \$157K</b></p>
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## Service Description

The goal of ABI vocational programming is to improve the quality of life of survivors by increasing their functional productivity and community integration. Multiworks facilitates a mix of vocational, life enrichment, and quality of life goals. SaskAbilities’ Partners in Employment (PIE) programs help clients develop a vocational plan, provide vocational services to reduce barriers to employment goals, and provide employment supports that assist clients with maintaining their employment. Types of supports include: work readiness and skill development, individualized job search training, resource centre access, pre-employment placement, job development, job match, job accommodation, job coaching, regular follow-up meetings with client and/or their employer, and sharing information regarding ABI with employers and their staff.

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Registered Clients:** 106 clients (8% of the Partnership's total registrations)

**Direct Client Service Events:** Accounts for 6% of all Partnership service events

Top 5 Service Events in 2016-17 and 2017-18	Percent of Total Direct Client Service Time
Life Skills Training	82%
Vocational Services	12%
Administration	5%
<b>% of the Program Type's Total Time</b>	<b>99%</b>

### Registered Clients - Top 5 Referral Sources for Vocational Programs

Places or agencies clients were referred from	Percent of Total Clients seen from April 2016 to March 2018
ABI Outreach Team	55%
Client Self-referrals	18%
Family	6%
Justice/Legal/Police Services	4%
Vocational/Avocational Services	3%
<b>Total</b>	<b>87%</b>

## Value Add

**The unique role of ABI Vocational programming:** The two vocational programs funded through SaskAbilities offer support with job accommodations and follow up support to ABI clients and their employers that is specific to their needs; relationships are developed with the employer which increases the opportunity for employment retention and advancement for the client. Multiworks offers ongoing support of ABI clients in their sheltered workshop.

### **What would happen if ABI Vocational programming no longer existed?**

Individuals with ABI would be without the dedicated employment supports that these programs offer. In turn, there may be a reduction in the number of ABI clients returning to purposeful/meaningful activity and employment. Without access to ongoing support, there would be a further reduction in the number of ABI clients successfully maintaining



employment. For SGI, there would be increased claims costs for any MVC clients who were unsuccessful in returning to work.

**Survivor and family feedback of service impact:**

*"This program helped me get a job, something that would have been very difficult without the services." ~ Survivor quote ~*

*"Because I had such a severe brain injury, I couldn't focus on getting a job and my lack of technical skills, I hate technology and the program helped me with everything that has become difficult in my life because of my brain injury. It has made a difference because I find it hard to do certain activities that would be easier for a person that doesn't have a brain injury....The program also provided me with employment and I am working a bunch. I fully support this program because I know how hard it is to live with a disability." ~ Survivor quote ~*

*"When (ABI survivor) started (his job) he needed a Job Coach to coach him in learning what the specific duties were. We met with you at PIE and you went out to consult with his bosses. You provided them with reasons for being there to coach (him) until he could get the general idea of his duties. You helped him with: 1) learning to use tools necessary for his job that because of his ABI were hard to handle, 2) learning various duties, 3) staying on task, 4) learning punctuality to get to work on time, factoring in time necessary for transportation, 5) being with him every morning to learn bus routes to work until he was comfortable to do so independently, 6) continuing support at his work with consultations with his employer and co-workers and gaining their feedback which made (him) more comfortable with his role and able to fit in with his work environment, 7) providing direct feedback to (him), 8) "(He) is confident in knowing his job and what is required of him. He realizes the freedom he has in gaining that independence. He appreciates all that you have done for him and so do I." ~ Family quote ~*

Access to a dedicated program to address return to work goals of ABI survivors likely increases their successful employment outcomes. The research evidence suggests that specialist knowledge of both vocational rehabilitation and ABI is more likely to improve the chances of someone with ABI returning to work [24].

# Crisis

## Funded Programs

1. Saskatoon Crisis Intervention Services (Saskatoon)
2. Mobile Crisis (Regina)

## Average Annual Funding

**SGI Funding: \$138K**

**% of Total Partnership Budget: 3%**

**Partner Investment: \$67K**

## Service Description

Crisis management programs are designed to serve those ABI survivors that are non-compliant, hard to serve, or difficult to manage. These clients experience chronic crisis and instability, often leading to unmet physical, mental, psychosocial, or basic needs. For these clients mainstream services have been unavailable or unsuccessful. Crisis services are accessible 24 hours, 365 days of the year.

Crisis programs work to stabilize the ABI client's immediate condition (e.g., medical and/or psychiatric interventions, emergency housing, and financial help) to ensure their safety in the community and enable them as much independence as they can manage.

Crisis programs engage in aggressive outreach as the preferred intervention type (experiential learning out in the community). The case manager – client relationship is both primary and essential. This model involves hands-on coaching and mentoring.

The ultimate goals of these programs are to: reduce crisis behaviour, enhance client functioning, and achieve progress on service plan goals. Service goals include:

- maintaining - housing, budgeting, actively engaging in appropriate treatments;
- reducing - mental health risk behaviour, substance overuse, aggressive behaviour, justice system involvement;
- maintaining - stable basic needs such as shelter, food, clothing, health care, and other goals; and,
- Crisis Intervention Services in Saskatoon also provides financial trusteeship.

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Registered Clients:** 34 clients (3% of the Partnership’s total registrations)

**Direct Client Service Events:** Accounts for 3% of all Partnership service events

Top 5 Service Events in 2016-17 and 2017-18	Percent of Total Direct Client Service Time
Case Management	86%
Administration	3%
Residential Services	2%
Life Skills Training	2%
Psycho-Social Services	1%
<b>% of the Program Type’s Total Time</b>	<b>95%</b>

### Registered Clients - Top 5 Referral Sources for Crisis Programs

Places or agencies clients were referred from	Percent of Total Clients seen from April 2016 to March 2018
ABI Outreach Team	22%
Justice/Legal/Police Services	22%
Mental Health Services	18%
Community Services	13%
Addiction Services	5%
<b>Total</b>	<b>79%</b>

## Value Add

**The unique service role of ABI Crisis programming:** through knowledgeable staff, this is the only ABI program component funded to address the needs of a hard-to-serve sub-population.

The impact of ABI crisis services is powerfully demonstrated in the following client vignette:

**Client vignette:** Pre-injury the ABI client was a small business owner. After he was injured 10 years ago in a motor vehicle collision, he was no longer able to work and became depressed and suicidal. He receives a small financial sum from SGI every 2 weeks. Alcohol dependence resulted in his homelessness. He was on the streets with two dogs which made finding housing more challenging. Police called the crisis program to consult on options, and the crisis program

agreed to work with him. Their support included helping him to find a small rental house that would allow his two dogs. The agency took over trusteeship and helped him apply for government disability benefits which he qualified for but had never received. They also helped him furnish his home and to connect with supports he wasn't able to access when homeless. He has reunited with some of his family and now works occasionally. He is also now under the care of a physician who is addressing some of his other chronic health conditions that were left unaddressed when he was homeless and without support.

**Survivor feedback** - program participants (including ABI survivors) in a Crisis Management Service (CMS) program evaluation (2014) revealed they valued the services they received from CMS in the following ways: participants had their primary and secondary needs met, they experienced more independence, they learned new skills, and (valued) being part of the trustee program.

Addressing an array of basic needs of hard-to-serve clients results in avoided costs to the health and other service systems (e.g., policing, corrections). For example, helping clients address medical and other needs in a non-emergent fashion saves money. Comparing a lower cost visit to a physician or primary care/walk-in clinic versus presenting for emergency medical attention would incur the higher range of costs below:

Costs of Services	
Health Care	Police/Corrections
Detox Stay - \$210/day	Police Detention - \$450/day
Hospitalization – Medical Unit - \$550/day	Incarceration - \$135/day
Emergency Room visit - \$800/day	
Hospitalization - Psychiatric Unit - \$1000/day	

**Source:** United Way Saskatoon & Area, Publicly Funded Service Usage Data, 2017

# Rehabilitation

## Funded Programs

1. Speech Language Pathology (SLP) services (Melfort)

## Average Annual Funding

**SGL Funding: \$51K**  
**% of Total Partnership Budget: 1%**  
**Partner Investment: \$60K**

## Service Description

Prior to 1997, there was no adult Speech Language Pathology (SLP) service for ABI survivors in the former Kelsey Trail Health Region. The program was designed to provide individualized services to those who have speech, language, swallowing, and/or cognitive difficulties as a result of an ABI. This program works with ABI survivors (and their families) who have motor speech difficulties; language difficulties including auditory comprehension, reading comprehension, verbal expression and written language; swallowing difficulties; and/or cognitive issues.

