

# STRATEGIC PLANNING 2023



VISTA CENTRE  
BRAIN INJURY SERVICES

23-09-29

SUMMARY OF KEY ISSUES



**One World** inc  
Un seul monde

*Engaging people in productive dialogu*  
*Engager les gens dans un dialogue producti*

Ken Hoffman

One World Inc.

[Ken.hoffman@owi.ca](mailto:Ken.hoffman@owi.ca)

(613) 286-6660

# Strategic planning 2023

## SUMMARY OF KEY ISSUES

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## 1. INTRODUCTION

As a first step in the strategic planning process, the consultant conducted interviews with a number of internal and external key informants identified by the Vista Executive Director. The purpose of the interviews was:

- To better understand Vista's operations and the environment in which the organization is working; and
- To start to identify key issues on which to focus the strategic planning process.

The following individuals were interviewed:

### Internal

- Denis Boileau, Executive Director
- Tammy Kuchynski, Program Manager
- Stéphane Hébert, Program Manager
- Amy Bowen, Team Lead, SIL
- Suzanne Flaro, Team Lead, Day Program
- Andrew McKinney, Team Lead, Residential Program

### External:

- Connie Coburn, Champlain Systems Navigator
- Frank Greco, CEO BI Community Re-entry Niagara
- Judith Gargaro, Program Director, Neurotrauma Care Pathways
- Nesrine Awad-Shimoon, Clinical Neuropsychologist, Robin Easey Centre, TOH
- Alice Bellavance, CEO, Brain Injury Services of Northern Ontario (BISNO)

No clients or families were consulted as part of this process.

The following is a brief summary of the main issues emerging from the interviews.

## 2. ABI – THE ISSUE

The following points were raised to describe the overall issue of ABIs that is the focus of Vista's work:

### Prevalence of ABIs

- Approx. 5000 new moderate/severe ABI cases annually in ON. But this is cumulative

- High percentage of ABI in homeless/shelter pop
- High percentage in people with substance use issues
- High percentage in people with mental health issues
- High percentage in incarcerated people and those involved in justice system
- Many admitted to ER on regular basis (how many???)
- Despite this, the impact of ABI is under-appreciated by decision makers and general public.

#### Changing profile of people with ABIs

- Used to be TBIs dominated
- Now it is ABIs from substance use (overdoses). Many have memory problems, behavioural problems. Challenge to work with them.

#### Often young onset of ABIs

- Means they may require care/support for many years

Challenge for orgs – dealing with dysregulated highly behavioural ppl (but not regarded as psychiatric issue, so mental health system often does not deal well with people with ABIs) – population is very vulnerable. High added costs of security

Challenge re awareness and advocacy – most people don't know someone who has been affected by ABI, so no personal experience or connection to this issue

#### Supporting people with ABIs

- Some conditions challenging to deal with (e.g. anger, violence)
- Scares many organizations off; don't have capacity to deal with this
- Brain Injury Canada trying to get ABI recognized as a chronic condition

#### Conditions for people with ABI:

- Increasingly difficult to survive financially – increasing costs for rent and food, but ODSP has not kept up
- Housing crisis – more difficult to find and maintain housing
- Aging process happens more quickly for people with ABI
- Huge incidence of ABI among homeless and prison populations
- ABI people “not born this way” – often puts families into crisis
- Life more difficult for ppl with ABI because we are so reliant on technology for so many things – this can be particularly difficult for these people to manage
- Many psychiatrists do not want to work with BI; neuro psychiatry services very limited in ON (only in GTA)

### 3. VISTA – INTERNAL ISSUES

#### Programs and Services:

Vista is currently offering the following programs:

- Residential/Assisted Living – homes in Plantagenet and Ottawa
- Supportive Independent Living (SIL) – offered in person and virtually
- Day Programs – Ottawa and Cornwall
- Support Groups

#### Internal strengths:

##### Programming/Services

- Innovation and resilience during pandemic
  - Maintenance of services during COVID
  - Adaptable; Development of virtual services
  - partnership with Connected Canadians to get tech support for clients who need it to access virtual services
  - Virtual delivery has made it possible to reach a whole new group of clients who live in rural areas.
- Vista's client-centred approach. Person and Family-Centred Care (PFCC) approach – involving residents and families; what are their goals?
- Day Program (esp Cornwall)
- Plantagenet residence – cognitively stimulating environment; partnership with retirement home is working well (allows staff to focus on programming and not facility management) – good symbiotic relationship with retirement home; could similar model be brought to Ottawa? Looking at other potential locations with Precision Health
- Some good local awareness created through BI awareness day and media
- Some staff taking initiative e.g. fundraising for special activities for clients
- Transition Program from TOH/Robin Easey Centre
- Seen as good partner provincially

##### Staffing

- Very low turnover and good success in recruiting staff
- Staff feel well supported; Vista is very responsive to personal/family challenges

##### Management

- Team Leaders introduced 1 year ago to provide layer of middle management. Allows for issues to be dealt with more quickly and directly. Also an opportunity to start to train new managers. Supports innovation in programs.

##### Fundraising

- Vista has close to \$1M in accumulated funds. Stated intention to start Charitable Foundation to administer the funds.

