

# **BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.**



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**ANNUAL REPORT  
2011-2012**

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ANNUAL REPORTS  
2011-2012

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## INTRODUCTION TO BICR 2011-2012

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**Brain Injury Community Re-entry (Niagara) Inc. (BICR)** is a not-for-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.

*Disclaimer: Brain Injury Community Re-Entry (Niagara) Inc. acknowledges funding support for many of our programs and services from the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) and the government of Ontario.*

*The views expressed in this publication are the views of Brain Injury Community Re-Entry (Niagara) Inc. and do not necessarily reflect those of the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) or the government of Ontario.*

PRESIDENT'S ANNUAL REPORT  
2011-2012

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I am once again pleased to welcome our guests, staff and the Board of Directors of Brain Injury Community Re-entry (Niagara) Inc (BICR) to the 24<sup>th</sup> Annual General Meeting. This year we are welcoming three new directors as two have completed their term of office and the other has left to pursue other commitments. We thank them for their years of service and wish them well in the future.

It is with great pleasure that I announce our new Welland residence at 32 Promenade Richelieu is completed and occupied by our residents. This new residence is one of our most beautiful to date and is very accessible. I am sure the residents are very happy to be able to stretch out in their spacious home. We had our Open House May 11<sup>th</sup> of this year.

How time flies, it is three years since Accreditation Canada was here and now they are back again. All of the last surveys were successful and I am sure this one will be successful as well. Thanks to our managers, staff and Board of Directors for their time and effort that they put into these surveys.

Again this year we are awarding long-term service awards. I thank those dedicated staff who are receiving these awards, especially the long-term ones.

I conclude this report by thanking the Board for their many years of volunteerism to BICR and I thank all involved with the organization helping it run as smoothly as it has. Have a safe and healthy summer. God bless all.

**NICK OSTRYHON**  
**PRESIDENT**

**RAPPORT ANNUEL DU PRÉSIDENT  
2011-2012**

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J'ai le grand plaisir de souhaiter la bienvenue à notre 24<sup>e</sup> assemblée générale annuelle à nos invités, au personnel et aux membres du conseil d'administration du centre Réintégration communautaire des personnes ayant une lésion cérébrale (Niagara) Inc. (BICR). Cette année, nous accueillons trois nouveaux administrateurs, deux membres du conseil ayant terminé leur mandat et un ayant quitté le conseil afin de poursuivre d'autres engagements. Nous les remercions de leurs années de service et leur souhaitons beaucoup de succès.

C'est un grand plaisir pour moi d'annoncer que notre nouvelle résidence au 32, promenade Richelieu à Welland est maintenant terminée et que nos participants y sont déjà installés. La résidence est l'une des plus belles jusqu'à présent et elle est très accessible. Je suis certain que nos participants sont ravis de pouvoir jouir du grand espace que leur offre cette résidence spacieuse. Notre journée portes ouvertes a eu lieu le 11 mai dernier.

Comme le temps passe vite, trois années s'étant déjà écoulées depuis la dernière visite d'Agrément Canada. Tous les sondages précédents ont été excellents et je suis certain que celui de cette année donnera d'aussi bons résultats. Nous aimerions remercier tous nos gestionnaires, employés et membres du conseil d'administration pour le temps et les efforts qu'ils ont consacrés à la réalisation de ces sondages.

Encore une fois cette année, nous remettrons des primes de long service. Merci aux membres dévoués du personnel qui les recevront, particulièrement à ceux qui ont le plus d'ancienneté.

En terminant, j'aimerais exprimer ma reconnaissance aux membres du conseil pour les nombreuses années de bénévolat qu'ils ont consacrées à BICR. J'aimerais également remercier toutes les personnes qui assurent la bonne marche de l'organisme. Je vous souhaite à tous de passer un excellent été. Que Dieu vous bénisse!

**NICK OSTRYHON  
PRÉSIDENT**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**EXECUTIVE DIRECTOR'S ANNUAL REPORT**  
**2011-2012**

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This year has been a very fulfilling and exciting one for Brain Injury Community Re-entry (Niagara) Inc. (BICR). The organization has completed the residential site at Promenade Richelieu in Welland. The new home is a dream come true for the residents, staff, management team and board of directors. I would like to thank Mountainview Homes for all their efforts in making the site extraordinary in every way. Personally the completion of this project has been a rewarding experience and I look forward to the Open House in May 2012.