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Registered Clients:** 28 clients (2% of the Partnership's total registrations)

**Direct Client Service Events:** Accounts for 0.4% of all Partnership service events

Service Events in 2016-17 and 2017-18	Percent of Total Direct Client Service Time
Speech Language Interventions	56%
Administration	19%
Case Management	12%
Cognitive Interventions/Training	12%
<b>% of the Program Type's Total Time</b>	<b>100%</b>

## Registered Clients - Referral Sources for Other Rehab

Places or agencies clients were referred from	Percent of Total Clients seen from April 2016 to March 2018
Other Health Care Professionals	91%
ABI Partnership Project Program	5%
Other Health Services	5%
<b>Total</b>	<b>100%</b>

## Value Add

**The unique service role of the ABI Rehabilitation program:** The program offers direct therapy (swallowing, speech, language, cognitive assessment, and therapy). It is a specialized service, offering the only speech-language support for adult brain injury survivors in the former Kelsey Trail Health Region service area. Earlier discharges home from acute care can be achieved by having access to this specialized service, also resulting in better psychosocial outcomes for survivors and reduced costs.

### **What would happen if SLP services for ABI were no longer available?**

There would be a huge safety risk if the swallowing assessments provided through this program were no longer available. Because of the potential liability this would mean to SGI for their MVC customers, they would have to secure funding/service elsewhere. Families/survivors would not have access to local services and might have to travel from 2 to 5 hours for service. There may be some clients that could not reach their full rehabilitation potential because of the infrequency of the therapy support that would result if the service was lost.

## Provincial Overview – Education and Injury Prevention

In Canada, as in many countries around the world, injuries, intentional and unintentional, have been one of the leading causes of death, particularly among people between the ages of one and 44 years. At the same time, injuries are considered one of the most preventable health problems, with 90% of injuries estimated as preventable [37].

Saskatchewan has traditionally been one of the provinces most impacted by injury. In 2010, injury cost residents of Saskatchewan \$1.1 billion and led to 690 deaths. In the same year, injuries left 2,292 people permanently partially or totally disabled, led to 10,844 hospitalizations, and prompted 110,312 emergency room visits. With a population of 1,051,425 the death rate due to injury in 2010 was 66, approximately 9,953 potential years of life were lost per 100,000 people, and injuries cost each resident of Saskatchewan \$1,108 [38].

In Saskatchewan in 2010 over half of total costs arose from fall injuries (29%) and injuries due to transport incidents (22%). Similarly, the two leading causes of injury-related death were falls (25%) and transport incidents (23%). Much of the Partnership's injury prevention programming is dedicated to these areas [38].

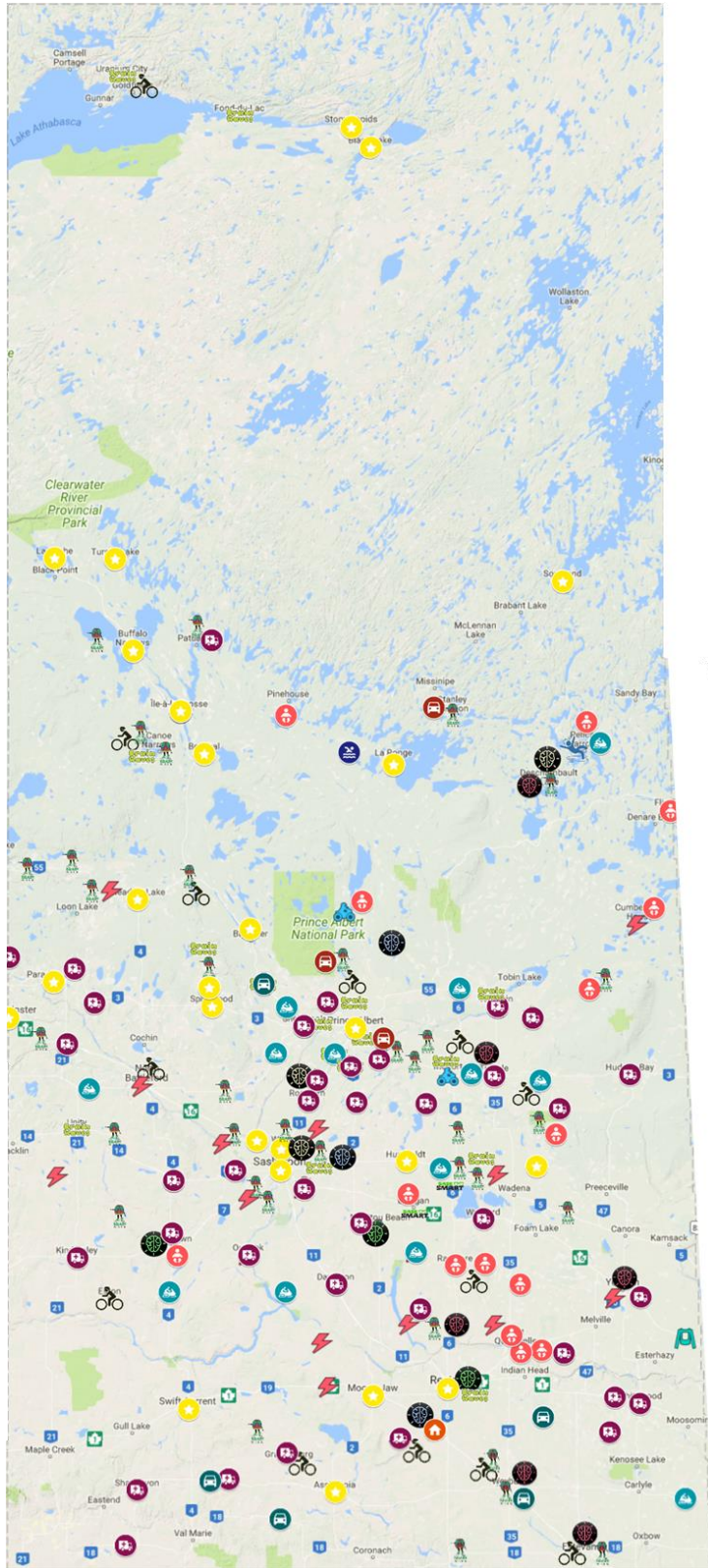
Injuries affect not only the injured in terms of lost income due to missed school and work attendance, they affect families and the general economy of the province. The ABI Partnership has supported injury prevention from the beginning with dedicated dollars going toward programs and communities. The only cure for a brain injury is prevention.






















The five funded education and prevention programs work to educate communities about brain injury and the efforts that can be made towards preventing them. Many programs that primarily provide direct client service also deliver or facilitate injury prevention events, support groups, and other community groups for a variety of audiences.

The map on the next page shows all of the communities that funded agencies have engaged with regarding education and injury prevention activities.



## Education and Prevention Activities by Location and Topic



-  4 or more Topics
-  Brain Walk
-  PARTY
-  Child Passenger Safety
-  Brain Wave
-  General Injury Prevention
-  Bicycle Safety
-  Snowmobile Safety
-  Acquired Brain Injury
-  Traffic Safety
-  ABI Partnership Project
-  Helmet Use
-  Impaired Driving Prevention
-  Mild Brain Injury
-  All Terrain Vehicle Safety
-  SaskSmart
-  Fall Prevention
-  Farm Safety
-  Home Safety
-  Playground Safety
-  Water & Boating Safety



# Program Type Summaries - Education and Injury Prevention

A summary of each education and injury prevention program type funded by the ABI Partnership is outlined in the following pages, including the amount of Partnership funding this contract period, partner investments, a summary of the services delivered, the most frequently reported service events in the ABI Information System (ABIS) and value add information.

## Provincial Education and Prevention Coordinator - Service Description

The ABI Partnership funds a Provincial ABI Education and Prevention Coordinator position that operates as part of the ABI Provincial Office. The primary role of this position is to coordinate prevention, education, and research activities related to ABI with the Saskatchewan Health Authority (former regional health authorities), community agencies, survivors, and family members throughout Saskatchewan. Some of the key activities supported by this position are described below.

