

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.



**ANNUAL REPORT
2009-2010**



ANNUAL REPORTS
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INTRODUCTION TO BICR 2009-2010

Brain Injury Community Re-entry (Niagara) Inc. (BICR) is a non-profit organization that provides support services and rehabilitation to individuals living with the effects of an acquired brain injury. Based in St. Catharines, BICR serves the needs of adults throughout the Niagara Region.

Our organization was founded in 1988 by a group of concerned parents and professionals who felt that specialized services were needed in the region. A volunteer Board of Directors consists of an organization founder, rehabilitation professionals and other community partners, which oversees our programs. Funding is provided by a variety of sources including the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) and the Ontario Ministry of Health and Long Term Care, third party payers, fundraising and private donations.

MISSION STATEMENT

Brain Injury Community Re-entry will provide support and leadership to individuals, their families and/or caregivers within the Niagara Region living with the effects of an acquired brain injury. We promote self-direction, facilitate opportunities for meaningful adaptation, and contribute to the development of the agency and its people. We participate in advancements in the field of rehabilitation, and participate in partnerships that foster ongoing dialogue with the individual and their support network.

VISION STATEMENT

To lead in the field of acquired brain injury rehabilitation, providing advocacy for successful re-entry into the community.

STATEMENT OF PHILOSOPHY

The provision of support services is based on the following beliefs:

- Each individual is a unique adult and is deserving of respect and dignity.
- Support should be flexible, individualized and reflective of choices, abilities and existing support networks.
- Choice often involves some elements of risk. Where possible, individuals will be permitted to experience the result of their choices to the extent that they are able.
- Independence is a dynamic process of accessing people and services as challenges and successes change.

We rigorously promote the rights of the individual and promote recognition of acquired brain injury and how it affects individuals and families through ongoing advocacy and public education.

PRESIDENT'S ANNUAL REPORT
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It is with great pleasure that I welcome you all to BICR's 22nd Annual General Meeting. This year, same as last we had a full slate of 10 active Directors, with no changes.

This time last year we had just finished our Accreditation Canada survey, and I wish to proudly announce that our accreditation was very successful with a few minor changes. Compliments to all involved!!

Every 3 years we organize a Strategic Planning Forum consisting of Staff, Board of Directors, Participants, Family Members and Community Partners. The most recent forum was held in March of this year, and many topics were brought forward for discussion. The Board is in the process of reviewing the most important and popular topics and developing the 2010-2013 Strategic Plan. This is a very important process for the agency and it provides an opportunity for the Board of Directors to hear from the community and everyone involved with BICR.

Again this year, I had the pleasure of thanking our volunteers at a small reception held at Bethany Community Church in St. Catharines, on Wednesday, April 21st, 2010. BICR greatly appreciates our volunteers and we are thankful for the dedicated service that they provide.

Our continuous plans for the purchase of land for the building of a new residence in the Welland area remains ongoing with no definite plan as of yet, however it is our hope to have a new residence built within the next 2 years.

During the reporting period BICR has undertaken a greater service area and now provides, with funding, additional services to Fort Erie and along the North Shore of Lake Erie.

I wish to conclude my annual report by thanking the Board of Directors for their help this year, as well as the staff of BICR for the continuous successful operation of our agency. Have a safe and enjoyable summer and God Bless all.

NICK OSTRYHON
PRESIDENT

**RAPPORT ANNUEL DU PRÉSIDENT
2009-2010**

C'est avec grand plaisir que je vous souhaite la bienvenue à la 22^e Assemblée générale annuelle du Centre de réintégration communautaire des personnes ayant une lésion cérébrale (Niagara) (BICR). Cette année, tout comme l'an dernier, nous avons eu une équipe complète de 10 administrateurs, aucune modification n'ayant été apportée à la composition du conseil d'administration.

À ce temps-ci l'an dernier, nous venions de terminer notre sondage d'Agrément Canada, et je suis fier d'annoncer que nous avons obtenu l'agrément avec quelques légères modifications. Félicitations à toutes les personnes qui ont contribué à cette initiative!

Tous les trois ans, nous organisons un Forum de planification stratégique auquel assistent des membres du personnel et du conseil, des participants, des membres de la famille et des partenaires communautaires. Le plus récent forum a eu lieu en mars dernier et on y a discuté de nombreux points. Le conseil est en train de passer en revue les points les plus importants et les plus populaires et d'élaborer son plan stratégique pour la période 2010-2013. Il s'agit d'un processus très important pour l'organisme ainsi qu'une occasion pour le conseil d'administration d'écouter le point de vue des membres de la communauté et de toutes les personnes participant d'une façon ou d'une autre aux activités de BICR.

Encore une fois cette année, j'ai eu le plaisir de remercier nos bénévoles lors d'une petite réception au Bethany Community Church à St. Catharines, le mercredi 21 avril 2010. BICR apprécie énormément ses bénévoles et les remercie des services dévoués qu'ils offrent.

Nous prévoyons encore acheter un terrain pour y construire notre nouvelle résidence dans la région de Welland. Les plans ne sont pas encore définitifs, mais nous espérons qu'elle sera construite d'ici deux ans.

Au cours de la période visée par ce rapport, BICR a élargi la zone desservie et offre maintenant des services financés additionnels à Fort Érié et aux communautés sur la rive nord du lac Érié.

En terminant, j'aimerais remercier les membres du conseil d'administration de leur soutien au cours de la dernière année ainsi que les membres du personnel de leurs efforts visant à assurer le succès de nos activités. Je vous souhaite tous un été des plus agréables et que Dieu vous bénisse!

**NICK OSTRYHON
PRÉSIDENT**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
EXECUTIVE DIRECTOR'S ANNUAL REPORT
2009-2010

The Annual General Meeting is here once again and I am excited to see individuals celebrating their 20 year anniversary. This is a first for the organization. Congratulations to all staff celebrating 5, 10, 15 and 20 year milestones.

This has been a great year with Accreditation Canada completed and another successful survey outcome. Once again our staff, participants and family surveys have been very positive and are a reflection of the great staff we have here at BICR. The organization is committed to providing staff, volunteers, and students with top quality training and has once again received a training award. One area of interest is the Strength Deployment Inventory training provided to first year students in the Social Service Worker program at Niagara College.

BICR is expanding our office space, enabling the Personal Effectiveness Training and the Vocational programs to relocate to the 261 Martindale location. This is very exciting for staff and participants. The additional space will have room for training, a drop in centre and group work. I am also very pleased to announce that BICR has received additional funding from the Local Health Integration Network for a staff member to work in the Fort Erie, Crystal Beach and Port Colborne area. This is a great opportunity for BICR to provide services to individuals in these rural areas.

This year the organization has experienced many successes, however the board, management and staff were saddened of the passing of several participants, former participants and family members.

I hope you all have a great summer and continued success for the year ahead.

FRANK GRECO
EXECUTIVE DIRECTOR

**RAPPORT ANNUEL DU DIRECTEUR GÉNÉRAL
2009-2010**

C'est de nouveau le temps de l'Assemblée générale annuelle et je suis ravi de voir des membres du personnel célébrer 20 années de service. C'est une première pour l'organisme. Félicitations à tous les employés qui célèbrent 5, 10, 15 et 20 années de service!

Ce fut une excellente année pour BICR. Le sondage d'Agrément Canada a été rempli et nous avons de nouveau obtenu l'agrément. Encore une fois, les sondages auprès des membres du personnel, des participants et des membres de la famille ont été très positifs et reflètent l'excellence de notre personnel. Nous sommes déterminés à offrir au personnel, aux bénévoles et aux étudiants de la formation de la plus haute qualité et avons encore une fois reçu un prix de formation. Je cite, à titre d'exemple, la formation sur l'Inventaire du déploiement des forces de la personnalité offerte aux étudiants de première année du programme de travail social du Collège Niagara.

BICR élargira bientôt ses locaux. Le programme de formation en efficacité personnelle et les programmes de formation professionnelle s'installeront au 261, chemin Martindale. Le personnel et les participants de ces programmes s'en réjouissent. Il y aura de l'espace pour la tenue d'ateliers de formation et d'activités en groupes ainsi que pour un centre d'accueil. Je suis heureux d'annoncer que BICR a reçu des fonds du Réseau local d'intégration des services de santé pour l'embauche d'une personne qui pourra travailler dans la région de Fort Érié, de Crystal Beach et de Port Colborne. C'est une occasion superbe pour le BICR d'offrir des services aux personnes dans ces régions rurales.

Cette année, nous avons connu de nombreux succès, toutefois, le conseil, la gestion et le personnel ont été attristés par la perte de plusieurs participants, anciens participants et membres de la famille.

Je vous souhaite à tous et à toutes un bel été et une année pleine de succès.

**FRANK GRECO
DIRECTEUR GÉNÉRAL**

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The past year provided many opportunities for growth as well as a healthy dose of challenges. Continuing to align our practices with the Ontario Health Care Reporting Standards (OHRS), responding to the Accreditation Canada survey results, ongoing involvement with the LHIN 4 Community Support Services Network and implementing on-line banking have all added to the further development of this department in support of the agency.

With the change to the Ministry of Health's reporting requirements over the past couple of years, and the more recent switch to the new accounting software - MS Dynamics GP in Nov 2009, reporting has been further enhanced with training in MS Report Writer. Now, we can not only get our Balance Sheet and Income Statements printed in record time but also detailed reports that have been a great assistance in monitoring and decision making at an operational level. Also, with the more recent training in QHR – a Human Resource Information System (HRIS) and Payroll application, these functions will be brought back in-house during the 2010-2011 fiscal period. This will lead to increased controls, improved timelines and offer greater self-sufficiency. The new Community Analysis Tool (more commonly known as the CAT), which all Community Support agencies now use, now offers an integrated approach in providing financial forecasts to the Ministry of Health.

In May, Accreditation Canada (aka AC and formerly known as CCHSA) surveyed BICR. As part of the Effective Organization committee, our group was evaluated on how we adapted to the environment, strengthened culture and values, formalized decision making around resources and how we created an infrastructure to achieve positive outcomes. While we received a very favourable report, we were encouraged to enhance our Integrated Quality Improvement Program. This came at an opportune time as we had been in the process of developing the Dashboard (our Operational Scorecard), as part of the cascaded (and strategic) Balanced Scorecard, which is the next step in using the Balanced Scorecard model that will assist us in monitoring results at the operational level.

In addition, the writer continued involvement with the LHIN 4 Community Support Services Network (formed to liaison between the LHIN and other community support service agencies.). During the 2009-2010 fiscal period, this group organized two new workshops to foster collaborative initiatives between agencies and also provide updates to other community service agencies from the LHIN. In addition, this group was invited by the LHIN to make some resource allocation decisions within the HNHB region.