## Potential areas for improvement:

### Programming

- Would help to develop clear program descriptions and directions to provide greater guidance and consistency
- Would help to have evaluations of impact of programs and time spent by staff
- Tools to assess capacity of individuals with ABI do not work well for them (currently using CHA tool); hard to demonstrate progress
- Transition Team
  - Challenging for Vista to work with TOH on Transition Team because they do not get access to hospital patient records and clinicians' assessments
- Residential
  - Presently serves only males
  - Long waiting list; need to increase capacity
  - Residence location in Ottawa – current location is triggering to clients with substance use issues – would like property where they can provide more holistic experience e.g. gardens
- Day Program
  - supervision in Ottawa; program needs more structured approach – challenging to achieve when Team Lead is based in Cornwall
  - numbers are currently low
  - might be helpful to get someone with therapeutic recreation background

### Accessibility

- Transportation for clients (to get to Vista programs and other services – often difficult for many)
- Location of programs

### Internal capacity

- Increase internal admin capacity (Financial Management, HR work is being done on top of Program Manager work) – previous funding increases all went to support front line programming, not to build infrastructure
- Having Clinical Director specific to agency
- Strengthen management and decision-making process – how decisions are made by Management Team
- Communication of decisions in org
- Previous strategic planning did not result in follow-through
- Technology that tracks referrals needs updating
- Team Leader – evaluate how this is going, how it could be strengthened

### Management

- Going ahead need to make sure consistent vision between Board, Management and Staff
- Management Team retiring soon (2-3 yrs) – what is succession plan?
- Understanding generational differences on staff
- Staff understanding of what Board brings to org

- Making supervision and evaluation of Team Leads clearer (Who does it? How is this process working?)
- Process for more regular meetings between Management and staff; opportunities to discuss issues e.g. working conditions, salaries
- Improve communication across programs
- Improve communication with Board, greater transparency in decision making between Management/Board and staff (e.g. staff see Board minutes)
- Staff should be able to report concerns without fear of repercussions. Having an HR dept would help
- TL – didn't get a lot of guidance. Need to understand better the limits of what they can do. How to deal with staffing and discipline issues
- How to involve TLs to greater extent in decisions about new programming
- Create vision for where programming is going – create direction and expectations for staff

Board:

- Several longstanding members; Mainly lawyers who have had personal involvement in ABI
- What other skills are needed???
- Succession strategy???

Staffing:

- Staff salaries – how does Vista compare? Review current system of base pay + bonuses for direct client time (disincentive for staff to take time off)
- Many staff are aging – need succession plan

Fundraising

- No fundraising strategy
- No clear intention for how accumulated funding reserve is to be used
- May be an opportunity to make use of funds to help organization achieve strategic goals

## Potential program directions for Vista:

- Mixed discussion about consolidating programs and administration under one roof. Could provide advantages including increasing consistency across programs, and more flexible roles for staff. Potential disadvantages include reducing accessibility to programs for some participants who must travel. Having in-person programming more geographically dispersed could increase accessibility.
- Case management to provide regular connection and direct support to clients and families and help coordinate services and navigation through system (could possibly keep people out of ER)
- Expand idea of reintegration – people need not only Independent Living skills, but also a reason to live – people are driven by finding purpose, that is big transition for many who are no longer able to work. Means offering other activities (volunteer or flexible paid) in which people can engage e.g. gardening. If they are not able to find something meaningful they are more likely to be depressed and engage in substance use. Substance use is a big threat for many clients (become more impulsive, desire to seek immediate gratification
  - supportive social enterprises e.g. Cemetery Guardian Angels in Niagara area – provides some employment, work experience and volunteer experience
- Presence in shelters, court system
- Concurrent Family support groups (while clients are participating in programming)
- Peer-led support groups
- Build mutual support between families

- residential – huge waiting list at present
- respite care
- Increasing FR language programming
- Work with Indigenous community
- Expand Day Programs, including evenings
- Build capacity to support lower-level behavioural cases so no need to send them to Hamilton
- Potentially replicate staged housing proposal that Thunder Bay is pursuing
- Serving outlying communities (through partnerships?)
- Develop culturally-appropriate safe services (e.g. to work with indigenous communities)

## 4. EXTERNAL ISSUES

### Health care system

- Reorganized system (elimination of LHINs; introduction of Ontario Health; regionalization)
- General funding freeze from Ministry of Health
- Relationships need to be re-established for ABI sector, especially with Ontario Health regions
- Provincial intention to send ABI clients anywhere in province for care (according to level of severity) – could remove people from their support systems
- OHTs are seen as key agents for system change at local level, but they are still very new and figuring out their role. Where do ABIs fit? Working on submission for urgent MH clinic (should have capacity to deal with BI). Need to make sure OHTs aren't perpetuating barriers for people who are hard to serve.
- Competition from for-profit orgs with focus on taking patients quickly out of rehab – could Vista position itself here?
- Current difficulty in accessing Family Practitioners is especially difficult for people with ABIs who often need medical referrals to access specialized programs