### NEWSLETTER

In January 2015 the ABI Provincial Office reintroduced the program's newsletter at the request of the funded programs. The newsletter contains staffing updates, upcoming events, stories, and content from funded programs, educational information, and more.



### INTRODUCTION TO ABI ONLINE SERIES

This series continues to get attention from our website viewers with almost one video viewed each day<sup>11</sup>. The top video viewed this contract period was "Recreation and Leisure Following Brain Injury" accounting for a third of all views. The other top four videos accounted for another quarter of all videos viewed: Brain and Brain Injury Parts 1 and 2, Substance Abuse and ABI, and Mental Health and ABI.

<sup>11</sup> An average of 332 Video Views per year this contract period.



## WEBSITE

On April 1<sup>st</sup>, 2010, the Acquired Brain Injury Partnership Project website was unveiled: [www.abipartnership.sk.ca](http://www.abipartnership.sk.ca). The purpose of the website was to improve the publicity of the ABI Partnership and to provide more timely access to information and resources.

The website continued to receive website traffic this contract period with 9,888 visits<sup>12</sup>, 24,555 webpages viewed, and over 7,000 unique visitors. Over a third of these visitors were from Saskatoon and Regina (37%), and there were visitors from many other Saskatchewan communities as well. Although most visitors were from Canada (73%), the rest were from around the world.

Number of Website Visitors by Country



The top ten visited pages in 2016-17 and 2017-18 are as follows.

Website Page Title	Page views
Welcome to ABI Partnership Project	4,186 (17%)
ABI Outreach Teams	2,808 (11%)
Community Programs	1,381 (6%)
Local Support Groups	1,047 (4%)
Access to Services	910 (4%)
Introduction to ABI Online Series	665 (3%)
ABI Partnership's Pamphlets & Guides	621 (3%)
Contact Us	553 (2%)
ABI Presentations	547 (2%)
Intro to ABI Video: "Recreation Therapy for ABI Survivors"	536 (2%)
<b>Total Page Views</b>	<b>24,544</b>

<sup>12</sup> A visit is the period of time a user is actively engaged with the website.

The ABI Partnership has always recognized the importance of professional development and continuing education that enhances the delivery of services to survivors and families under the program. The table below shows the programs that were facilitated and/or funded in the 2016-17 and 2017-18 fiscal years:

### EDUCATION EVENTS COORDINATED OR SPONSORED

Event	Date/Location	Sponsored Amount
<b>Tim Feeney</b> <b>ABI 2016 In-service</b> <i>Collaborative Brain Injury Interventions</i> <b>73 participants</b> <b>No cost to participants (ABI only)</b>	Oct 18 – 19, 2016 Saskatoon, SK	Sponsored event entirely
<b>Roberta DePompei</b> <i>Recognizing and Treating Cognitive Communicative Behaviours that Affect Learning and Community Integration in Children and Young Adults</i> <b>28 (ABI staff) participants</b>	Sept 15 – 16, 2017 Saskatoon, SK	Sponsored event for \$2K and paid for 18 registrations. In addition, 10 ABI staff from host health region attended free
<b>Assistive Technology for Children and Youth Conference</b>	Oct 4 – 5, 2017 Regina, SK	Sponsored \$1K
<b>Mental Health First Aid</b> <b>22 participants</b>	Oct 30 – 31, 2017 Saskatoon, SK	Sponsored event entirely

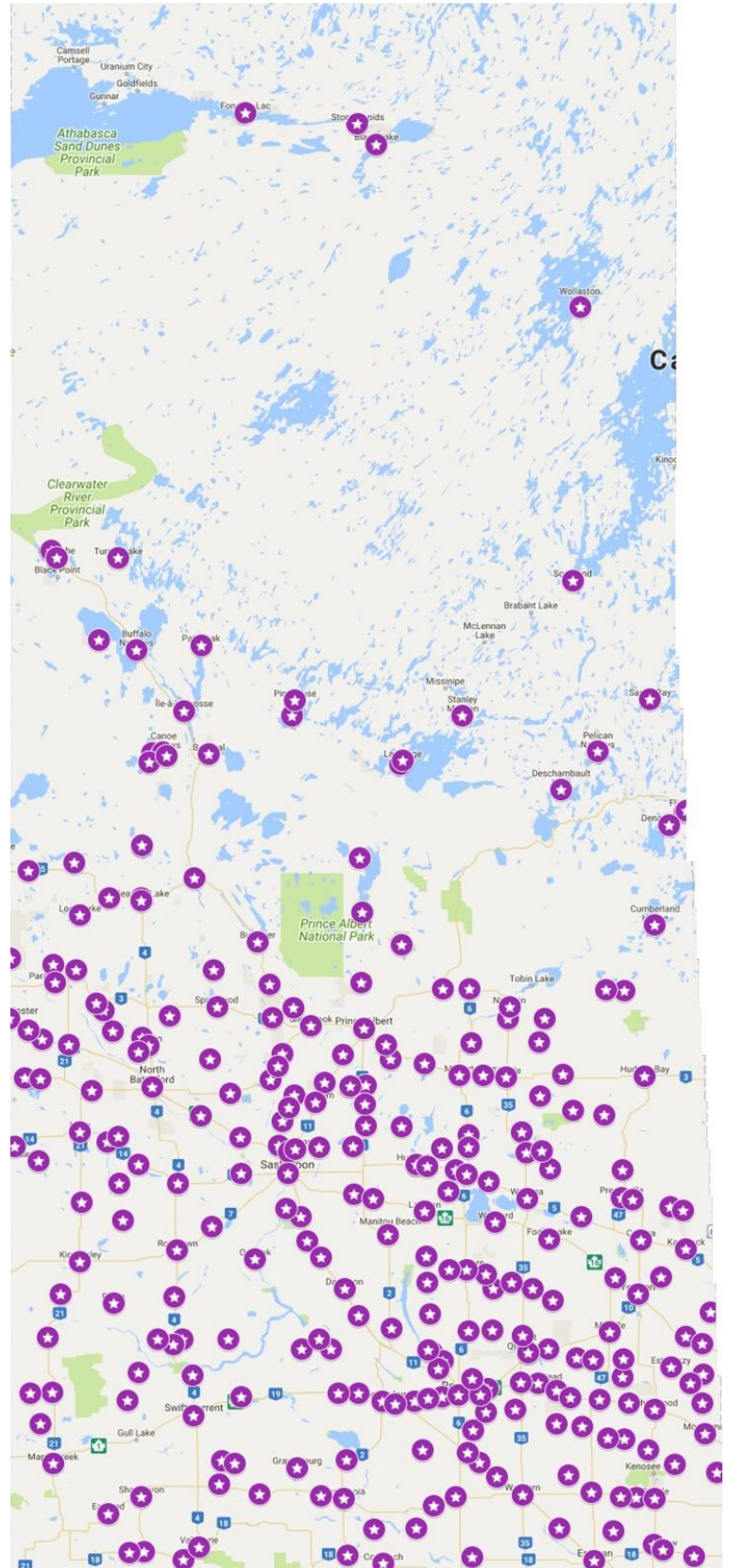
## TRAFFIC SAFETY AND INJURY PREVENTION COMMUNITY GRANTS

Since 1997, the Provincial Education and Prevention Coordinator has co-chaired the Traffic Safety and Injury Prevention Community Grants program in partnership with SGI. The goal of this grant program is to enable community groups to establish, enhance, and deliver programs that address safety issues in their communities.

SGI and the Ministry of Health (through the ABI Partnership Project) jointly fund this grant program. In recent grant cycles, SGI has provided additional funding specifically targeted to road safety issues.

### TRAFFIC SAFETY AND INJURY PREVENTION COMMUNITY GRANTS AWARDED SINCE 1997

- Over \$2.18 million has been awarded to Saskatchewan organizations through community grants.
- Over two thousand three hundred projects have been funded (2,334).
- 15 urban, 252 rural, and 21 First Nations communities have received grants.
- Overall, 68% of the grant applications received since 1997 have been approved.
- More grants have been awarded to rural communities, although more funding has gone to urban communities (1,544 rural grants at \$.99 million vs. 790 urban grants at \$1.19 million).