BICR continues to provide exceptional services to our participants as the glowing results of our participant and family satisfaction surveys attest. The dedicated work of our staff and management team is greatly appreciated by the board of directors and myself. I am impressed each and every year with the efforts of our staff and by the quality of new staff that have been hired.

Once again we are entering into the Accreditation Canada Survey in May 2012. This process is always interesting and allows BICR to be evaluated and compared to other organizations. The board of directors and myself are always open to the feedback that we receive during this process.

BICR has many great partnerships in our community such as March of Dimes Canada, Whispering Pines, Niagara Parks Commission, Hamilton Health Sciences, Acquired Brain Injury Network within Local Health Integration Networks 4 and, most recently sharing space with Brain Injury Association Niagara. These partnerships are the cornerstones that allow many additional opportunities to our participants.

I am thrilled to have 28 staff celebrate 5, 10, 15, and 20 year service awards at that this year's Annual General Meeting. The Wellness Works Committee has won Platinum and Diamond Awards for the Region of Niagara which is a testament to the great work done by this committee. I am also looking forward to a successful Staff Appreciation event scheduled for early June 2012.

In closing this year we say good-bye to three exceptional board members, Brenda Yeandle, John TeBrake and Leslie Warriner. I would like to thank each of them for their great support, efforts and time in allowing BICR to continue the tradition of providing excellent services. I will greatly miss their expertise, knowledge and advice and wish them the best of luck in their future endeavors.

I wish everyone a happy and healthy year.

**FRANK GRECO**  
**EXECUTIVE DIRECTOR**

## RAPPORT ANNUEL DU DIRECTEUR GÉNÉRAL 2011-2012

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Le centre Réintégration communautaire des personnes ayant une lésion cérébrale (Niagara) Inc. (BICR) a connu une année très intéressante et enrichissante. La construction de la résidence sur la promenade Richelieu à Welland est terminée. La nouvelle résidence est un rêve devenu réalité pour les résidents, le personnel, la direction et le conseil d'administration. J'aimerais remercier Mountainview Homes des efforts déployés pour rendre la nouvelle résidence extraordinaire à tous les égards. D'un point de vue personnel, l'achèvement du projet a été pour moi une expérience enrichissante et j'entrevois avec plaisir la journée portes ouvertes qui aura lieu en mai 2012.

BICR continue à offrir des services exceptionnels à nos participants, comme en attestent les nombreux commentaires élogieux émis par les participants et leur famille dans le cadre de nos sondages sur la satisfaction. Les membres du conseil et moi-même remercions les membres du personnel et l'équipe de la direction pour l'excellent travail qu'ils ont accompli. Chaque année, je suis impressionné par les efforts déployés par notre personnel et par la qualité des nouveaux employés.

En mai 2012, nous participons de nouveau au sondage d'Agrément Canada. Ce processus toujours intéressant permet à BICR d'être évalué et comparé à d'autres organismes. Le conseil d'administration et moi-même accueillons toujours à bras ouverts les commentaires reçus dans le cadre de ce processus.

BICR a établi de nombreux partenariats avec d'autres organismes communautaires comme la Marche des dix sous du Canada, Whispering Pines, la Commission des parcs du Niagara, Hamilton Health Sciences et le réseau Acquired Brain Injury Network du Réseau local d'intégration des services de santé de HNHB. Plus récemment, BICR a partagé des locaux avec la Brain Injury Association Niagara. C'est grâce à ces partenariats que nous pouvons offrir à nos participants de nombreuses nouvelles possibilités.

Je suis ravi que 28 membres de notre personnel seront honorés pour 5, 10, 15 et 20 années de service à notre assemblée générale annuelle. De plus, le comité Wellness Works a remporté les prix platine et diamant de la Région du Niagara, ce qui témoigne de l'excellent travail accompli par ce comité. J'attends également avec impatience l'activité de reconnaissance du personnel prévue au début de juin 2012.