Earlier this year, we began to use on-line banking. We are now able to complete many transactions on-line. This has saved us many phone calls, some trips to the Meridian Credit Union and will be absolutely necessary when payroll is moved internally for processing later this year.

Over the next year, we will be facing new challenges that will provide other opportunities for creativity and growth. This includes acquiring a new van, securing new office space adjacent to the main office and significant investment in two residential homes based on the results of recent home inspections.

Many thanks are extended to Sue Keus and Jamie Bird for their ongoing commitment to the functions that they perform everyday and their deep desire to support and improve this department's role in serving the agency.

SANDRA HARDING, CGA
DIRECTOR OF FINANCE

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HUMAN RESOURCES DEPARTMENT ANNUAL REPORT
2009-2010

The Human Resources Department's operating philosophy is based on fostering consistent, fair and equitable employee relations, which supports the overall agency strategy. Our primary focus is to position BICR as the agency of choice for our participants, employees, students and volunteers.

Recruiting and orientation for staff and volunteers are regular activities, usually taking place three (3) to four (4) times per year.

Turnover is present, as are leaves of absence, coupled with internal promotions and transfers that impact other positions, which presents the responsibility of backfilling positions. The past year's activity has been greater than usual and our internal promotion process is evident. As well, we have a number of employee's in temporary positions, which provide them the opportunity for skill building, and will aid them in future promotional opportunities. Overall, the Agency's turnover rate is at a satisfactory level. Changes to recruiting procedures have expanded the pool of applicants and we are proud of our ability to attract qualified candidates. The challenge of staff retention and staff engagement continues as we move forward. As a result we will need to continue identifying alternative paths of employee development to try and meet employee's ongoing needs.

Congratulations to the Joint Health and Safety committee as the "Terms of Reference" and application for the multi-site structure were approved. Since the approval, the committee has hit the ground running and are working diligently to educate and find new, innovative resources for employees, students, and volunteers. We have added a new feature to the monthly internal digest called "The Safety Corner". Each month interesting facts, resources, statistics and tools are provided, to reinforce the importance of health, wellness and safety to everyone at BICR. In addition, the committee is working on updating processes and policies at each site to ensure consistency and compliance with the Occupational H&S Act.

The Human Resources team continues to provide mandatory training to all employees, volunteers and students relating to Health and Safety, WHMIS and Workplace Violence prevention. As 2009 provided us with a 100% attendance of all staff for the Workplace Violence Prevention training, the HR department is working towards 100% attendance with the annual refresher course. Bill 168 will come into effect June 2010, and the HR department is fully prepared, as our policies, training and resources comply 100% with the new bill. As a result, the HR team has had the opportunity to provide external Workplace Violence Prevention training to non-profit organizations and the community college.

At the beginning of 2009, BICR took part in a compensation survey and the end results illustrated that in relationship to our budget, size of the organization, and our location, we are a strong competitor within our market. Within all wage levels we are above the industry norm.

The past year brought forth new challenges, which allowed all of BICR to implement components of our Pandemic Plan. As we worked through the H1N1 potential outbreak for 2009-2010, BICR was very active in getting prepared for "*what could happen*". As a result, BICR sent five (5) employees to a Train the Trainer course in N95 "FIT TESTING". The 2009-2010 initiative is under way and currently the team is working with all employees to have this process completed. We are 70% of the way through and are confident by summer

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all employees will have been fitted. Due to the urgency throughout the province regarding H1N1, BICR last year could not provide its employees and participants with an in-house Seasonal Flu Immunization Clinic. We are working proactively with a Niagara Health Care Clinic to provide this opportunity once again for BICR.

BICR with the full support and guidance from the Wellness Committee continues to support environmental issues. This year we continue "being GREEN" by using products which are 100% recyclable and/or have been made with recycle components. In addition, the Wellness committee continues to be an innovative and forward thinking committee. Congratulation goes out to the Wellness Committee on their hard work throughout 2009 as they brought home the "PLATIUM and GOLD HEALTHY LIVING AWARD".

Accreditation Canada activity consumed a significant amount of project time this past year. The adoption of new standards related to Infection Prevention, required some amendments to Human Resources and Health and Safety Policies and Procedures. Everyone at BICR had to adapt and respond to meet the new criteria. Although time consuming, this activity continues to provide a necessary Agency wide assessment that helps identify gaps and promotes the development of solutions that are in all parties' best interests. The success of our accreditation is a true testimonial to the hard work and support from everyone who is involved with BICR.

Providing avenues for employee feedback is an on-going feature. 'Food for Thought' lunches are held monthly, where invited employees meet with the Executive Director and a Manager designate to talk about their work at the Agency. It's a great opportunity for different departments and employees to share information and get to know each other. Identified as our strengths in the luncheons are flexibility, training, work life balance, benefits and autonomy. Another regular feedback mechanism is exit interviews which analyze both our strengths and areas of opportunities. At year end, Human Resources analyzes all data and provides a summary to the Management team and all employees through the Internal Digest.

Going forward the Human Resources Department will continue to develop measurement tools to monitor its operations and identify and act upon continuous improvement opportunities, cost savings initiatives and advocate for the resources to increase efficiencies both within the department and interdepartmentally. By fostering open communication within the internal and external environments, a positive team atmosphere will contribute to achieving and exceeding the agency's overall mission and strategy goals.

Thank you to Jacqueline Buchanan and Erica LaPlante for working collectively in bringing our team together and illustrating another successful year. Their reports are attached for your review and consideration.

GINA AIELLO
DIRECTOR, HUMAN RESOURCES

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
**HUMAN RESOURCES COORDINATOR ANNUAL REPORT
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One of BICR's greatest assets is its staff. Over the past fiscal year there have been many changes internally that have required ongoing recruitment and effort to maintain the corporate culture that is so often mentioned as a benefit by our staff.

EMPLOYMENT STATUS CHANGES, NEW HIRES AND RESIGNATIONS / TERMINATIONS

STATUS CHANGE REASON	NUMBER
New Hires	25 (2 in Admin; 14 in Residential; 9 in COSS)
Resignations	27 (1 in Admin; 21 in Residential; 4 in COSS; 1 Mgmt)
Internal Status Changes	34 (1 in Mgmt; 2 in Admin; 10 in COSS; 5 in Mod Svcs and 16 in Residential)

NEW HIRES

Digging deeper into the statistics around recruitment finds that BICR stayed fairly consistent with the number of new Rehabilitation Counsellor at twenty – three (23). However, there was more promotion and growth from within during the past fiscal year. For instance, in response to an opening for a Program Manager, Residential, the successful candidate was Margo Van Honsberger, a 15-year veteran of BICR. We also found internally 5 Case Facilitators (3 on an Interim basis) and 6 Full – Time Rehabilitation Counsellors. There were also seven (7) employees who took a leave of absence and four (4) returned from a leave. During the summer BICR again received funding for two (2) students through the Canada Summer Student Jobs Program sponsored through HRDC. One student was shared between Richardson Court and St. Lawrence while the other was placed in the recreation department. One student has returned upon graduation to become a Rehabilitation Counsellor on a Relief basis.

DEPARTURES

Despite the month of August seeing higher than average resignations, the overall numbers were slightly lower than in the past few years. Twenty-eight (28) staff left, which is approximately 10% lower than last year. Of that 28 staff, one (1) was from the management team, one (1) retired from a Team Coordinator role, 2 were students at the end of their contract and five (5) did not return from leave. The average tenure of the departing employees was 2.6 years, without the retirement that tenure decreases to an average of 2 years (the range being 0.33 years to 15.67 years). This is consistent over the past few years which speaks to the difficulty in retaining relief staff over the long – term. Interestingly, the average tenure of the staff at BICR is 6.78 years. Fifty percent of those leaving were Relief employees (50%); whereas thirty-one percent (31%) were Full – Time employees. As mentioned previously, August did see a higher than usual rate of departure which was due to the higher than usual ratio of employees returning to school. Approximately thirty percent (30%) of the entire year's departing employees left to pursue further academic qualifications, which was the same percentage as those who left for another job.

HIGHLIGHTS FROM THE HR COORDINATOR

- BICR received both the Gold Award and the Platinum Award for Healthy Living in the Workplace from the Region of Niagara in November 2009. This is the first year we have won the prestigious Platinum Award, which was introduced in 2007. The award celebrates how healthy choices are encouraged by BICR's policies and procedures and is embedded in our culture.

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- Continuing partnerships with Niagara College and Brock University led to a strong recruitment pool.
- For the first time, 100% departing employees would recommend BICR as an employer to family and friends, illustrating our status as an employer of choice.
- For the administrative position we posted in February, we received over 200 qualified applications.

CHALLENGES GOING FORWARD

- Our staffing complement continues to grow, which translates into the continual challenge of backfilling positions.
- Attracting and retaining quality Relief staff and coordinating their availability with our scheduling availability is also an ongoing concern.
- Further review of our technological resources will occur in order to maximize the value of our website and other tools at our disposal.
- A review of the exit interviews highlight some opportunities to improve: openness to new therapies and consistency of approach being two specific initiatives that will be looked at over the coming year.

JACQUELINE BUCHANAN, MBA, CHRP
HUMAN RESOURCES COORDINATOR

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The amalgamation of the Education and Human Resources Coordinator position proved to be a successful merger, and the past fiscal year's activities in the department are a testament to this.

HIGHLIGHTS

- 97% of staff have completed their mandatory training required of all new hires; 84% of staff have maintained their mandatory training requirements.
- The annual mandatory Health & Safety refresher training for all staff was updated to reflect changes in the external environment and revised legislation; consequently, the agency now provides one whole day of safety training to include more detailed information regarding Workplace Violence Prevention, Hand Hygiene and Routine Practices (Infection Prevention Controls).
- An elective Lunch n' Learn session was provided on each calendar quarter highlighting the topics of: "Diabetes", "Mental Health", "Sleep & Restfulness" and "Managing Stress".
- 25 staff attended an elective in-house workshop entitled "Train-the Train: Learn the Art of Public Speaking"; this workshop provided a wealth of valuable tips and ideas to help those in attendance become an effective (or more effective) facilitator.
- In response to the H1N1 outbreak, Education assisted the Pandemic Planning Committee in arranging for all staff to receive training and fit testing for N95 masks.
- Approval was received for WHMIS refresher training to be completed on-line, via the internet, bi-annually by all front-line/clinical and management staff; the first group of employees required to complete WHMIS e-learning received memo correspondence.
- Education continued to work closely with the Joint Health & Safety Committee to keep applicable health & safety policies, procedures and processes up-to-date according to current legislation and in response to the Ministry of Labour and WSIB requirements.