### ABI sector in Ontario

- With MoH decision to close ON Neurotrauma Foundation there is now no overarching organization to coordinate strategy in ABI
- Neurotrauma Care Pathways initiative
  - Define ideal pathway from injury to death for people with neurotrauma – from acute care to community
  - Quality indicators to measure care
  - Use as a template to assess diff ON regions, address disparities, inconsistencies of care across province. Provide basis for planning in each region. Showcase promising practices.
  - Data – high quality when hospital-based, inpatient; challenges for community, outpatient. Difficult to compare between organizations – trying to get standard data collection tools. Would like core indicators to see who is treating which clients, who is falling through the gaps.
  - Need good data to deal with misconceptions about ABIs (e.g. most from car accidents) and assist with lobbying
  - Need better way to track functional outcomes in community (current measure doesn't work well for ABIs). Satisfaction surveys not helpful – should be able to ask participants what goals they have, and whether org is helping them to get there – more client-based approach
  - Will be developing report cards on community side, but need agreement on common data elements



- Poor job to date in making a case for community services in this area (what is the value the system is getting from these services e.g. preventing unnecessary ER visits)?
- Will be eligible for \$8500 grant to work on improving pathway in East

#### 4. SWOT ANALYSIS

Strengths	Weaknesses (Areas for Improvement)
<ul style="list-style-type: none"> <li>- Innovation and resilience during pandemic                             <ul style="list-style-type: none"> <li>○ Maintained services to clients</li> <li>○ Development of virtual services</li> <li>○ Ability to pivot and innovate</li> </ul> </li> <li>- Person and Family Centred Care approach</li> <li>- Plantagenet Residential model</li> <li>- Transition program from Robin Easey Centre</li> <li>- Low staff turnover; supportive work environment</li> <li>- introduction of Team Leads</li> <li>- approx. \$1M reserve fund</li> </ul>	<ul style="list-style-type: none"> <li>- need to increase internal capacity in key areas (e.g. Financial management, Human Resources, Internal Program Management, Clinical Supervision)</li> <li>- strengthen and clarify support for Team Leads</li> <li>- succession planning (Board, Management, staff)</li> <li>- need plan for fundraising; use of funds in reserve</li> <li>- could benefit from clearer program direction; more communication across programs</li> <li>- difficult to evaluate impact of programs (tools not appropriate)</li> <li>- Many ideas for program improvement/ expansion                             <ul style="list-style-type: none"> <li>○ long wait list for residential</li> <li>○ Day Program could benefit from more structured approach; increase numbers</li> <li>○ Case management</li> <li>○ Reintegration</li> <li>○ Mutual support</li> <li>○ Respite</li> <li>○ French language</li> </ul> </li> <li>- Clarify Decision making and communications</li> <li>- Review staff salaries</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>- Potential partnerships (locally and provincially) with orgs in sectors:                             <ul style="list-style-type: none"> <li>○ Homelessness</li> <li>○ Mental Health and Addictions</li> <li>○ Justice system</li> </ul> </li> <li>- Work with OHT locally</li> <li>- Provincial coalition doing important work on Critical Pathways and TBI report card; impact of services; advocacy to Province</li> <li>- Small grants to work on Critical Pathways</li> </ul>	<ul style="list-style-type: none"> <li>- Strong increase in numbers of people affected by ABIs</li> <li>- Demand &gt;&gt; Services</li> <li>- Huge long-term impact on health system and families</li> <li>- Health funding for ABIs has not increased in years</li> <li>- Living conditions getting more precarious for people with ABIs</li> <li>- Many orgs don't want to deal with ABIs</li> <li>- Restructured health system</li> </ul>

	<ul style="list-style-type: none"> <li>- Competition from for-profit services that promise to get ABI patients out of hospital quickly</li> <li>- Low level of awareness among decision makers about significance of ABI</li> </ul>
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## 5. CRITICAL ISSUES/POTENTIAL ROLES FOR VISTA

### 1. Building Internal Capacity

- What are the most critical areas?
  - Finance
  - HR
  - Director of Programs
  - Clinical Director
  - Staff compensation?
  - Data collection for Quality Improvement and Advocacy/Funding
  - Program development and evaluation
  - Engagement with clients and families?
- How does Vista move forward in these areas?

### 2. Building Management/Governance Capacity

- How can Vista ensure clear and consistent direction and communication from Board, through Management and Staff?
- How can Vista support the Team Leaders most effectively?
- What is the succession plan for Board and Management?

### 3. Program Growth Strategy

- What are the emerging trends in ABI?
- What is Vista's role in the system of ABI services?
- How does Vista effectively serve the population of Eastern Ontario?
- What are the opportunities for partnership?
- How does Vista decide where to focus?

### 4. Working as a Catalyst for System Change

- What role can Vista play to support the development of an effective local system of services to address ABI?
- Where are possibilities for sector partnership?
  - Homeless
  - Mental Health
  - Addictions
- How can Vista engage the broader community in conversation and planning about ABI?
  - Community partners

- Clients and families
- Discharge planners
- System Navigator

5. Awareness, Advocacy and Funding

- How does Vista play the most effective role in provincial strategies?
- Where can Vista be most effective in advancing these issues locally?