En terminant, nous devons dire adieu à trois membres exceptionnels du conseil, Brenda Yeandle, John TeBrake et Leslie Warriner. Je tiens à les remercier pour leur soutien exceptionnel ainsi que pour le temps et les efforts qu'ils ont donnés afin de permettre à BICR de poursuivre sa tradition d'excellence en matière de services. Leur expertise, leurs connaissances et leurs conseils me manqueront énormément et je leur adresse tous mes vœux de réussite dans leurs futurs projets.

Je souhaite à tous une année heureuse et saine.

**FRANK GRECO**  
DIRECTEUR GÉNÉRAL

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
STRATEGIC DIRECTION PROGRESS REPORT:  
**PARTICIPANT SAFETY**

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**PARTICIPANT SAFETY:** BICR will provide support and leadership and create a culture of safety within the organization to individuals living with the effects of an acquired brain injury.

**ADDITIONAL INFORMATION:** Through the Participant Safety Plan, the organization addresses the safety needs of participants, families and staff. The plan is comprised of prioritized areas for improvement:

1. To provide an infrastructure that supports a **culture** of safety at BICR.
2. To improve and coordinate **communication** around participant safety related topics.
3. To promote a work life and physical environment that supports the safe delivery of care to our participants, with focus on **infection prevention and control**.
4. To ensure the safe administration of **medications**.
5. To implement other **initiatives** that address priority participant and staff safety issues.

**COMMITTEE LEAD (S):** Heather Olszewski

**UPDATES FROM 2010 - 2011**

- Participant Safety Steering Committee provided quarterly reports to the Board of Directors on participant safety related information.
- The Falls Prevention Committee was created to review falls statistics and make recommendations based on trends. For example, the committee introduced the classification of falls into three distinct types. The committee developed and released the Falls Prevention Strategy Brochure in 2010.
- Conducted Errors of Omissions analysis (Prospective Analysis) on malfunctioning equipment. Incorporated recommendations into Lock-out/Tag-out P&P and trained staff.
- *Infection Prevention Initiative Brochure* and *What You Need to Know about Outbreaks Brochure* created to educate participants and families. Brainwaves Safety Corner – Article topics included *Tips to Beat the Heat* and *How do you fight the flu?* Evaluated effectiveness of communication to participants and families about safety related topics via the Participant and Family Satisfaction surveys.
- Mandatory participant safety related training provided to all staff at orientation and annually at refreshers (E.g.: CIM, H&S, Medication, Fire Safety, WHMIS).
- Annual review of assistive devices and equipment completed.
- Ongoing equipment cleaning program to ensure proper reprocessing of participant equipment and devices in residences.
- Planned response to the H1N1 community crisis. Increased surveillance, awareness and education during this time via signage, visitor log in, information brochures and education, and increased communication.
- Created the Outbreak Management Plan. Merged the Outbreak, Pandemic and Emergency Response Plan. Formed the Emergency Response Outbreak Committee to oversee emergency preparedness initiatives.
- Annual review and test of the agency's Emergency Response Plan.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
STRATEGIC DIRECTION PROGRESS REPORT:  
**PARTICIPANT SAFETY**

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**UPDATES FROM 2011 - 2012**

- Participant Safety Steering Committee provided quarterly reports to the Board of Directors on participant safety related information.
- Conducted Accreditation Canada's Patient Safety Culture survey.
- Created staff training module on ethical decision making. Conducted training on the Ethical Decision-Making Worksheet and supporting process to frontline staff, managers and Board of Directors.
- Roll-out of *e-notes* software that enables staff to securely enter Counsellor Notes electronically, providing immediate access to participant related information within the supporting team.
- The Falls Prevention Committee changed the Falls Assessment Tool for transfers to reflect only manual, non-lift transfers. The agency's target was adjusted to better reflect behavioural changes and the lack of insight that the ABI population presents.
- Introduction to the Rai-Cha and supporting assessment tools. Updated training to staff on Privacy and Confidentiality with regards to the Integrated Assessment Record and the sharing of assessments, consents and participant privacy rights.
- Audit of participant safety and other risk areas by an external Risk Auditor.
- Conducted Errors of Omissions analysis (Prospective Analysis) on laundry process. Implemented new Laundry M&P, supporting flowchart, resources and signage at all residential sites.
- Introduced new respite protocol that requires medication reconciliation prior to admission into respite.
- Brainwaves Safety Corner – Article topics included *Fire Prevention* and *Winter Driving – Be Prepared, Be Safe*.
- Evaluated effectiveness of communication to participants and families about safety related topics via the Participant and Family Satisfaction surveys.
- Mandatory participant safety related training provided to all staff at orientation and annually at refreshers (E.g.: CIM, H&S, Medication, Fire Safety, WHMIS).
- Annual review of assistive devices and equipment completed.
- Ongoing equipment cleaning program to ensure proper reprocessing of participant equipment and devices in residences.
- Annual review and test of the agency's Emergency Response Plan with specific focus on the Evacuation Procedure. Resulted in revisions to the Evacuation Checklist.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
STRATEGIC DIRECTION PROGRESS REPORT:  
COMMUNICATION & TECHNOLOGY