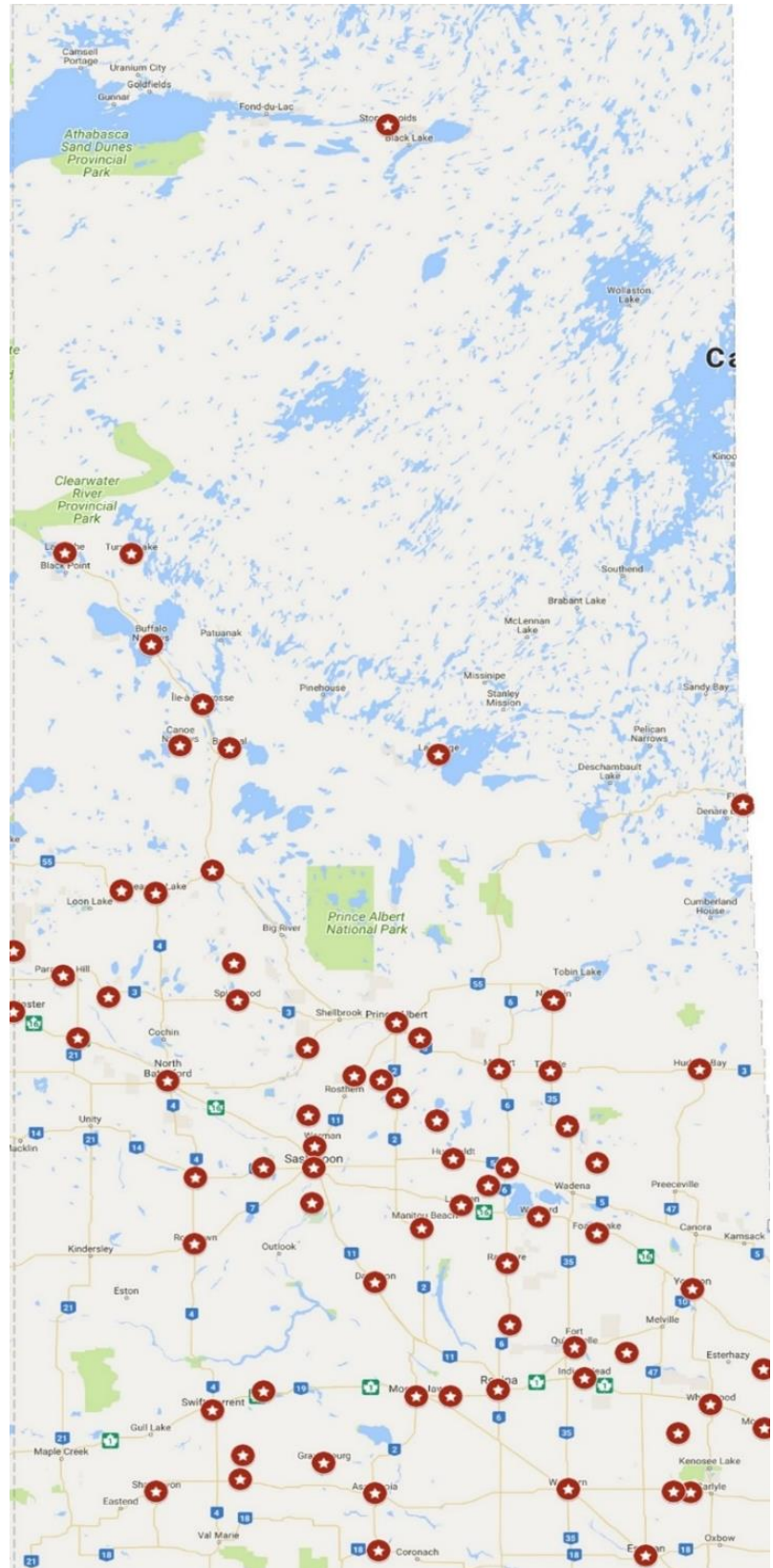


## TRAFFIC SAFETY AND INJURY PREVENTION COMMUNITY GRANTS AWARDED IN 2016-17 AND 2017-18

- \$134,301 was awarded to Saskatchewan organizations through community grants.
- 176 projects were funded.
- 13 urban, 54 rural, and 6 First Nations communities received grants.
- 70% of the grant applications received were approved.
- More grants have been awarded to rural communities (113 grants at \$62.6K) and more funding has gone to urban communities (63 grants at \$71.6K).

Types of projects funded include:

- helmets for injury prevention events,
- car seats for programs and prenatal classes, and
- various programming costs (speakers, prizes, helmets) for a wide variety of injury prevention programs (e.g., bicycle safety rodeos, PARTY, Drivers' safety, SADD presentations)



# Education and Prevention Programs

## Funded Programs

1. South Education and Prevention Coordinator (Regina)
2. Central Education and Prevention Coordinator (Saskatoon)
3. North Education and Prevention Coordinator (Prince Albert)
4. SK Prevention Institute - Child Injury Prevention
5. SK Brain Injury Association – Survivor and Family Education

## Average Annual

### Funding

**SIG Funding: \$534K**

**% of Total Partnership**

**Budget: 10%**

**Partner Investment: \$869K**

## Education and Prevention Coordinators - Service Description

Three Regional Education and Prevention Coordinator positions deliver services to the south, central and northern areas of the province – see provincial service map on page 10 that demarcates the service areas by color: blue (south), yellow (central) and green (north).

The purpose of these positions is to support community-based injury prevention and brain injury education initiatives by:

- promoting the need for injury prevention and ABI education initiatives in communities,
- engaging communities to become involved in injury prevention,
- assisting communities to plan, implement, and evaluate injury prevention initiatives,
- facilitating the introduction of injury prevention programs (e.g., Brain Walk, PARTY) to communities,
- recognizing and building capacity within communities to identify and address injury issues using available resources and data,
- initiating and maintaining partnerships with other agencies, community members, other health professionals, and other ABI funded programs, and
- research, development, and distribution of information and resources about the brain, brain injury, and injury prevention.

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Attendees at Coordinated and Delivered Events:** 17,793

**Number of Recipients of Promotion and Resources:** 4,762

**Number of Communities Worked with:** 119

The three ABI Education and Prevention Coordinators delivered and/or coordinated events on 18 different topics to over 17,700 attendees (see Appendix D for topic definitions).

### The Five Most Attended, Directly Delivered and/or Coordinated Events by Education and Prevention Coordinators, 2016-17 and 2017-18

Topic Area	# of Attendees each Year
Brain Walk	5,143
Mild Brain Injury	3,023
PARTY	2,896
Brain Wave	1,633
Snowmobile Safety	722
<b>Grand Total</b>	<b>17,793</b>

The three ABI Education and Prevention Coordinators also delivered resources/promotion material in a wide variety of topic areas to over 4,700 recipients.

### The Ten Most Addressed Topic Areas in Resources/Promotion Material Delivered by Education and Prevention Coordinators, 2016-17 and 2017-18

Topic Area	# of Recipients
Snowmobile Safety	470
SaskSmart*	440
Mild Brain Injury	421
Fall Prevention	389
Sports & Recreation Safety	362
Impaired Driving Prevention	360
All Terrain Vehicle Safety	351
Traffic Safety	351
Acquired Brain Injury	297
ABI Partnership Project	252
<b>Grand Total</b>	<b>4,762</b>

\* Delivered through Twitter and Facebook

## Child Injury Prevention Program - Service Description

The Saskatchewan Prevention Institute (SPI) is a provincial non-profit organization located in Saskatoon. Its Child Injury Prevention Program is funded to raise awareness and deliver education about the prevention of ABI in children.

The Child Injury Prevention Program focuses its interventions on the main causes of ABI among children as well as the evidence of what interventions are most effective in reducing these types of injuries.

The program's main areas of intervention include: general child injury prevention topics, bicycle safety, child passenger safety, farm safety, helmet safety, home safety, pedestrian safety, playground safety, Shaken Baby Syndrome/abusive head trauma, and ATV safety.