CHALLENGES

- Effectively communicating to employees the importance of keeping mandatory training current and engaging them to do so.
- Dedicating the time and resources required to continue updating training materials and in-services; this includes being able to compose in-services with information as requested by staff.
- Encouraging employees to be accountable for signing up for and attending in-services (as scheduled or otherwise).
- Having a sufficient number of qualified facilitators for internal in-services.
- Scheduling internal in-services in a manner that is conducive to the schedules of both staff and the facilitators.

FUTURE INITIATIVES

- Acquire and orient additional staff as facilitators for internal in-services in order to have an effective succession/back-up plan for planned/unplanned vacancies.
- Collaborate regularly with the Wellness Committee to provide Lunch n' Learn sessions geared to the interests of staff.
- Cascade information regarding external education opportunities more effectively to reach all staff at various locations.

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- Utilize the agency's website more effectively to provide useful and current education information.
- Arrange an annual half day workshop for participants, their family members/caregivers and staff highlighting topics of interest to further their knowledge and aid in their wellness.
- Continue to update training materials and in-services in response to changes in business needs and the work environment i.e. new/revised legislation, behavioural sciences, technology advancements etc...
- Monitor the success of WHMIS e-learning.

ON-GOING OBJECTIVES

- Conduct a needs analysis specific to front line service delivery in order to develop and deliver training workshops having an immediate and long-term impact on participant service delivery.
- Continue to deliver training sessions to maintain staff's current skill set and identify new training needed to ensure staff supports mirrors anticipated needs of participants coming into service as well as those whose life-stage is changing while in service with us.
- Develop, support and implement best practices in orientation, continuous learning and development.
- Continuously monitor changes in the organization relative to the changing environment in order to develop short-term training initiatives.

ERICA LAPLANTE
EDUCATION AND HUMAN RESOURCES COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
VOLUNTEER COORDINATOR ANNUAL REPORT
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Sherry Anderson once said "Volunteers don't get paid, not because they're worthless, but because they're priceless." The volunteer department would definitely echo that sentiment as 2009-2010 has been an extremely busy year. This past year has seen a record number of volunteers, students and hours which has played havoc with forecasts.

Month	Hours	# of Volunteers
April	297.25	21
May	169.25	18
June	135.75	20
July	125.5	6
August	30.25	7
September	170.25	31
October	585.75	26
November	553.75	27
December	335.50	27
January	486	25
February	627	29
March	579.75	30
AVERAGE	341.33	22

Along with established partnerships with Niagara College and the MedPlus program at Brock University, the department expanded its collaborations to a local high school (St. Paul's in Niagara Falls) and Mohawk College in Hamilton. In addition we had a Finnish post-graduate student working in the psychology department for almost 6 months. We have also expanded the programs from which we attract volunteers to the business, recreation and physical education programs of both Niagara College and Brock University. This has allowed us to meet one of the goals from last year, as the HR department has a volunteer and we have three (3) new supervisors for our students.

The process of placing volunteers has also evolved as a result of the increase in unsolicited volunteer applications. When a new volunteer begins the application process, instead of a reactive approach and placing the volunteer into one of the existing requests, it is now more of a proactive approach where the potential supervisors are approached to see where the volunteer's interests, experiences and skills can best be used. This has resulted in many new opportunities for volunteers, while still filling the existing requests.

HIGHLIGHTS FROM THE VOLUNTEER DEPARTMENT:

- We nominated a volunteer (Sean Robb) for *Volunteer of the Year* both nationally and locally.
- Volunteers played an integral part of the Annual Golf Tournament, we were able to access both new and veteran volunteers.
- A new Volunteer Policies & Procedures manual was unveiled at the beginning of 2010.
- BICR participated in various Volunteer Fairs throughout the Niagara Region.
- A new orientation specifically geared towards students was implemented starting in September 2009.
- BICR continued its involvement in the Regional Association of Volunteer Administrators allowing us access to many new programs, initiatives and best practices.
- National Volunteer Recognition Week was a tremendous success and will become an annual event.

CHALLENGES GOING FORWARD

- We continually look for new and innovative ways to maintain the enthusiasm of our volunteers throughout their placement.

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- Due to the diverse locations where our volunteers are placed and number of supervisors, an ongoing challenge is maintaining two – way communication and addressing issues in a prompt and consistent manner.
- We have a plethora of young volunteers but we also have an aging participant base; an increased effort to recruit older volunteers will be one of the initiatives of the next fiscal year.

JACQUELINE BUCHANAN, MBA, CHRP
VOLUNTEER COORDINATOR

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PROJECT MANAGER ANNUAL REPORT
2009-2010

The year was as challenging as it was rewarding. At the start of the fiscal year and as Accreditation Coordinator, the writer was very active preparing for Accreditation Canada's survey visit scheduled for May 10 – 13, 2009. As part of the audit, two Accreditation Canada surveyors met with the Board of Directors, management and staff throughout the agency. The surveyors also spoke with participants, families and community partners, reviewed documentation and toured all sites. They conducted intensive TRACER audits to gather evidence of BICR's quality and safety of care in services.

Out of the 539 criteria that the surveyors reviewed, 418 were met, 17 were unmet and 104 were not applicable to BICR. This represents a 96% successful attainment of standards and only 4% of unmet criteria. Between June and November, BICR responded to the eight specific criteria that were flagged as a "Priority for Action". In December 2009, BICR was awarded FULL ACCREDITATION in its Final Report received from Accreditation Canada.

The writer is a member of the agency's Infection Prevention and Control committee. As part of the accreditation process, this committee reviewed standards in the area of Infection Prevention and Control and prepared BICR's response to any areas of concern. After the survey visit, AC identified one specific area that required follow up which the team completed: develop and implement a quality control program for the cleaning and disinfection of reusable medical devices.

As a member of the Pandemic and Crisis Team, the writer assisted in the coordination of BICR's response to the H1N1 outbreak in the community. At its peak time in the fall, there were regular communication updates provided to staff, as well as screening protocols implemented at every location.

Another project was the development of an Inclement Weather Protocol for the agency's Emergency Response Plan (ERP). The purpose of the protocol is to assist BICR in making weather related decisions (e.g.: snow storm) that don't fit the ERP's criteria for implementation. In December, BICR conducted its annual test of the Emergency Response Plan and the focus of the test was to assess staff's knowledge of the new inclement weather policy. Several recommendations were put forth as a result of the test. For instance, a checklist for Case Facilitators to use during an emergency was one suggestion that was implemented.

Records Management experienced a few changes over the year. First, this writer began to facilitate both orientation and annual refresher documentation training. Secondly, the agency moved its offsite storage of all participant, staff and financial records to Safe Stor Storage facilities in Fonthill. Safe Stor offers a confidential, secure and climate controlled environment to store BICR's records. To facilitate this change, the Records Secretary prepared and inventoried participant information for transport.

Participant and Family Satisfaction Surveys were completed in 2009 for all participants and families, with extremely positive overall results.

During this time, specific Strategic Information Systems initiatives were also addressed:

- Roll-out of new computer purchases and a second network server. In addition, BICR benefited from an initiative for non-profit agencies and received ten computer systems at a very low cost. These systems were distributed throughout the agency.

**PROJECT MANAGER ANNUAL REPORT
2009-2010**

- Purchase of two new photocopiers. Both have scanning capabilities, while the colour copier also has professional finishing which allows BICR to have enhanced in-house printing capabilities.
- Continued investigation into electronic signature technology.
- Review destruction of information record management processes.

The administration team experienced some change in early 2010, as Courtney Kaminski, Administrative Assistant left the agency. Courtney's contributions were many and she will be missed. At the end of the fiscal year, BICR welcomed Carolyn Potts as new Administrative Assistant. Throughout the year, the efforts of all department staff were tremendous contributions to the success of the agency.

OBJECTIVES FOR THE UPCOMING YEAR:

Continue to provide statistical information to Accreditation Canada by providing quality indicator data around participant safety and quality care. Work on responding to the remaining unmet criteria identified by Accreditation Canada.

Develop an Outbreak Management Plan to effectively respond to illnesses that do not fit the criteria of a pandemic but do require a formal, planned response. (For example: site specific enteric outbreak management.)

Continue to develop and support Participant Safety Steering Committee initiatives, including:

- Quarterly visits to program staff meetings to communicate changes and updates.
- Apply Errors of Omissions analysis to the topic of Participant Choking and implement recommendations to staff supporting participants with this challenge.

Strategic Information Systems Planning:

- Install a second remote server that will improve accessibility as well as serve as a back-up for sites accessing the main office network.
- Install additional Office 2007 licenses to upgrade computers in as many locations as possible.

Support the agency's two major fundraising initiatives for 2010: Bowling Fundraiser in April and Golf Tournament in September.

Facilitate building changes at the main office including replacement of carpet in the Program Room and painting of the conference room, etc.

Help to coordinate the securing of new office space near the main office. As well, coordinate the renovations required and move of programs to this new location.

Support initiatives that are developed from the agency's Staff Open Space and Strategic Direction forums.

**HEATHER OLSZEWSKI
PROJECT MANAGER**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
RESIDENTIAL SERVICES ANNUAL REPORT
2009-2010

GENERAL OVERVIEW

This report covers the period from April 1st, 2009 to March 31st, 2010. Residential Services is comprised of the Richardson Court, St. Lawrence and Parkdale residential sites inclusive of the Transitional Training Facility located in the basement at the Parkdale residence.

RESIDENTIAL SERVICES

During this reporting period the Residential department provided resources and supports for 16 full-time residential participant placements. Tragically during the course of the year, one individual passed away in hospital in September 2009. A plan went into place effective December 2009 where a participant who was receiving Outreach supports and living at home with aging parents had the opportunity to begin to transition into Richardson Court. As of February 2010, this participant had fully transitioned into residential services and maintained weekly home visits with the support from residential staff.

There continues to be a shared care arrangement with one of the residential participants who spends his weekend with his spouse. This shared care arrangement allows an additional six individuals the opportunity to schedule weekend respite stays typically offered from Thursday evening to Sunday afternoon. Participants on a respite stay were provided with an average of 60 hours of residential support every weekend to ensure the success of their stay. This continues to give caregivers an opportunity to have a well needed break.

Services for all the residential participants were achieved through the dedicated efforts of a supportive team comprised of 2 Team Coordinators, 4 Case Facilitators, 54 Rehabilitation Counselors, and 2 students. Over the past year, changes have occurred in staffing including the resignation of a House Facilitator from one of the residential sites. This role was accommodated by adding an additional Case Facilitator to the Parkdale team. The residential management team continues to include 2 program managers however during this fiscal year one of the managers accepted another external position and the vacancy was filled internally.

Our highly skilled staff provided assistance to participants with regards to all aspects of their life including activities of daily living, behavioural management, productive, meaningful activities and frequent community involvement. As we continue to accommodate an aging population, the Residential Program has embraced these changes to appropriately meet the needs of our participants. The department has remained diligent on further fostering supports so that individuals whose functional needs have surpassed their rehabilitative efforts can begin the process of transferring into Long Term Care facilities. To date, there are 2 participants residing in the residential program who are on a waitlist for Long Term Care facilities.