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**COMMUNICATION & TECHNOLOGY:** BICR will continue to embrace the use of technology to enhance communication with our community partners, participants and families.

**ADDITIONAL INFORMATION/INITIATIVES**

1. Increase the availability of information to Participants & Staff who are accessing BICR web site for resources. *(At the October 16, 2010 Board of Directors meeting, it was decided that BICR would wait for direction from the AODA (expected January 2011) prior to proceeding with initiatives & information available to participants.)*
2. Enhance daily communication between Participants and Staff.
3. Continually review and update the Strategic Information Systems Plan with regards to various electronic tools available to staff.

**COMMITTEE LEAD (S):** Heather Olszewski, Sandra Harding

**UPDATES FROM 2010 - 2011**

- Design, development and testing of electronic signature technology, called *e-notes*. This web-based system was specifically programmed for BICR and the software enables staff to record all participant Counsellor Notes electronically. Each record is automatically date and time stamped and includes a secure electronic staff signature. The final result is then uploaded directly into DocuShare and Paperport which are the agency's records management systems. To complete this cycle, staff are able to access and view the participant's current information directly from their desktop.
- A second remote server was installed to improve staff accessibility and serves as a back-up for other sites accessing the main office network.
- Additional Office 2007 licenses purchased to continue to upgrade computers throughout the agency.
- Acquisition of 12 new computer systems, which in turn resulted in eight additional work stations being upgraded. Two of the computers were used to increase the number of systems available for participants to use at PET. One of the systems was provided to BICR's community partner, HIAFE.
- Regular website updates are now provided in the Library section of the website.
- Communication from AODA that information would not available until Fall 2011.

**UPDATES FROM 2011 - 2012**

- *E-notes*, the web-based system specifically created for BICR, was rolled out to all staff. This implementation was significant as the roll-out included a planned transition from June to October for each site and program. All staff attended a one hour training session that provided specific software training as well as set-up of personal access codes. Moving forward, *e-notes* training is incorporated into new staff orientation training. As well, supporting processes are in place to ensure that participant and staff changes are reflected in the software as they occur.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
STRATEGIC DIRECTION PROGRESS REPORT:  
COMMUNICATION & TECHNOLOGY