SPI strives to implement multifaceted strategies combining education, legislation, and engineering methods whenever possible in order to successfully reduce ABIs among children in Saskatchewan. A sample of the special projects developed over the last contract period include:

### ***Child and Youth Injury in Saskatchewan 2004-2013 Report***

The Child and Youth Injury in Saskatchewan 2004-2013 report was released September 21, 2017 in conjunction with a stakeholder meeting. This report examines injury-related deaths and hospitalizations of Saskatchewan children and youth less than 20 years of age. The report includes prevention tips in an effort to inform injury prevention programming in the province. The report and summary sheet are available online at [www.skprevention.ca](http://www.skprevention.ca).

### ***Child Injury Prevention Programming and Action Guide***

This resource was developed for community-based programs to use in their work with families to help prevent child injury. The guide was adapted from Parachute Canada's Introduction to Child Injury Prevention (ICIP) online e-course. The guide is also available online at [www.skprevention.ca](http://www.skprevention.ca).

## Annual Program Utilization (Average of 2016-17 & 2017-18)

**Attendees at Coordinated and Delivered Events:** 2,320

**Number of Recipients of Promotion and Resources:** 938



The Saskatchewan Prevention Institute delivered and/or coordinated events in 10 topic areas to over 2,300 attendees. The two most attended topic areas (from most to least):

- General Injury Prevention (950 attendees each year)
- Bicycle Safety (over 900 attendees each year)

The Saskatchewan Prevention Institute delivered resources/promotion material in 13 topic areas to over 1,500 recipients. The two most addressed topic areas (from most to least):

- General Injury Prevention (over 550 recipients each year)
- Traffic Safety (over 340 recipients each year)

## **Education and Support to Survivors and Families - Service Description**

The Saskatchewan Brain Injury Association (SBIA) has staff in Moose Jaw, Saskatoon, and Regina. SBIA is a membership-based, provincial non-profit organization that works in partnership with other community organizations to create and enhance services and programs for people with ABI, their families, and caregivers. This agency provides information, service advocacy, support, and guidance for ABI survivors and their families. Major activities include:

- Retreats held in Regina (Fall) and Saskatoon (Spring), and a Survivor and Family Camp at Arlington Beach in June. These events provide survivors and their families an opportunity to meet with other people who have shared a similar experience while learning from each other and guest presenters. Personal development content at each event covers a variety of topics to promote learning and self-care.
- A toll free telephone number is provided by SBIA for Saskatchewan residents to easily access support, information, and referral services. Inquiries may require basic information on ABI or direction to the appropriate service(s).
- SBIA provides educational materials, displays, and presentations in a variety of venues.

## **Annual Program Utilization (2016-17)**

**Number of Recipients of Promotion and Resources:** 3,254

**Support Events Delivered:** 446

**Attendees at Support Events:** 3,433

SBIA delivered resources/promotion material in seven topic areas to 3,254 recipients in 2016-17. The three most addressed topic areas (from most to least):

- General Injury Prevention (2,510 recipients)
- Survivor/Family Support - Not Support Group (519 recipients)
- Support Group (177 recipients)

SBIA delivered survivor/family support events to over 3,433 attendees in 2016-17. Events include support groups, other support events, camp events, retreat events, and other therapeutic recreation and leisure events.

## Value Add – Education and Prevention Programming

### **The unique service role of ABI Education and Prevention programming:**

The Education and Prevention Coordinators have established relationships in communities through which they work to address the high injury rates in Saskatchewan by providing provincial reach of injury prevention messaging and education in areas consistent with SGI's traffic safety priorities.

The Child Injury Program at SPI is committed to working with community organizations, governments, and other partners to ensure children are as safe as necessary at home, on the road, and at play. This is done through: 1) capacity building & partnerships, 2) communication, 3) networking, 4) resource development, 5) knowledge translation, and 6) research and evaluation.

SBIA works with and supports survivors from point of injury throughout their lives and is the only ABI funded agency dedicated to providing joint ABI survivor and family education and support through three annual events. The burden of caregiving falls disproportionately on families of brain injury survivors. SBIA programs help ease some of that burden.

*"It gives me a sense of belonging. It's non-judgmental...because everyone here has a brain injury and that makes me calm".*

*"It was so wonderful to be able to dance with a live band at Fall Retreat. I always feel so self-conscious with my walker but at this dance, people in walkers and wheelchairs danced together, with or without partners. No one stared. We all just had fun!"*

**What would happen if ABI Education and Prevention programming no longer existed?**

Established service networks would be dismantled creating increased difficulty in getting injury prevention information and education to target audiences, especially in remote and rural areas. No fee is charged for resources and presentations offered and this would become a huge barrier for schools and communities to otherwise gain access to these resources. Any brain injury that is prevented results in significant societal cost savings. Without funding services focused on preventing injuries there is a risk of increased human and societal cost.

Camp and Retreats are the only respite for some family members. Without the programs that SBIA provides this would be lost and there would be minimal opportunities for survivors and their families to meet, learn from, and support each other.

# CONCLUSION

The ABI Partnership Project remains a unique, comprehensive, integrated system of community-based ABI services and resources in Saskatchewan. A broad range of services continue to be delivered across the province that are innovative and responsive. This is demonstrated in high service volumes in direct client service and consultations, as well as education and prevention activities that span communities across the province.

The client outcome tools used by ABI programs show that clients are being helped to achieve their goals with good levels of functional improvement.

Through ABI Partnership-funded education efforts, thousands of people receive education to prevent injuries each year. A review of return on investment (ROI) literature suggested a \$25M ROI for SGI based on its education and prevention investment. SGI's entire investment in the ABI Partnership would be recouped if only one injury prevention event attendee avoided an injury or death involving a motor vehicle collision.

ABI service providers spoke to the value of their services and provided client, family, and community partner feedback about its impact. Their feedback indicates that the services that the ABI Partnership provides are unique with nothing similar existing in many communities to replace them; without them, ABI survivors would be lacking in much needed service support. Further, these services have value from both a societal and cost perspective. In the extreme, without these services, ABI service providers fear that ABI survivors might become socially isolated, with much diminished quality of life and opportunity. They would be at increased risk of institutionalization and ill health from secondary health conditions, both coming at a real cost to health care and society as a whole.

SGI's annual investment is recouped both through the ROI seen in funding ABI injury prevention activities but most importantly from the public good that is offered to the Province of Saskatchewan. In supporting a service infrastructure to benefit individuals injured in motor vehicle collisions, this investment is leveraged by ABI partner investments so that all individuals with moderate to severe brain injuries, their families and communities can also benefit.

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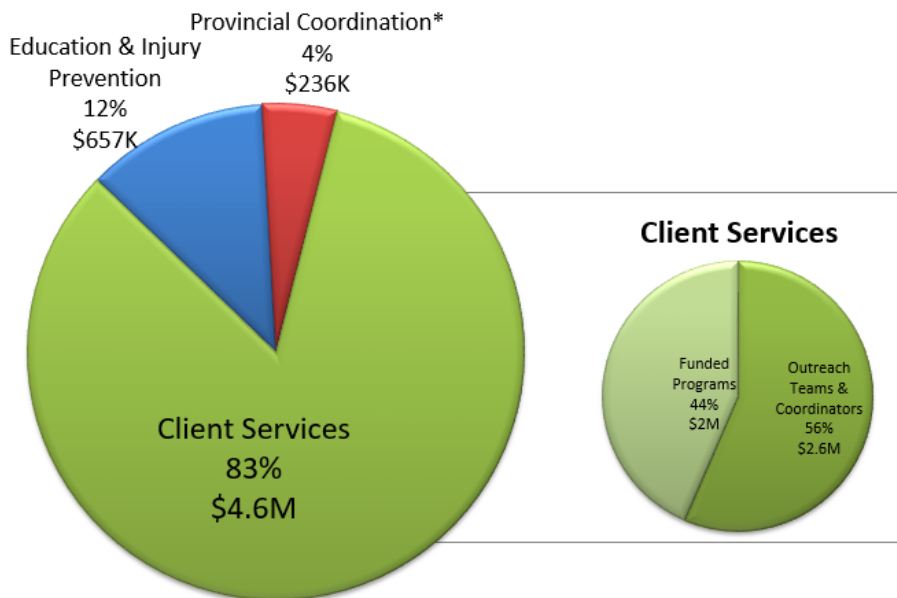


## APPENDIX A - Cost Benefit Methodology

This cost benefit replicates the methodology used by Jon Schubert in his 2003 report.

The following chart illustrates the types and related costs of services provided through the ABI Partnership.