During this year the residential team continued to be committed to the agency's strategic direction paying great attention to the area of Participant Safety and creating a Culture of Safety. The team also embraced the additional information on Participant to Participant conflict that was included in the Crisis Intervention and Management curriculum. We continue to be grateful to all the residential staff for their tireless efforts and dedication towards constantly striving to improve the quality of supports to our residential participants.

CHRISTINE WILLIAMS
PROGRAM MANAGER

MARGO VAN HONSBERGER
PROGRAM MANAGER

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
COMMUNITY OUTREACH SUPPORT SERVICES ANNUAL REPORT
2009-2010

GENERAL OVERVIEW

The Outreach department continues to provide variable support to approximately 100 participants. The Outreach team provides rehabilitation support to individuals with an acquired brain injury based on identified goals that are mutually developed. Generally the focus is on increasing independence and skill development. The hours of support provided vary depending on the needs of the individual. A goal attainment scale is used to assist in measuring any gains made. Therefore our support is goal oriented, individualized and measurable to the extent possible. We also assist with many other issues as they arise thus the focus can often be on maintaining an individual within the community.

PROGRAM INITIATIVES & HIGHLIGHTS

- There has been some movement in the department with contract positions being offered to more senior Rehabilitation Counselors as maternity leaves provided openings for Case Facilitator positions.
- The Long term Care Case Facilitator who provides support to younger adults in long term care facilities has continued to work well within any Niagara facility requesting support and/or education with brain injury. Referrals continue to come to BICR through the Intake Coordinator and then are assigned to this one Case Facilitator.
- A presentation to the Gerontological Nurses Association (Niagara Chapter) took place by request of this association in March 2010. The topic was Accessing Programs and Supporting the Younger Adult in Long Term Care. It is our hope to be able to offer education of this type to larger groups of people throughout the region.
- The summer is busy for Outreach staff as we facilitate two programs; a weekly activity program in Port Dalhousie every Monday afternoon and a Horticulture program that is held at NTEC in Port Robinson every Tuesday and Thursday starting in May and finishing in October.
- Outreach staff also facilitate a Women's Group that is held every two weeks at Bethany Community Church. There are currently approximately 15 women attending each meeting. In the summer the women go on outings around the Niagara Region.
- Two Outreach Case Facilitators are taking the ABI Rehab Therapist Certificate Program at McMaster. The program consists of 4 modules with the first one already completed.
- Staff are always encouraged to pursue additional professional development and we have many staff who do take advantage of additional courses and workshops related to the field of ABI.
- Participation in committee work is very important to our organization. We have Outreach staff currently participating in the Participant Safety Steering Committee, the Infection Prevention and Control Committee, the Joint Health and Safety Committee, to name a few.
- As the Program Manager of COSS, I am involved in several committees. I attend quarterly meetings at Niagara College on the advisory committee for Social Service Workers and for Education Assistant/Special Needs Services programs. I also attend a committee on Younger Adults Living in Long Term Care Facilities. This committee consists of representatives from agencies who support individuals with various disabilities within our LHIN.
- Within BICR I sit on the Joint Health and Safety Committee as one of the certified management representatives. I also sit on the Wellness Committee and the Falls Prevention Team.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
COMMUNITY OUTREACH SUPPORT SERVICES ANNUAL REPORT
2009-2010

OBJECTIVES AND GOALS

- Last year I had hoped that we would be able to partner with one Long Term Care Facility so that we could provide additional activities to younger adults living in these facilities. To date that has not happened. We are working with many facilities and have tried to provide meaningful activities through our own programs, groups and recreation department. We do have a couple of facilities that house more than one younger adult with an ABI and we have been able to pool some of our resources to increase the quality of life for these individuals.
- In an effort to reach as many participants as possible we are planning to develop small meaningful groups that will interest the participants allowing them to learn, participate and possibly give back to others. We are thinking of groups such as budgeting, art, trivia, games, communication skills, wellness, etc. The current CFs and/or Rehab Counselors who have an area of interest will be the facilitators of these time limited groups.

In conclusion, this has been a busy year implementing some new policies and procedures related to the accreditation program. The staff have all worked very hard, as usual, to ensure that we provide the best services possible to our participants and their family members. I truly appreciate the great team that I work with on a daily basis.

LINDA RAPLEY
COSS PROGRAM MANAGER

MODULAR SERVICES ANNUAL REPORT 2009-2010

GENERAL OVERVIEW

The Modular Services Manager position has the primary responsibility of overseeing the following services:

- Case Coordination (2 full time Coordinator positions)
- Fee For Service (securing and overseeing 3rd party funded contracts)
- Long Term Case Facilitation (1 Case Facilitator position)
- Recreation Services (1 Coordinator position)
- Vocational Services (1 Coordinator, 1 full time Case Facilitator Position)
- COSS (1 CF position)
- Office Secretary (1 full time position)

PROGRAM INITIATIVES AND HIGHLIGHTS

- The PET program continued to provide 5 days of programming in St. Catharines in partnership with the OMOD and two days per week in partnership with the Head Injury Association of Fort Erie.
- A proposal was submitted to the LHIN for the funding of a Rural Service Coordinator position that would complement the group programming BICR provides in Fort Erie with 1:1 support in the rural communities along the Erie shore line. This proposal was approved at the end of the 2008-2009 fiscal year.
- Case Coordination services and staffing levels remained stable throughout the 2009-2010 fiscal year. This stability led to an increase active number of files that the case coordinators provided service to. The Case Coordinators also provided assistance and direct service hours to third party funded contracts.
- Fee for Service contracts within the agency continue to be managed by the Modular Services Manager. The role of the modular services manager within these contracts is to prepare initial assessments, complete proposals and secure funding while working collaboratively with the BICR program that the individual will be accessing. Once the individual is in service the modular services manager continues to oversee the file from an administrative standpoint, ensuring that billing is completed, monitoring progress, forwarding reports, updating contracts etc. During the 2009- 2010 fiscal year FFS contracts continued through WSIB, Seriously Injured Worker Program, and various automobile insurers. These contracts have included providing support on an outreach basis, in a long term hospital setting, respite and counselling and assessment services through BICR's Clinical Director and Social Worker. Current contracts range from 3 hours of support a week to 20 hours of direct support a week.
- Vocational services continue to expand their ability to provide participants with competitive employment and volunteering opportunities. The program continues to strengthen its partnership with a local employer Gardening Angels.
- COSS Case Facilitator continued to co-facilitate an addictions group utilizing the SUBI framework.
- Recreational services did not participate in a boundless adventure trip in the Ottawa Valley in the summer of 2009. However, they did provide both a summer and a winter vacation to Geneva Park in Orillia. Both of these ventures were a success. A survey was sent out inquiring about interest in a Caribbean vacation opportunity.
- The long term case facilitator continued to provide excellent support to 36 individuals in the past fiscal year. This position has allowed participants to manage their lives with minimal support while having access as needed surrounding financial concerns that arise, housing issues and medical appointments. A good portion of this position involves advocating with and on behalf of participants.
- Student placements and a Seed student continued to provide benefits to the PET, and Recreation Services. A COSS CF reporting to modular services participated in the interview process of Social

MODULAR SERVICES ANNUAL REPORT 2009-2010

Service Worker Placement interviews in conjunction with the HR department. This CF continues to supervise students on placement.

- BICR's marketing and promotional board was utilized at the Ontario Provincial Acquired Brain Injury Conference entitled "Harnessing the Power" in Niagara Falls in the fall of 2009.
- Strength Deployment Inventory (SDI) training was provided to first year Niagara College students in the Social Service Worker program in September 2009 and January 2010. A half day SDI workshop was also provided to the staff at St. Lawrence.
- In conjunction with Residential Manager, Margo VanHonsberger, the Modular Services manager co-facilitated BICR's Community Open Space Forum in March 2010.
- Internal Committee involvement included the Admissions Committee, Accreditation Canada ABI services (Co-Chair with Linda Rapley) and the Golf Committee. Externally, the modular service manager sits on the LHIN ABI Network.
- Sharon Coulson, Office Secretary has continued to publish BICR's marketing materials and in-house publications such as the Participant and Family Handbook, the Program Service Guide etc. Sharon continues to be involved in maintaining the information on BICR's website, adding links and updating information as required. This position also provides invaluable support to the managing the billing aspect of all third party funded contracts.
- The writer had the opportunity to represent BICR at the annual OACCAC tradeshow in June 2009 in conjunction with representatives from Dale Services and PHABIS to profile BICR's not for profit counterparts across Ontario.

OBJECTIVES FOR THE UPCOMING YEAR

- Implementation of the Rural Service Coordinator position along the Erie shoreline will begin in the June 1, 2010.
- PET and Vocational services will move into their new office space in June 2010. Both programs are looking forward to being linked to BICR's main administrative offices.
- Recreation Services will plan and implement a Caribbean vacation in the 2010-2011 fiscal year.
- A discharge questionnaire will be implemented that will be completed by the Long Term Case Facilitator.
- Planning and development days will continue to occur with the individual program within Modular Services.
- BICR's services will be profiled at appropriate venues utilizing the marketing board. Arrangements are underway to attend the conference tradeshows in 2010 which will include the Vocational Rehabilitation Association annual conference in Niagara Falls in June 2010 and the Brain Injury Association of Niagara's symposium in the fall of 2010.
- Each of the Coordinators or Case Facilitator's has completed a summary report of their program's activities and accomplishments. Case Coordination, Long-term Case Facilitation, Recreation and Vocational Services have submitted annual reports on their respective department's activities and accomplishments in the 2009-2010 fiscal year. Please refer to these reports for additional information.

I look forward to the 2010-2011 fiscal year and the opportunities that it will present. Again, I am thankful to work with a dedicated and talented group of staff.

DARLENE STEVENSON
MODULAR SERVICES MANAGER

BUCKLEY TOWERS ANNUAL REPORT 2009-2010

GENERAL OVERVIEW

The Buckley Towers program is based in Niagara Falls and provides five participants with a transitional living opportunity while living in their own apartment and accessing staff support on an intermittent basis. The program is designed to help participants become more independent by developing their functional skills and in establishing some meaningful, productive activity with frequent community involvement. The goal is to transition participants from this program into a community based setting with daily routines and skills in place.

The Buckley program operates 7 days a week from 8:00 a.m. - 9:30 p.m. with two full time staff working during the daytime hours. A total of five relief and part time staff augment the full time hours and work evening and weekend shifts. During this fiscal year, there has been one resignation from a relief staff. Staff continue to model independence and problem solving skills to help the participants on a daily basis to move forward in achieving their rehabilitative goals.

Through the Buckley Towers program, BICR continues to have a strong, thriving partnership with Niagara Regional Housing. All rental costs are geared to income and BICR participants are encouraged to become involved in some of the activities organized for the apartment tenants.

HIGHLIGHTS FROM 2009-2010

- Project Share continues to partner with the Buckley Towers program and invited participants to be involved in the gardening program. Some of the gardening tasks include watering, weeding, and cultivating a variety of fresh vegetables. Participants are able to access the garden at any time to help maintain it throughout the summer.
- Margo VanHonsberger was introduced as the new program manager in September 2009.
- Buckley welcomed a Niagara College student to the program (September 2009 to April 2010). The student had the opportunity to work closely with the participants on a daily basis developing relationships and expanding his knowledge of acquired brain injury.
- Participants helped out on International Earth Day, April 22, 2010 picking up garbage around the grounds of Buckley Towers contributing to a cleaner environment.
- In March 2010, a Buckley participant transitioned to his own apartment in St. Catharines and continues to access Community Outreach Support Services. A participant from Case Management moved into the program effective April 15, 2010.
- Many upgrades to various apartment units at Buckley Towers have been occurring. Thanks to Niagara Regional Housing, all units received new stoves, fridges, toilets and balcony doors. Some units had new floors installed and are being fully repainted. Included in this, was the BICR office at the Buckley Towers apartment.
- Staff continue to strive towards staying current in the field of ABI and attend workshops and training where possible. Within this past fiscal year, a staff attended external training on Substance Use and Brain Injury.
- One of the challenges the program experiences is centered on addictions and a resistance to transition out of the program because of the lack of affordable housing.

SHELBY BANAS
TEAM COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
CASE CO-ORDINATION ANNUAL REPORT
2009-2010

GENERAL OVERVIEW

Case Coordination is a short term case management service that maintains caseloads of approximately 23 participants per Coordinator. The Case Coordinators provide a multitude of services to individuals on BICR's waitlist. It is collaborative in nature and aims to support individuals in their efforts to achieve personal well being and independence. The core functions include individual assessment, goal setting, service planning and implementation, access to resources, coordination and monitoring, advocacy, evaluation of outcomes, and transfer/discharge planning.

STATISTICS

Total files served by both Case Coordinators were 72 during the year 2009-2010. The Coordinators started the year with a caseload of 42 participants. Throughout the year approximately 30 new participants received Case Coordinator services.

The Case Coordinators are currently serving 44 participants, with an average caseload of 23 participants.

There was a total of 18 file closures/discharges during the same time period. This number reflects the number of people no longer receiving any service from BICR. All participants who have been discharged have either met their goals or have decided that they no longer need BICR services.

There were also a total of 6 participants that were transferred to COSS services.

TOTAL FILES SERVED	CURRENT ACTIVE	FILE CLOSURES/DISCHARGES	TRANSFERS TO OTHER BICR PROGRAMS
72	46	18	6

HIGHLIGHTS FROM 2009-2010

During the 2009-2010 fiscal year there was some staff movement within the Intake Department. Both Case Coordinators assisted during the transition by covering Intake duties on specified days and completing intakes in addition to their regular duties.

Case Coordinators attended monthly Admissions meetings to discuss and develop a common pathway for participants who are in service or are waiting for service. By coordinating services it creates an opportunity for participants on the Outreach services waitlist to receive some services from BICR in the interim. Since Case Management is a time limited service, it enables BICR to maximize its resources and the number of participants it can provide service to.

The Case Coordinators assisted with the implementation of third party funded contracts by providing direct support and coordination as required. The flexibility in their schedule allowed BICR to provide a quick, safe, and consistent team with minimal lead in time. The amount of direct time Case Coordinators spend on these files is reduced with the goal of transitioning them out all together once a full team is available. BICR continues to be committed to participant needs as they continue to accommodate when requests are made.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
CASE CO-ORDINATION ANNUAL REPORT
2009-2010

Coordinators were active in facilitating in-house training and workshops as well as committee work. One Case Coordinator is a certified Joint Health and Safety Committee member. Other committee involvement included representation on the Social Committee, Golf Committee, and Admissions Committee. Both Case Coordinators are active CIM (Crisis Intervention Management) Facilitators with new staff and annual refreshers.

Both Case Coordinators continued to utilize voice mail, email, cell phones and laptops to maintain consistent and efficient communication. Modular Services team meetings were also attended on a regular basis.

CHALLENGES/TRENDS

At times, Case Coordinators experience challenges in juggling of day to day responsibilities with committee work, facilitating internal training and third party funded contracts. Although valuable to the agency as a whole, this external involvement creates at various times creates time constraints and pressures in maintaining target caseloads.

OPPORTUNITIES FOR THE UPCOMING YEAR

Case Coordinators are scheduled to attend COSS meetings throughout the year and provide updates, trends and challenges that are currently happening.

The 2009- 2010 fiscal year has been a busy and consistent year. The team continues to look forward to the upcoming year and the promise it holds. To grow, improve, and provide excellent service for the participants we support is a common philosophy that is shared throughout the team.

JONATHAN WILLIAMS
CASE COORDINATOR

JOE TALARICO
CASE COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
LONG TERM CASE MANAGEMENT ANNUAL REPORT
2009-2010

GENERAL OVERVIEW

The Long-term Case Facilitator provides support and follow-up to participants who are being gradually discharged from BICR services or who require minimal support on a long-term basis. Hours of support as well as support requirements are participant driven.

STATISTICAL INFORMATION APRIL 2009-MARCH 2010

CASELOAD APRIL 2008	ADMISSIONS	DISCHARGES	TRANSFERS	CASELOAD MARCH 2009	WAITLIST MARCH 2009
36 participants	4	3	0	37	2
	2 COSS 2 Intake Dept.				

The above statistical information provides an overview of the Long-term Case Facilitators caseload from April 2009 to March 2010. This writer started the fiscal year with 36 participants and ended with 37 participants, two participants remain on the waitlist.

REFERRALS/ADMISSIONS

Four individuals were admitted to the program during the course of the year. Two referrals were processed from Community Out-reach Support Services. Both participants felt that they had graduated from Community Out-reach Support Services and no longer required regularly scheduled hours. Two referrals came from the Intake Department. It was determined that both of these individuals would be best suited for Long-term Case Facilitation as they required on-going case management type supports.

AREAS OF SUPPORT

The writer advocated with the participant regarding their immediate concerns. Writer provided emotional support and assisted with problem solving providing information, education and assistance with linking individuals with both internal services and external services. Writer assisted participants to access court services, mental health services, addiction services etc. Writer addressed participant housing concerns. Writer supported participants during medical appointments and assisted with comprehension of correspondence and form completion. The Long-term Case Facilitator worked closely with the participants significant others. In addition, support was provided to participants in crisis situations, a crisis is defined as any significant internal or external environmental change that overwhelms the participant and exceeds their ability to cope (24 crisis were tracked during the aforementioned fiscal year).

TRANSFERS

There were no transfers from Long-term Case Facilitation to another department during this fiscal year.

DISCHARGES

Three discharges took place from April 2009 to March 2010. Two of these participants had not accessed support for an extended period of time and agreed that further support was no longer required; the other individual passed away as the result of an existing medical condition.

SPECIAL PROJECTS

- The Long-term Case Facilitator actively participated in the Pandemic Planning Committee assisting in the development of an agency pandemic plan.
- A Discharge Planning Checklist was created and a Discharge Survey was developed to evaluate the discharge process. The Long-term Case Facilitator will administer the survey. This initiative will be

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
LONG TERM CASE MANAGEMENT ANNUAL REPORT
2009-2010

introduced in the upcoming fiscal year. Information obtained will be summarized and forwarded to the management team.

- Writer attended the open space for staff and participated in a housing sub-committee. The committee identified housing needs, proposed actions and follow-up.

DONNA RIX
LONG TERM CASE FACILITATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
PERSONAL EFFECTIVENESS TRAINING ANNUAL REPORT
2009-2010

OVERVIEW

The Personal Effectiveness Training Program (PET) continues to provide service based on 5 components including: Skill Training, Physical Exercise, Leisure Development, Community Skill Development and Supported Community Placements.

Skill training activities throughout the fiscal year have been offered both individually and within a group setting. Topics have included an ongoing social and life skills group activities, cooking and smart shopping, nutrition and fitness, healthy lifestyles, money management, current events, falls prevention, disability awareness, independent living skills, making preservatives, environmental issues, geography, and mathematics skills.

Physical exercise, leisure and community skills development have encompassed a wide variety of activities at the Ontario March of Dimes (OMOD), Head Injury Association of Fort Erie (HIAFE) and in the community. The activities have ranged from indoor and outdoor physical activities and include community outings, games, holiday crafts, cardiovascular exercise, Yoga, weight training, music, jewelry making, baking, Fun in the Sun and gardening. Each year the program hosts craft sales and the proceeds are used to subsidize community outings for participants of the program. This year the PET program planned an additional fundraiser, a Spring Fling dance that was held on April 8, 2010.

The PET program continues to contract the services of a music therapist to provide services two hours per week. This particular component of the PET program remains open for any BICR Niagara participant to access but is not limited to short term involvement. Currently there are 18 participants involved with this component of the program.

Community Connections continues to be offered on an ongoing basis to assist individuals to volunteer in the community in a supported environment. This allows participants the opportunity to provide a service in the community and develop basic work skills. Within the past year, participants have volunteered their time assisting the following organizations: Community Care of St. Catharines and Thorold, Niagara Action for Animals, The Animal Assistance Society, Ontario March of Dimes, YMCA of Niagara, Niagara Literacy Association of Fort Erie, The Humane Society and the Ontario Early Years program. Participants are provided opportunities to complete volunteer work projects as a group at the Ontario March of Dimes. Other projects involve participants completing work projects at a variety of community organizations.

STATISTICS

The number of individuals attending PET has fluctuated between 41 and 47 participants in the past year. The total participant numbers includes 11 OMOD participants, between 8 and 11 participants who attend PET in the Fort Erie area and up to 21 BICR participants who attend the long term program in St. Catharines. The fluctuation in program participant numbers is due to short term group initiatives offered throughout the year. Participation in the PET program is based on participant need or interest in the activities offered. The wait time for the program ranges from immediate to six months. This is due to the nature of the request, transportation challenges and how one fits in the program. Currently there is one participant on the wait list. Attendance varies for each person from a half day to five days per week. The average OMOD participant

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
PERSONAL EFFECTIVENESS TRAINING ANNUAL REPORT
2009-2010

attends PET two days per week. The average participant attending in Fort Erie attends one and a half days per week and the average BICR Niagara participant attends the program one and a half to two days per week. In addition, there are 10 participants that attend the music therapy portion of the program only.