### Acquired Brain Injury Partnership Summary of Annual Funding 2017-18 Total - \$5.5M



\*Includes Ministry of Health, Provincial Coordination, and Provincial Education and Prevention Coordination

The cost benefit uses direct client service events recorded in the ABI Partnership's information system, the Acquired Brain Injury Information System (ABIIS). The service hours recorded in ABIIS are the direct services delivered to clients, and do not account for programs' total workload hours. The following is therefore an under accounting of the actual amount of time taken to deliver services.

The total service hours recorded in ABIIS were separated into injuries caused by motor vehicles and other causes in order to calculate the costs that SGI would pay for motor vehicle collision (MVC) customers if these services were provided outside of the ABI Partnership. The ABIIS

“Community Groups” and “Consultations” service events do not include cause of injury information, thus a time estimate was used based on the proportion of MVC client registrations in the ABIIS in the time period being measured.

A service cost was calculated based on a rate of \$115/hour. This is an update to the rate used in Jon Schubert’s 2003<sup>13</sup> report that accounts for inflation.<sup>14</sup>

**Value of the ABI Partnership's Delivered Services (annual average for 2016-17 and 2017-18)**

	Total Client Hours	Total Family Hours	Client + Family Hours	Community Group Hours*	Consultation Hours *	Out-of-Town Travel Hours	GRAND TOTAL HOURS
<b>Other Injury</b>	42,628	46	42,675	1,564	775	1,499	46,513
<b>Motor Vehicle</b>	13,031	14	13,045	467	231	539	14,282
<b>Grand Total</b>	<b>55,659</b>	<b>60</b>	<b>55,720</b>	<b>2,032</b>	<b>1,006</b>	<b>2,038</b>	<b>60,796</b>
<b><i>*Cost of Providing Services Outside of the Partnership based on an hourly rate of \$115</i></b>							
<b>Other Injury</b>			\$4,907,625	\$179,860	\$89,125	\$172,377	\$5,348,987
<b>Motor Vehicle</b>			\$1,500,175	\$53,705	\$26,565	\$62,009	\$1,642,454
<b>Grand Total</b>			\$6,407,800	\$233,646	\$115,699	\$234,386	\$6,991,531

\*Community group and consultation service hours are not tracked by injury cause, so these hours were estimated based on the proportion of MVC clients registered in 2017-18.

Based on a comparative analysis of Outreach Team client files to events recorded in ABIIS in 2001, Jon Schubert Consulting found that there was an underreporting of service events by 50%. To compensate for underreporting an increase was applied to recorded service events of a range of 20% to 50% to estimate a more realistic total service time. The following charts estimate the total hours of service using these underreporting estimates.

<sup>13</sup> Jon Schubert Consulting (2003). SGI’s Investment in the Acquired Brain Injury Partnership Project: A Cost Benefit Analysis. Regina: Saskatchewan.

<sup>14</sup> 2% compounded interest was applied over the last 15 years.

### Cost of Providing Services for Motor Vehicle Injuries outside of the ABI Partnership

Total Service Hours/Year	14,282
<b>Assumptions</b>	
ABIIS Under Reporting Minimum	20%
ABIIS Under Reporting Maximum	50%
Hourly Rate	\$115
Cost of Providing Services for <b>Motor Vehicle Injuries</b> outside of the Partnership	
<b>Motor Vehicle - Minimum</b>	<b>\$ 1,970,945</b>
<b>Motor Vehicle - Maximum</b>	<b>\$ 2,463,681</b>

The estimated cost (as shown in the previous table) of providing services to motor vehicle injuries could be between \$2M and \$2.5M. While this amount is less than the \$4.6M invested in the ABI Partnership for direct client service, there are a number of value-added factors that are difficult to fully quantify but demonstrate a multiplying effect from SGI's investment:

- As of 2018 the ABI Partnership has existed for 23 years. Over this timeframe a solid infrastructure of ABI service support has been developed.
- 71 full-time equivalent staff are presently funded to deliver service. Collectively, these organizations and their employees have **750 years of experience** working with ABI survivors and have amassed significant knowledge and expertise.
- Partnership programs have established service linkages throughout the province. In 2018-19, funded agencies reported working with **1,130** service partners. These service linkages would be lost without the ABI Partnership.
- Through their expertise and established service linkages, ABI funded agencies are able to **navigate a complex service system** and help clients to access other needed services to assist them in their rehabilitation goals.
- Similar private service options do not exist in many parts of the province or at all.

### Cost of Providing Services for ALL Injuries outside of the ABI Partnership

Service Hours/Year	60,795
<b>Assumptions</b>	
ABIIS Under Reporting Minimum	20%
ABIIS Under Reporting Maximum	50%
Hourly Rate	\$115
Cost of Providing Services for <b>ALL Injuries</b> outside of the Partnership	
<b>All Injuries - Minimum</b>	<b>\$ 8,389,700</b>
<b>All Injuries - Maximum</b>	<b>\$ 10,487,125</b>

- SGI investment in the ABI Partnership provides a greater ‘public good’ for survivors of ABI and their families. The services funded by the ABI Partnership would cost \$6.99M if purchased through private, fee-for-service arrangements. When accounting for underreporting of 20% to 50%, these services **could cost between \$8.4M to \$10.5M to deliver. The ABI Partnership service continuum, as it is presently funded, results in a significant overall cost savings to the Province of Saskatchewan.**

**Return on Investment for Injury Prevention Activities**

There are numerous studies that give return-on-investment ratios for different injury prevention programs. The following chart illustrates some of these figures and their sources.

**Return on Investment for Injury Prevention Activities**

Area	For every dollar spent, a savings of:	Source
Child Passenger Injury Prevention	\$14*	BC Injury Research and Prevention Unit. <sup>15</sup>
Booster Seats	\$71	<a href="#">Parachute</a>
Bicycle Helmet	\$45	<a href="#">Parachute</a>
Child Safety seat	\$42	<a href="#">Parachute</a>
Youth Substance Abuse Prevention Programs (an average of all programs listed by the Children's Safety Network)	\$16	<a href="#">Children's Safety Network (2014). Injury Prevention: What works. A summary of cost-outcome analyses for injury prevention programs (2014 update)</a>
<b>Average for these Initiatives:</b>	<b>\$38</b>	

\*This is an average taken from a range of \$12-\$16

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<sup>15</sup> BC Injury Research and Prevention Unit. (March 2012). *Review of International Best-Practices for Improving Child Passenger Safety and Evaluation of Saskatchewan’s Program*. Vancouver, BC.

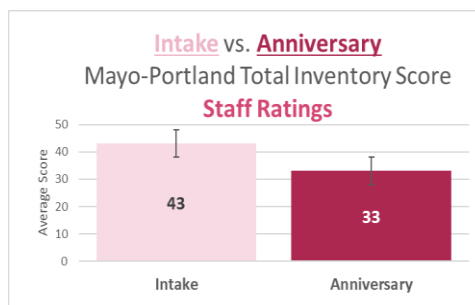
The money spent on Education and Prevention programming was \$657K in 2017-18.

- Using the \$657K in funding for injury prevention programming, multiplied by the lowest return-on-investment (\$14) from the chart above yields a return-on-investment of \$9.2M to the Province of Saskatchewan, more than SGI's entire investment in the ABI Partnership.
- Using the average (\$38) from the chart above yields a return-on-investment of \$25M to the Province of Saskatchewan.
- Much of the injury prevention programming delivered by ABI Partnership funded agencies touches on SGI priority areas (e.g., risky driving, bicycle safety, child passenger safety, pedestrian safety). Further, much of the general injury prevention programming done also touches on road/vehicle safety issues; therefore much of this return on investment positively impacts SGI.

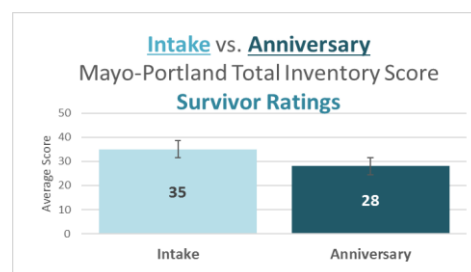
## Appendix B - MPAI-4 Data Tables

The improvement on the total inventory score and all three subscale scores were statistically significant (less than a .01% chance that any improvement seen is due to chance). This was true for staff ratings, ratings completed by the survivors' significant others, as well as ratings done by the survivors themselves.