HIGH LIGHTS

Brain Injury Community Re-entry (Niagara) Inc. (BICR) continues to provide two full days of service on a weekly basis to Head Injury Association of Fort Erie participants. This enhances access to services for individuals living in Fort Erie, Ridgeway and the Crystal Beach area. This year between 8 and 11 participants attended PET program in Fort Erie.

Over the past fiscal year Fort Erie participants have participated in all 5 PET core components. The program continues to offer a self directed cooking program. Participants plan menus, shop, budget, cook, and clean while adhering to safety guidelines. The Fort Erie group also attends the YMCA of Fort Erie a half day each week. The group focus was on total physical health including: weight training and cardiovascular activity such as walking, biking and swimming. The group also engages in activities such as basketball and other team sports both indoor and outdoor. The group attends community outings and events, life skill training and music therapy.

The PET program also offered a series of independent living skills groups. These groups were developed for an acquired brain injury population that is in transition and becoming more independent, therefore requiring more life skills and confidence in their abilities. PET ran its first Independent Living Skills group during an 8 week time period. The group focused on shopping, cooking skills, health and nutrition and kitchen safety. This was a highly successful program and may be offered again in the future.

The second short term group that was offered was the 8 week jewelry making group. This group provided participants with the opportunity to learn a new skill and contribute to a second fundraising effort. Participants were given the opportunity to purchase their own jewelry at cost and if they did not wish to purchase the piece it was sold during the annual craft sale.

DIANE THOMSON
PET COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
RECREATION SERVICES ANNUAL REPORT
2009-2010

GENERAL OVERVIEW

Brain Injury Community Re-entry (Niagara) Inc. (BICR) takes pride in offering a variety of recreational services to our participants, those who are on our waitlist and many community partners throughout the Niagara Region.

ONGOING GROUPS / DROP IN EVENTS

DROP IN PROGRAMS	PARTICIPANTS SERVED (averages)
Bowling at Parkway Lanes	15 per week
Men's Group	7 per week
Fun in the Sun (June – August 2009)	18 per week

REGISTRATION PROGRAMS	PARTICIPANTS SERVED (averages)
Whispering Pines	7 per week
WRAP Mondays	5 per week
WRAP Fridays	8 per week
Archery	4 per week
Scrap Booking	5 per week

TRIPS	PARTICIPANTS SERVED (exact #'s)
Geneva Park August 24 – 27, 2009 (Residential)	9
Geneva Park August 10 – 13, 2009 (COSS & Modular)	10
Geneva Park January 18 – 21, 2010 (Residential & COSS)	13

SEASONAL	PARTICIPANTS SERVED (averages)
Baseball Practices	15per week
Baseball Tournament	31 attended
Canoeing x 14 weeks	4 per week
COSS & Modular Services Christmas Party	70 participants attended
BICR Bowl-a-thon	14

CALENDAR OUTINGS	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
# OF EVENTS	8	9	9	8	8	9	8	8	9	7	8	8	99
# ATTENDED	71	79	86	91	78	81	105	91	104	53	91	94	1024

PROGRAM HIGHLIGHTS

- All ongoing groups and activities offered by the recreation department continued to maintain maximum numbers.
- The successful coordination of two summer trips and one winter trip to Geneva Park.
- BICR continues to foster a successful partnership with the School of Horticulture for the WRAP program.
- Continued success of the Learning and Leisure Guide and Recreation Calendar as a tool for communicating recreational and group programming offered at BICR.
- The continuation of ongoing contact with residential recreation representatives, each residential site facilitating one recreation event each month.
- Continued success of seasonal recreation activities that include a Bow-la-thon and Baseball Tournament.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
RECREATION SERVICES ANNUAL REPORT
2009-2010

- BICR's recreational services worked closely with Boundless Adventures to provide a successful family outdoor adventure trip.
- The successful implementation of a 4 week scrap booking program and a Spring Fling dance fundraiser in conjunction with the Personal Effectiveness Training program.
- Van Coordinator for one agency vehicle housed at the BICR office.
- Provided day to day support to co-op students in recreational services from a variety of post secondary and high schools in the area.
- A planned trip to Mexico scheduled for November 2010.

As the Recreation Coordinator I participated in the following BICR committees: Bowl-a-thon, Golf, Vacation planning, Modular Services, Transportation, Community Outreach Support Services/Modular Services Christmas Party.

DAVE HORTON
RECREATION COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
VOCATIONAL SERVICES ANNUAL REPORT
2009-2010

GENERAL OVERVIEW

The Vocational Department consists of one Coordinator and one full time Case Facilitator. The staff assists participants with obtaining and maintaining part-time or full-time employment, find meaningful volunteer experiences, assist with return to school programs and administers employment assessments.

HIGHLIGHTS FROM 2009-2010

- A five year partnership continues to grow with a small business called Cemetery Gardening Angels. The business provides gardening care to cemetery plots at six cemeteries in the Niagara Region. Cemetery Gardening Angels have hired a total of six individuals at a competitive wage to work at Victoria Lawn Cemetery two days per week and the Fonthill and Welland cemeteries 3 days per week. The surrounding cemeteries are being cared for by one participant and a staff person who use two days per week to go from one cemetery to the next to weed, deadhead and water the plots. There have been numerous hours dedicated to organizing schedules, transportation and staffing to make this endeavour successful.
- With the assistance of residential and outreach staff several volunteer positions were secured for participants that require continued ongoing support due to limited work skills, health concerns and/or employment barriers i.e. criminal records. Please refer to statistics below for actual.
- With the assistance of a wage subsidy, two individuals secured competitive employment. Upon completion of the wage subsidy, which was available for one year, these individuals were hired permanently by their respective companies.
- The vocational department continued to facilitate BICR's adopt-a-road program along Martindale Road. Participants volunteer their time along with the Vocational program staff to clean debris and garbage from the roadside a minimum of twice a year. Each roadside clean up is followed by a pizza lunch for the participants at BICR's administrative offices.

STATISTICS

During the past year the number of active participants has fluctuated between 18-26. The waitlist ranged from 5-7 participants.

The following statistical information provides an overview of the positions held by our participants during the fiscal year:

- Competitively Employed 6- 9
- Seasonal Employment 6
- Volunteering Independently 8-13
- Volunteering with Support 3
- Job Searching 4-7

CHALLENGES

- Transportation for the participants to and from employment or volunteer positions continues to be the biggest obstacle.
- As the referrals to the Vocational Department remains high and the needs of the individuals change frequently, staff continues to work with other community outreach supports to assist the participant in their goals.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
VOCATIONAL SERVICES ANNUAL REPORT
2009-2010

- Educating employers about the effects of an acquired brain injury and the compensatory strategies needed to have a successful placement.
- The economic recession continues to make it a difficult year in securing competitive employment for our participants. There are few jobs available and our participants are competing against an unusually larger number of people for entry level jobs, making it very difficult to secure employment.

The Vocational Department had a great fiscal year and looks forward to another successful year.

TINA HORTON
VOCATIONAL COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
INTAKE DEPARTMENT ANNUAL REPORT
2009-2010

GENERAL OVERVIEW

The Intake Coordinator supports applicants and their families with the application process to BICR; this is done by responding to referrals and requests for information. Some of the roles of the Intake Coordinator include explaining services and sending written material concerning programs and services that are available at BICR, determining eligibility status, obtaining informed consents, identifying service needs, assisting individuals in completing the application form, providing information about community resources, making referrals to other community agencies, case management, responding to crisis calls, facilitating the coordination of services, maintaining waitlists, advocating for applicants, and providing ABI education/information to applicants, families, and other service providers.

HIGHLIGHTS

Eva Holder became the new Intake Coordinator in November 2009, as Margo VanHonsberger, the previous Intake Coordinator, transferred to a Residential Manager Role on October 5th, 2009. Eva likes meeting new applicants and their families, and is enjoying her new role.

During the reporting period from April 1st, 2009 to March 31st, 2010, there were a total of **255** calls recorded. This statistic represents only the initial calls that came through, as there were many follow-up telephone calls and meetings that resulted from the original calls that were recorded. The number of calls that represent individuals calling to receive some kind of information or support is 115, and 140 of the calls were referrals for BICR's services.

FISCAL YEAR	TOTAL RECORDED CALLS	INDIVIDUALS ADMITTED TO BICR SERVICES	FILE CLOSURES AT INTAKE LEVEL	REFERRALS THAT ARE PENDING ELIGIBILITY STATUS (AS OF MARCH 31, 2008)	INDIVIDUALS ON WAITLIST (NOT RECEIVING ANY COMPONENT OF SERVICES) AS OF MARCH 31, 2008
April 2008 – March 2009	203	54	54	31	9
April 2009 – March 2010	255	45	39	52	39

There were 52 files that were closed at the intake level. Some reasons for this included that the applicant was better served at another agency, the service was no longer wanted/needed, or the applicant moved out of the area.

ACTIVITIES AND ACCOMPLISHMENTS

The Intake Coordinator continued to oversee BICR's waitlist, and facilitated 39 admissions this fiscal year to various programs within the agency. These statistics do not include Fee for Service files where intakes were completed and files were forwarded to the Fee for Service Manager.

FISCAL YEAR	CM	BUCKLEY TOWERS / PARKDALE	COSS	SW	PSYCH	VOC	REC	PET
April 2008 – March 2009	39	0	4	1	6	4	0	0
April 2009 – March 2010	13	2	6	5	6	4	2	1

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
INTAKE DEPARTMENT ANNUAL REPORT
2009-2010

In addition to the admissions, there continued to be internal transfers that took place, but were facilitated by other staff; there were 58 internal transfers that were facilitated.

During this fiscal year, the Intake Coordinator facilitated two information sessions on BICR's programs and services. On Feb. 8th, 2010, an information session was presented to a not for profit group of stroke survivors called, "Niagara Stroke Central for the Young at Heart". On March 9th, 2010, a second information session was held at Millennium Trail Manor, for various service providers in the long-term care sector (this education session was done jointly with the COSS Program Manager and the Long-Term Care Case Facilitator).

The Intake Coordinator has been involved in a number of internal committees during the fiscal year. This has included the Admissions Committee, Participant Steering Committee, Falls Prevention Committee, Ethics Committee, ABI services, Case Management/Intake, Participant to Participant Violence Committee, the CIM committee, and the Fit Testing Committee.

The Intake Coordinator continued to facilitate sessions for staff training and development; this included a total of 6 sessions in the area of Brain Basics and Crisis Intervention Management Training.

During the fiscal year, the Recreational Coordinator required coverage for recreational services; the Intake Coordinator was able assist with this by facilitating a total of 5 WRAP groups.

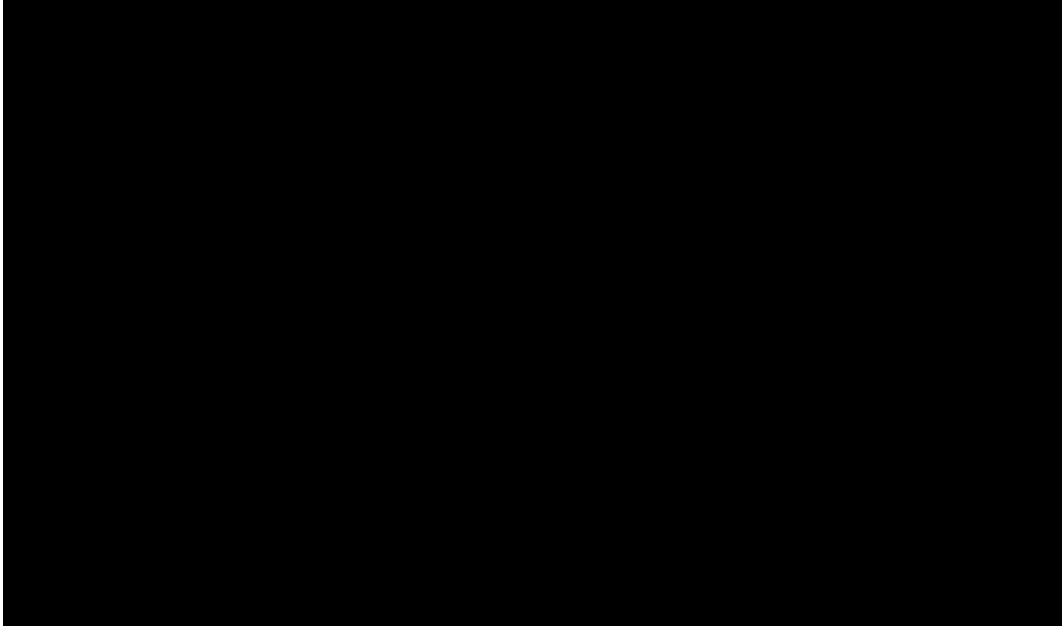
CHALLENGES AND TRENDS

A continued challenge this fiscal year was responding to intake statistics as required by the Local Health Integrated Network; it has been challenging providing support to both eligible and not eligible applicants. Stats are being collected around the number of inappropriate referrals to BICR, and the time lag between redirecting those referrals to other services provides. There were 44 inappropriate referrals to BICR this fiscal year. The Intake Coordinator provided some Case Management to these individuals, and referred them to other community services such as: ODSP, private housekeeping, Hotel Dieu Shaver/Niagara Rehab, specialized transit/general transit systems, Niagara Peninsula Children's Centre, general practitioners, Public Health Mental Health Program, Contact Niagara (Bethesda's Twin Lakes Assessment Service), CCAC, Community Support Services of Niagara, independent grocery delivery services, Meals on Wheels, Alzheimer's Society, OMOD, Diabetes Association, CNIB, CMHA, BISH, ABION, CHRIS, PHABIS, BIAN, Brain Injury Services of Saskatchewan, Oakes Centre, EMDR therapy for PTS, Community Rehab St. Catharines, various senior's programs, Long-term Care Facilities, Chedoke ABI Program, Hickory House, Niagara Life Centre, Ontario Trillium Drug Program, Gateway Homes and Community Living. It is important to note that even when individuals are not eligible for BICR's services, that BICR provides information and support to them, by ensuring that they are linked with appropriate programs and services in the community.

During this fiscal year, the Intake/Admissions Coordinators from various ABI agencies within OACBABIS have continued to meet and have teleconferences discussing admissions, transitions, trends, and discharge planning issues. It is anticipated that these meetings and teleconference calls will continue into the new fiscal year with the agencies that are involved in the OACBABIS group, as there is a need to move forward with a common assessment tool, and a trend in investigating the possibility of a centralized waitlist for residential and supported independent living clients.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
 INTAKE DEPARTMENT ANNUAL REPORT
 2009-2010

It is interesting to note where most of the individuals that are receiving service from BICR reside in the Niagara Region:



Based on the referral calls that were received this fiscal year, it is also interesting to note the trend on how individuals applying for BICR services acquired their brain injuries:

MVA	26%
Strokes/Aneurisms	15%
Assault	10%
Fall	4%
Tumor	4%
Other	19%
Unknown	22%

The breakdown of the age characteristics is based on the percentage of participants currently receiving service within BICR; the stats do not include individuals who are involved in Case Management or Intake, who do not have and active file with BICR.

AGE	PERCENTAGE OF INDIVIDUALS	PERCENTAGE OF INDIVIDUALS
Undetermined	0%	0.5%
Under age 16	0%	1%
16-19	1%	0.5%
20-29	9%	7%
30-39	15%	18%
40-49	36%	30%
50-59	28%	31%
60-64	7%	5%
65 +	4%	5%

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
INTAKE DEPARTMENT ANNUAL REPORT
2009-2010

In Summary, the 2009-2010 fiscal year has been very busy, and it continues to provide services to a number individuals and their families living with the effects of an acquired brain injury.

EVA HOLDER
INTAKE COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
PSYCHOLOGY SERVICES ANNUAL REPORT
2009-2010

Psychology Services has one full-time Psychologist, who also serves as BICR's Clinical Director. The Psychologist reports to the Executive Director, and provides clinical supervision for the Clinical Social Worker. Administrative Services supports the Psychologist with about five hours per week of secretarial time. The types of clinical services provided by Psychology include assessment (e.g., psychological, neuropsychological, behavioral, psychophysiological, brain mapping), intervention (e.g., individual, couples, family, biofeedback, neurofeedback), consultation (to BICR and community staff), on-call and crisis management support, and supervision. The introduction of psychophysiological methods has allowed the Psychologist to provide better care for problems related to headache, chronic pain, and insomnia. The Psychologist is also available to complete reports and forms that help Participants access government and no-fault car insurance resources. These all represent clinical services provided to specific Participants, and total about 84 percent of the Psychologist's weekly hours. About 50 percent of the Psychologist's time involves face-to-face contact with Participants or their family members. The remainder of the Psychologist's activities include administrative, research, and educational duties.

During the 2009-2010 year, psychological services were provided to 89 unique Participants. There were 34 new referrals, and 49 discharges. The average time that Participants waited before beginning service this year was 10 weeks. For Participants who completed service this year, the average case was active for about 70 weeks. The large majority of recipients of psychological services continue to be Ministry of Health-funded Participants in Residential, Outreach, Case Management, and Modular Services.

The Psychologist remains involved in several BICR committees and task groups. These include the Management Team during planning days, Behavioral Review Committee, and Admissions Committee. Administrative Services supports the Psychologist in the Clinical Quality Assurance program, which has been running for almost six years, and shows good achievement of clinical goals by Participants (e.g., 70 percent of Participant goals in their Individual Support Plan show at least some progress). These data also indicate that after admission, a Participant typically increases their engagement in meaningful activity by over 47 percent. Brock University has also been conducting two research studies with BICR Participants to investigate recognition and response to emotion in movies, and to study methods to retrain recognition of facial expression of emotion.

Educational activity included supervising a full-time Psychology intern from Finland's University of Jyväskylä who volunteered at BICR for five months. Students from Brock University's MedPlus program have also visited BICR to shadow the Psychologist, with one continuing to do volunteer work with BICR's Participants. The Psychologist also serves as adjunct faculty for the Master's program in Applied Disabilities Studies at Brock University, and has been teaching first-year McMaster University medical students who are part of the Niagara campus at St. Catharines General Hospital.

Clinical challenges have often been complex, with some truly remarkable successes resulting from the persistence and imagination of BICR Staff and Managers who find practical ways to engage Participant, Families, and community partners in Niagara and Southern Ontario.

JOHN DAVIS, PH.D., C.PSYCH., ABPP
PSYCHOLOGIST AND CLINICAL DIRECTOR

SOCIAL WORKER ANNUAL REPORT
2009-2010

GENERAL OVERVIEW

Over this past year the Social Work program has been very busy not only with referrals for counselling but also with facilitating ongoing groups and staff training. The Social Worker provides counselling to participants and their families both at the main office and offsite at various locations. She is currently a facilitator for staff training in the area of Behaviour Principles and Practices Level II, and has presented on the topic of Metacognition several times over the past year. The Social Worker delivers clinical consultation on both a formal and informal basis to staff who are working with participants and their families. Finally, the Social Worker sits on the Admissions Committee.

Over the past year there have been 27 new referrals for social work services, which are approximately 2 per month. The wait list fluctuates between 4 to 7 referrals per month, with a high percentage of individuals receiving contact within eight to twelve weeks.

In the spring of 2009 the Social Worker along with a Case Facilitator offered a pilot project "Substance Dependence Support Group" for participants. The group ran for 11 weeks. The course content consisted of the SUBI workbook with additional information from various other sources. The group was well received and we had five graduates. Due to ongoing needs and interest, the group ran again in the fall with 4 participants graduating. In January the group evolved into an ongoing support/educational group to better meet the needs of the attending participants.

The Social Worker attended the Staff Open Space Forum in November 2009, which provided Staff with an opportunity to bring forward ideas that they would like to see implemented at BICR. The Social Worker brought forward the topic "Increase focus on mental health and addictions with families and participants". This was then chosen by Staff as one of the topics to move forward to the Breakfast of Champions where several topics were presented as a proposal to the Managers of BICR. The Management Team will announce the outcome of the presentations to staff within the next few months.

Goals for the fall include creating a wellness group for participants who are living with an acquired brain injury and are looking for positive coping strategies to use in their everyday lives. This group is still very much in the planning stage and more information will be available near the end of August 2010.

In summary, it has been a busy year filled with new opportunities! I look forward to continued growth and finding innovative ways to meet the needs of our participants and their families.

KIMBERLEY UNDERHILL
SOCIAL WORKER

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
21ST ANNUAL GENERAL MEETING MINUTES
JUNE 24TH, 2009

Present: Nick Ostryhon, Brenda Yeandle, John TeBrake, Frank Greco, Jacqui Graham, Dr. Linda Cudmore, Doug Kane, Leslie Warriner and Steve Murphy

Regrets: Luc Savoie and David Shapiro

1. Meeting called to order at 5:20 p.m.

2. Adoption of the Agenda

Motion: To adopt the agenda for the 21st Annual General Meeting, as presented.

Moved: Jacqui Graham

Seconded: Dr. Linda Cudmore

Carried.

3. Review and approval of the minutes from the Annual General Meeting held on June 11th, 2008.

Motion: To approve the minutes of the 20th Annual General Meeting held on June 11th, 2008.

Moved: Jacqui Graham

Seconded: Dr. Linda Cudmore

Carried.