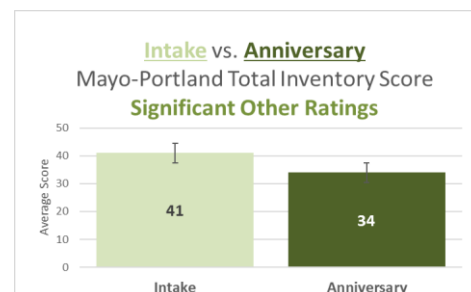
Staff Ratings			
Subscale	Intake	Anniversary/ Discharge	T-test Result
Ability	M=16.7,SD=9.5	M=13.0,SD=9.8	t(653)=14.7, p < .0001
Adjustment	M=19.0,SD=8.9	M=14.4,SD=9.2	t(650)=17.0, p < .0001
Participation	M=15.2,SD=8.4	M=11.6,SD=9.1	t(652)=15.9, p < .0001
Total Score	M=43.1,SD=18.2	M=32.7,SD=20.0	t(651)=19.0, p < .0001



Survivor Ratings			
Subscale	Intake	Anniversary/ Discharge	T-test Result
Ability	M=14.0,SD=9.4	M=11.7,SD=9.2	t(376)=5.4, p < .0001
Adjustment	M=14.8,SD=9.2	M=11.9,SD=9.4	t(374)=6.4, p < .0001
Participation	M=11.7,SD=7.9	M=9.1,SD=9.7	t(373)=7.5, p < .0001
Total Score	M=34.6,SD=17.9	M=27.8,SD=18.8	t(372)=8.5, p < .0001



Significant Other Ratings			
Subscale	Intake	Anniversary/ Discharge	T-test Result
Ability	M=16.5,SD=10.5	M=13.9,SD=10.2	t(201)=4.8, p < .0001
Adjustment	M=16.9,SD=10.0	M=14.3,SD=9.5	t(200)=5.1, p < .0001
Participation	M=13.7,SD=8.2	M=11.6,SD=9.3	t(200)=5.1, p < .0001
Total Score	M=41.3,SD=21.2	M=34.4,SD=21.4	t(200)=5.5, p < .0001





Appendix C -  
Matthew's Story: Journey of an ABI Survivor  
A Case Persona

*Matthew's Story*



ABI Partnership service providers work with ABI survivors on a wide range of goals to help them achieve the highest level of functional independence and community participation possible.

**Matthew's Story**<sup>16</sup> highlights some of the key aspects of ABI service delivery that assist survivors in meeting their needs. Key aspects of ABI service delivery profiled include:

### Therapeutic Alliance between survivors and ABI staff

- built on trusting relationships
- flexible, individualized, long-term service support
- work with survivors on service goals directed by them
- assist survivors to re-establish roles to return to the greatest degree of independence and productive activity

### Service Continuum

- case management, service navigation, and direct service provided by multiple service partners to meet a wide variety of survivor needs
- psychosocial support – ABI services across the continuum address this important area, documented in the literature as a common service need
- assessments, treatment, and follow-up support guide service to address survivors' functional needs

### Family Involvement

- family plays a central role in supporting ABI survivors in community
- ABI staff provide education and support to families to assist them in their caregiving role to survivors

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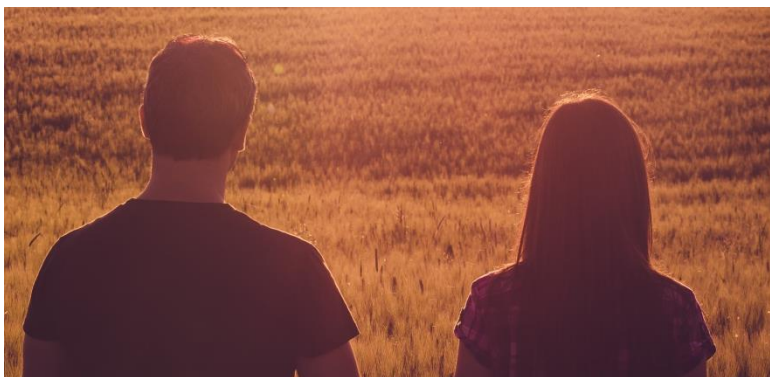
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<sup>16</sup> *Matthew's Story* is a case persona – it is not based on a real person. It was derived from a compilation of information received from several ABI case managers, service data from the Acquired Brain Injury Information System, as well as anecdotal reports from ABI Outreach managers regarding 'typical' characteristics and services provided to motor vehicle collision (MVC) clients.

Vocational goals and outcomes are included in this case persona. However, it should be noted that although the majority of ABI clients receiving services from the ABI Partnership may aspire to return to work, because of the severity of their injuries many work toward but are not able to realize this long-term goal.

For example, our service statistics reveal that 60% of clients' vocational status is classified as either: medically restricted (14%), unemployed (24%) or unemployable (22%).





## *Life Before Injury*

### **Pre-Injury**

Since graduating high school Matthew was living in his hometown in rural Saskatchewan. He worked as a roofer in the construction industry, living in a rented house with his girlfriend of several years, with big plans for his future. He was always handy and dreamed of one day owning his own construction company through which he could build a home of his own. Coming from a close-knit farming family he liked to stay busy and loved the outdoors. He took pride in his yard and planted a large vegetable garden every year. Matthew was athletic growing up – excelling at most sports he tried. He had lots of friends and remained as active as time would allow – curling in winter and playing recreational slo-pitch in summer.



## *Life Course Alteration*

### **Time of Injury**

Matthew's life course changed in an instant. In his mid-20s he sustained a severe traumatic brain injury in a motor vehicle collision when he was T-boned by a driver who ran a red light at high-speed. Matthew also sustained serious orthopedic injuries including a fractured femur, pelvis, and humerus. Because of his extensive injuries he faced a long road to recovery.



## *From Hospital to Community*

Matthew's injuries required several weeks' hospitalization and inpatient rehabilitation. Matthew was referred to the ABI Outreach Team when preparing for discharge from inpatient rehabilitation in Regina, approximately three months post-injury. Upon starting with his ABI Outreach case manager, a comprehensive assessment was completed. The assessment helped to gain a picture of his pre-injury life and his post-injury challenges in order to build a holistic, individualized case plan and set goals for Matthew. When Matthew returned home, he continued his physical rehabilitation with an outpatient physical therapist. Approximately six months after his injury, his SGI Personal Injury Representative (PIR) requested that a tertiary assessment be completed back in Regina to gain a more thorough picture of his physical and cognitive challenges. Matthew's ABI case manager assisted him with finding short-term accommodation while he was in Regina for his tertiary assessment and three months of tertiary treatment. The ABI case manager was involved in the tertiary assessment wrap-up and was tasked to follow-up on some of the service coordination such as referrals for driver assessment and orthopedic surgeon follow-up. The ABI case manager facilitated these referrals and provided Matthew psychosocial support in the interim while waiting for these services to be provided.



## Getting Back to Life

### Years One to Four Post-Injury

Because of his significant care needs, Matthew returned home to live with his parents after his tertiary treatment in Regina. Matthew's initial goals were to rebuild his independence so that he could return to living safely on his own. To start, his focus was on a return to driving. In his rural community there were no public transportation options. Without his driver's license Matthew had to rely on family and friends to get around and to his medical appointments. His ABI case manager helped him to arrange for a driver evaluation, driving lessons, and counselling to help him with his anxiety around driving. Matthew successfully regained his driver's license just over a year after his injury – a huge milestone to rebuilding his independence.

Matthew and his case manager continued to work on a number of goals and connected him to several service partners across a wide variety of life areas over many years. A strong rapport and trust was established between Matthew and his case manager, and a number of Matthew's goals were addressed directly through their work together over time. Matthew further benefitted because his case manager had many years of experience working in community-based ABI rehabilitation within the health region, was very knowledgeable about brain injury, adept at system navigation, and therefore able to facilitate medical referrals and community support services to address his needs over time.

**A variety of targeted referrals were made for Matthew to address his goals in the areas of:** ABI Education, Money Management, Fatigue Management, Physical Rehabilitation, Addressing Mental Health Challenges, Relationships, Home Management, Memory Strategies, Psycho-social Support, Life Enrichment/Community Participation, and Vocational/Return to Work.