4. Financial Report & Investment Review

Tim Nelles presented the financial report. Tim provided a review of the agency's audit report conducted by Partridge Iggulden Chartered Accountants and included the balance sheet, the statement of revenues and expenses, donations and fundraising as well as the cash flow statement.

Nick Ostryhon made a motion to accept the annual financial report as presented.

Motion: To approve the Annual Financial Report ending March 31st, 2009, as presented.

Moved: John TeBrake

Seconded: Doug Kane

Carried.

5. Other Business:

1 President's Report read by Nick Ostryhon

2 Executive Director's Report read by Frank Greco

3 Appointment of Auditors

Motion: To appoint the accounting firm of Partridge Iggulden for the operating year of 2009-2010.

Moved: Leslie Warriner

Seconded: Steve Murphy

Carried.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.
21ST ANNUAL GENERAL MEETING MINUTES
JUNE 24TH 2009

4. Recognition of the 2008-2009 Directors.

Nick Ostryhon – President
Jacqui Graham – Secretary
Steve Murphy – Director
Luc Savoie – Director
Doug Kane – Director

Brenda Yeandle – Vice-President
John TeBrake – Treasurer
David Shapiro – Director
Dr. Linda Cudmore – Director
Leslie Warriner – Director

5 Affirmation of the following Directors for their renewed three year term.

Nick Ostryhon – President
Jacqui Graham – Secretary
Steve Murphy – Director
Luc Savoie – Director

Brenda Yeandle – Vice-President
John TeBrake – Treasurer
David Shapiro – Director

6 Affirmation of the following Directors for their continued term.

Dr. Linda Cudmore – Director
Doug Kane – Director

Leslie Warriner – Director

7 The date of the next Annual General Meeting will be announced at a later time.

8 Meeting adjourned at 5:30 p.m.

Motion: To adjourn the 21st Annual General Meeting.

Moved: Leslie Warriner

Seconded: Jacqui Graham

Carried.



PARTRIDGE IGGULDEN LLP
CHARTERED ACCOUNTANTS

WALLACE PARTRIDGE, C.A.
LAWRENCE IGGULDEN, HONS. B.A., C.A.
ALAN SIMPSON, B.B.A., C.A.
ELISEO SINOPOLI, HONS. B. ADMIN., C.A.

AUDITORS' REPORT

To the Directors of
Brain Injury Community Re-Entry (Niagara) Inc.

We have audited the statement of financial position of Brain Injury Community Re-Entry (Niagara) Inc. as at March 31, 2010 and the statements of revenue and expenses, accumulated surplus and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraphs, we conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In common with many non-profit organizations, the completeness of donation revenues is not susceptible to complete audit verification. Accordingly, our verification of the receipts from these sources was limited to a comparison of bank deposits with the amounts recorded in the records of the Organization and we were not able to determine whether any adjustments might be necessary to revenues, operating surplus and net assets.

Note 2 describes the fixed assets and amortization accounting policies of Brain Injury Community Re-Entry (Niagara) Inc. Land, buildings and vehicles are recorded as assets on the balance sheet with amortization recorded on buildings to the extent of principal repaid on the mortgage during the year while vehicles are amortized based on their useful life. The Organization follows the generally accepted accounting principles that are required by the Ministry of Health which allows for the expensing of equipment purchases which are eligible for subsidy. Certain other fixed assets including furniture and equipment which are not subsidized are charged directly to the Reserve Fund. Canadian generally accepted accounting principles require that fixed assets should be capitalized and amortized over their estimated useful lives. Furthermore, the policy should be applied on a retroactive basis. The effects of not following Canadian generally accepted accounting principles could not be reasonably determined and as a result we are unable to determine the effect on expenditure, excess of revenue over expenditure, and net assets.

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to satisfy ourselves concerning the completeness of revenue referred to above and, except for the effects of the departure from Canadian generally accepted accounting principles in recording fixed assets and amortization, these financial statements present fairly, in all material respects, the financial position of Brain Injury Community Re-Entry (Niagara) Inc. as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with generally accepted accounting principles as required by the Ministry of Health.

St. Catharines, Ontario
May 13, 2010


Partridge Iggulden LLP
PARTRIDGE IGGULDEN LLP
Chartered Accountants
Licensed Public Accountants

110 HANNOVER DRIVE, SUITE B201, ST. CATHARINES, ONTARIO L2W 1A4 TEL: 905-685-9400 FAX: 905-685-5991

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.STATEMENT OF FINANCIAL POSITIONMARCH 31, 2010

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash	\$ 173,488	\$ 141,870
Cash - Funds held for residents	24,293	25,852
Accounts receivable (Note 4)	115,025	130,481
Prepaid expenses	<u>15,633</u>	<u>19,913</u>
	<u>328,439</u>	<u>318,116</u>
RESTRICTED CASH		
Richardson Court Facility Reserve (Note 5)	50,960	38,009
Reserve Fund (Note 6)	<u>930,948</u>	<u>830,479</u>
	<u>981,908</u>	<u>868,488</u>
FIXED ASSETS (Note 7)		
	<u>411,460</u>	<u>450,586</u>
	<u>\$ 1,721,807</u>	<u>\$ 1,637,190</u>
<u>LIABILITIES</u>		
CURRENT LIABILITIES		
Accounts payable and accrued charges (Note 9)	\$ 339,146	\$ 327,263
Liability for resident funds	24,293	25,852
Current portion of long-term debt (Note 10)	<u>299,049</u>	<u>16,512</u>
	<u>662,488</u>	<u>369,627</u>
LONG-TERM DEBT (Note 10)		
	24,049	323,098
COMMITMENTS (Note 11)		
	<u>686,537</u>	<u>692,725</u>
<u>NET ASSETS</u>		
UNRESTRICTED - ACCUMULATED SURPLUS		
	-	-
EXTERNALLY RESTRICTED - RICHARDSON COURT FACILITY RESERVE (Note 5)		
	50,960	38,009
INTERNALLY RESTRICTED - RESERVE FUND (Note 6)		
	<u>984,310</u>	<u>906,456</u>
	<u>1,035,270</u>	<u>944,465</u>
	<u>\$ 1,721,807</u>	<u>\$ 1,637,190</u>

Approved on behalf of the Board:

 , Director

 , Director

St. Catharines, Ontario

May 13, 2010

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.**STATEMENT OF REVENUE AND EXPENSES****YEAR ENDED MARCH 31, 2010**

	<u>2010</u>		<u>2009</u>	
REVENUE				
Ministry of Health	\$ 4,515,813	84.0 %	\$ 4,402,772	86.0 %
Ministry of Health - Richardson Court Facility	81,735	1.5	68,534	1.3
Ministry of Health - Funding flow through	34,100	0.6	12,500	0.2
Fee for service	673,244	12.5	615,737	12.0
Rental income	66,313	1.2	16,812	0.3
S.E.E.D. grants	9,396	0.2	8,190	0.2
	<u>5,380,601</u>	<u>100.0</u>	<u>5,124,545</u>	<u>100.0</u>
EXPENSES				
Building and grounds				
Amortization	16,511	0.3	15,558	0.4
Occupancy costs	184,358	3.4	175,072	3.4
Interest on long-term debt	20,606	0.4	21,561	0.4
Building maintenance and utilities	63,471	1.2	70,916	1.4
Contracted out	38,011	0.7	42,699	0.8
Employee benefits	519,982	9.7	494,555	9.7
Equipment	76,574	1.4	40,868	0.8
Office expenses and food	182,753	3.4	176,384	3.4
Travel	157,063	2.9	145,428	2.8
Insurance	37,680	0.7	35,307	0.7
Professional fees	10,524	0.2	18,846	0.4
Other general expenses	112,509	2.1	106,911	2.1
Transfer to facility reserve fund	16,102	0.3	5,527	0.1
Wages	<u>3,929,957</u>	<u>73.0</u>	<u>3,813,464</u>	<u>74.4</u>
	<u>5,366,101</u>	<u>99.7</u>	<u>5,163,096</u>	<u>100.8</u>
Expense recoveries	<u>(81,199)</u>	<u>(1.5)</u>	<u>(106,871)</u>	<u>(2.1)</u>
	<u>5,284,902</u>	<u>98.2</u>	<u>5,056,225</u>	<u>98.7</u>
OPERATING SURPLUS	95,699	1.8	68,320	1.3
MINISTRY OF HEALTH FUNDING REPAYMENT	<u>(21,871)</u>	<u>(0.4)</u>	<u>(20,001)</u>	<u>(0.4)</u>
NET OPERATING SURPLUS	<u>\$ 73,828</u>	<u>1.4 %</u>	<u>\$ 48,319</u>	<u>0.9 %</u>

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.

**DONATIONS AND SPONSORSHIP
2009-2010**

Antipastos di Roma
Beatties Basics
Blue Star Restaurant
Bob Robinson & Son Construction
Boston Pizza
Brian Cullen Motors Ltd.
Bulk Barn, Niagara Falls
Canadian Linen & Uniform Service
Carrier Commercial Services
Carpaccio Restaurant & Wine Bar
Cheers Restaurant
CIBC Imperial Services, St. Catharines
Club Italian Lodge
Club Richelieu Welland Nevada
Custom Crafted Golf
Cytec Canada Inc.
Dairy Queen, Niagara Falls
Dave & Buster's Inc.
David I. Shapiro Barristers & Solicitors
Dell, Lewis and Krall Home Health
Durward Jones Barkwell & Company LLP
First Niagara Insurance
Frank's Feather and Fin Limited
Giant Tiger, Niagara Falls
Great West Life Assurance Company
Greg Lattimer
Highland Trail Lodge
Investors Group, Anthony Leo
Investors Group, Luc Savoie

KEW Steel Fabricators Ltd.
Lancaster Brooks & Welch LLP
Mama Mia's Italian Eatery
Marlin Travel
Meyers Fruit Farm
Micro Tech Niagara Inc.
Mountainview Properties
Niagara Air Bus
Niagara Cleaning Supplies
Niagara Parks Commission
Papa Nick's Bakery & Cafeteria
Partridge Iggulden LLP
Pinders Security Products
Pirie Appliances Ltd.
Professional Hockey Players Association
Richochet Water
Royal LePage
Service Master Clean of Niagara
Scooters Bar & Grill
Sky Comp Solutions
Sobey's
Star Collision
Steed & Evans
SVAT Electronics
The Keg
The Lion Tavern
TRG Insurance, Guy Rizzo
TST Safety Training
Value Dollar, Niagara Falls

Whispering Pines
Xerox

DONATIONS RECEIVED IN MEMORY OF:

Karl Stunt
Alexander Alexson
Dewayne Riley
Lois Johnson

We would also like to recognize the many individuals who have contributed to our agency during the 2009-2010 fiscal year. A special thank you to all!