## *Importance of Family*

Since his injury, Matthew has had a supportive but sometimes strained relationship with his parents and siblings. Upon his return to his parents' home, his family were given education about brain injury to help them better understand and cope with his physical, emotional, and cognitive changes and to help him develop life skills to prepare to live independently. His family often struggled with his behaviour and lack of motivation, as he would often become very irritable and angry when in pain and overly fatigued. The case manager worked with Matthew and his family to help identify his anger triggers and to develop anger management strategies.

A devastating set-back occurred early on in his recovery, as Matthew's girlfriend was ill-equipped to deal with Matthew's dramatic personality changes, and about a year and a half after the injury she ended their relationship. His family, case manager, and a mental health counsellor helped him adjust to the loss of his girlfriend as best they could. In preparing him to live on his own again, his family helped him to manage his finances, luckily never having to assume formal guardianship or set-up a financial trustee for him. They helped him to set-up a system to remember how and when to pay his bills and to budget for groceries and incidental expenses. The system wasn't foolproof and they often had to provide additional reminders and assistance with money management.

Matthew credits his family for all the help they gave him in regaining his independence. He worries that without their support he may have ended up homeless. The ABI case manager learned that Matthew's closest relationship was with his brother and his brother and Matthew agreed he would be the best key family contact. As years have passed post-injury, Matthew has only maintained sporadic contact with a couple of childhood friends and social isolation was identified by his family as a concern. New social activities and outlets were identified as goal areas with his case manager.



## *Transition to Independence*

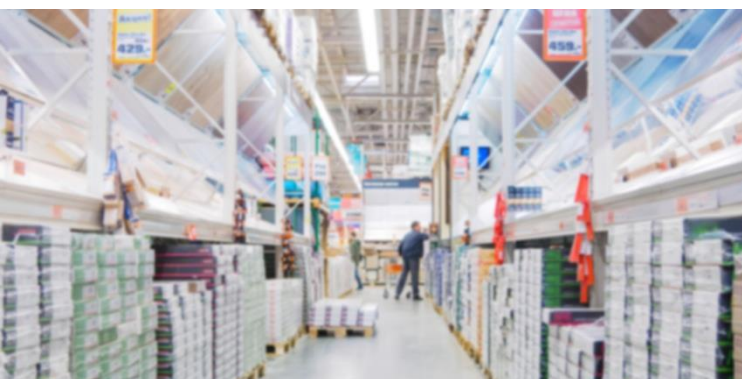
Matthew lived with his parents until he decided to move to Regina four years post-injury. He thought the move would increase his access to vocational support as well as his employment options. After an exhaustive housing search (that took approximately six months), his case manager was able to help Matthew find an accessible apartment that he could afford. The case manager helped to mediate some tension with the landlord and helped Matthew avoid an eviction by arranging for a community support worker to help him with home management and life skills tasks such as time and memory management, meal preparation, cleaning, and transportation. The community support worker was involved weekly for about a one year after Matthew moved to Regina to support him living on his own and in developing a routine. His case manager helped Matthew install a time management App on his cell phone and the community support worker helped him set-up his phone to keep track of his medical appointments, medication timing, and his work schedule. The community support worker could be re-hired in the future to work on other short-term goals should Matthew need it. Matthew's brother also phoned him regularly to make sure he was doing okay and was able to connect with his case manager who could then intervene on a few occasions when he found Matthew in crisis.





## *Building a New Life*

When Matthew moved to Regina, he was very lonely because all of his family and friends were back in his hometown. To help him make some social connections, Matthew's case manager encouraged him to join the local ABI support group and also referred him to the local ABI life enrichment program so that he found new activities for his free time. Matthew didn't think he needed these supports and was initially reluctant to become involved. As time went on and he struggled with depression, he decided to check these things out. He was glad he did, as they gave him a new sense of purpose and enhanced his quality of life. He made friends through his support group attendance that assisted with his social anxiety and he also attended an art group with the local life enrichment program. This proved to be a great creative outlet and helped him with his depression. His case manager has also helped him to connect with the Community Garden coordinator and Matthew has been invited to become involved with them in the future.



## *Getting Back to Work*

Matthew could not return to his pre-injury employment in the construction industry because of significant fatigue, coupled with his mobility challenges from his left-sided muscle weakness that made it unsafe.

Finding and keeping employment was a trial-and-error process. Matthew's insight/self-awareness was impaired because of his injury so he didn't recognize his deficits and their impact on his productivity and appropriate social interactions – both impacting his ability to maintain employment. He has worked with his case manager on effective social

communication, to develop strategies to manage his fatigue, alleviate his headaches, and has worked hard to build up his stamina over time. It took several years of supported employment job placements to find a workplace that was a good ‘fit’ – both with an employer that was supportive and understanding of his injury, and a work environment able to job carve and accommodate his needs (e.g., modifying some of his job tasks and allowing extra time to complete his tasks). Because of his love of tinkering and gardening, he recently gained a part-time, competitive position at one of the local Home Improvement stores. The case manager has spent a great deal of time with Matthew at his workplace and with Matthew’s current employer to help ensure the success of this work experience. Matthew often comes home from work exhausted and in pain and is worried he will not be able to maintain the pace. Case management support to maintain his employment will be ongoing.

Throughout Matthew’s community rehabilitation plan, the ABI case manager worked with and kept the SGI Personal Injury Representative (PIR) regularly updated on the progress on his goals. Because of the ABI case manager’s close relationship with Matthew, they were able to illustrate to the PIR the ways in which fatigue was impacting several areas of Matthew’s life and why his employment success might be affected by it over the long-term.





## *Long-Term Support*

### **8+ Years Post-Injury**

Matthew has been involved with ABI case management services on a regular basis over an eight-year period since his injury. He was also referred to many other ABI services over this timeframe as his needs changed. Initially, Matthew was in touch with his case manager on a weekly basis. Over time, as his service goals have been achieved and Matthew's independence has increased, his service time has decreased. Matthew was inactivated when he obtained his current job, as all of his goals had been achieved. At his request, his case manager recently reactivated him to provide psychosocial support as he has been having some challenges at work. Matthew views his ABI case manager as a 'sounding board' and they currently provide a weekly phone 'check in', which Matthew describes as his 'lifeline'. Matthew feels the phone call helps keep him on track with his weekly activities and reduces his sense of social isolation.

Matthew's involvement in formal ABI services has changed over time. He now requires much less support from his ABI case manager as he has become more involved in his community and in local ABI programming, but he has benefitted from knowing that he has 'someone in his corner'; he is able to pick up the phone when needed to problem-solve through a tough situation.

Matthew has been successful in achieving the majority of his goals because he has been motivated to actively work on them. He has had a long-term, trusting relationship with his case manager, has taken advantage of many other services and supports, as well as significant support over many years from his family who will be there for him over the long run to face life's inevitable ups-and-downs as a brain injury survivor. Matthew's recovery from his ABI will be lifelong.



## Appendix D - Education and Prevention Topic Definitions

### **Brain Walk**

Brain Walk provides grade K-6 students with an opportunity to learn about the different functions of the brain, and how to keep their brains safe and healthy. Students rotate through 10 interactive volunteer-run stations, filled with displays, demonstrations, and activities.

### **Mild Brain Injury**

The Coordinators provide education and resources for individuals who have sustained a mild brain injury/concussion. Information for family, coaches, educators, and community members is also available. Resources identify common symptoms of mild brain injury, discuss the effects of the injury on the client, and provide tips for healing.

### **Prevent Alcohol and Risk Related Trauma in Youth (PARTY)**

PARTY is an interactive injury prevention and health promotion program for teens. Students learn about the path of an injury survivor from the injury through medical rehabilitation and community reintegration. Interactive sessions are provided by local emergency, enforcement, health, and other professionals involved in trauma situations.

### **Brain Waves**

Brain Waves is an interactive half-day neuroscience presentation for students in grades 4-6. Students learn about different parts of the brain, basic neuroscience vocabulary, and how and why it is important to protect their brain and spinal cord. Information assists student awareness of the brain and the spinal cord, and provides simple injury prevention strategies.

### **Sask Smart**

A focus on injury prevention messaging delivered through social media such as: Buckle Up, Look First, Wear the Gear, Get Trained, Drive Sober, and Seek Help.