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- BICR began its response to the LHIN directed Integrated Assessment Record (IAR) and specifically the RAI-CHA, initiative. Two specific areas of concentration were the Technical Lead and the Privacy and Security Lead functions. Both areas required specific responses:
  - Technical Lead – Using the one-time funding received specifically for this purpose, BICR purchased 16 new laptops with encryption protection. The laptops allow staff to complete the RAI CHA assessment with a participant while in the community. Learned the Point Click Care (provided by the HNHB LHIN) system and the Integrated Assessment Record (IAR) Tool system. Both systems are needed to be fully integrated with the LHIN community. Moving forward, the Project Manager will complete the roles of Privacy Officer, User Authority, User Coordinator and EMPI Lead (Enterprise Master Patient Index) for IAR coordination.
  - Privacy and Security Lead – As the IAR initiative relies heavily on a health service providers internal Privacy and Security processes, there are mandatory requirements that BICR must comply with in order to participate in the IAR initiative. During the year, the Project Manager attended training in these areas and in turn, provided Privacy and Security training to staff responsible for completing the RAI-CHAs. The staff module included several focus areas, including Privacy Review, Reporting Incidents, Managing Consent, Supporting Participant Privacy Rights and User Account Management. As staff have begun to complete RAI-CHA assessments, the support for this very new initiative also continues to occur. When BICR receives the “Go Live” date for IAR (anticipated to occur by July 2012), there will be additional training and support required in this area.
- With the purchase of new laptops for RAI-CHA, this created a domino effect whereby from the 16 replaced systems, 12 of the systems were in turn given to other staff (the rest being retired and/or donated.) At the end of the fiscal year, there were 42 systems less than five years old, 22 systems in the five to seven year range and 7 systems between eight to ten years old.
- With the acquisition and subsequent rollover of newer systems, there were no longer any computers using Office 97. With this advancement, the agency’s original remote server was no longer compatible with the newer versions of Office. Therefore, the remote server was replaced so that all remote users are able to run the same version of Office.
- A new back-up system was purchased to allow encryption protection of back-up tapes.
- In early 2012, the agency’s voicemail system experienced a total system failure, requiring a reinstallation of the software and replacement of the system’s hard drive. This expense was covered by the agency’s maintenance agreement with Bell Canada.
- Regular website updates are now provided in the Library section of the website.
- Communication from AODA that information would not available until Spring 2012.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**STRATEGIC DIRECTION PROGRESS REPORT:**  
**DROP IN CENTRE**

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**DROP IN CENTRE:** BICR will provide an environment where participants have the opportunity to meet for activities that are planned and promoted. This space would be available for a variety of opportunities.

**ADDITIONAL INFORMATION:** In addition to the Drop In Centre Strategic Direction, consideration will be given to other community groups & services to access the space.

While PET utilizes the space at Unit 10, for specific programming 5 days per week in partnership with the March of Dimes, additional time limited groups have been added that often run simultaneously. The intention of the additional groups is to provide choices of activities and learning opportunities for participants who live within the community.

**COMMITTEE LEAD (S):** Darlene Stevenson, Linda Rapley

**UPDATES FROM 2010 - 2011**

- Space was secured at Unit 10 with the intention of relocating the Personal Effectiveness Training Program (PET) and Vocational Program back to BICR's administrative offices. Following initial renovations of space, the programs transitioned into their new space in June 2010.
- In February 2011 a Creative Planning Day was held at Unit 10 with representation from COSS, PET, Vocational Services, Recreational Services, and Residential Services. Part of the planning day included a breakout group to brainstorm recommendations for incorporating the strategic direction of a Drop in Groups to Unit 10. Information generated from this staff forum is outlined below:

**DROP-IN GROUPS RECOMMENDATIONS:**

- Offer day and evening groups/programs
- Offer block of times for activities to be scheduled i.e. game night, card night, pot luck night, spaghetti night and theme based evenings
- Goal - to offer opportunities for participants who live alone
- CF's can support participants with learning bus routes
- Do a trial period to determine interest
- Have a reserve pantry
- Time frame i.e. Wednesday nights 4 to 7pm
- Bring lunch for dinner - brown bag theme
- People will be asked to sign up to determine number of staff required
- Include date/time in leisure guide. i.e. wed evenings 4 to 7pm game night, bring your own meal, meal 4 -5pm game time 5-7pm
- Make 3 month schedule; rotate themes quarterly
- Call week to week to sign and inquire
- Participant should be independent enough to attend or have a staff with them
- Staff who attend with participant must be engaged in activity
- Staff have available information of on-call contact info re: emergencies
- Train more than one staff and staff would rotate schedules
- Location - UNIT 10
- Minimum staff required would be 2
- Staff would sign up
- Who is interested? However, any staff should be able to host these groups and be given the opportunity

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**STRATEGIC DIRECTION PROGRESS REPORT:**  
**DROP IN CENTRE**

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- Wacky Wednesday Drop In was implemented on Wednesdays from 4 – 7 p.m. The Recreation Coordinator, PET Coordinator and PET Group Facilitator began taking the lead by adjusting their schedules to oversee the drop in on a rotational basis.
- A Computer Lab was created at Unit 10 with Open sign up times for participants to use the computer, access the internet etc.
- Plans were made to redesign the Learning & Leisure guide. Incorporating the Recreation Calendar into the guide was identified as a priority, along with making the guide a booklet format similar to a college calendar.

#### **UPDATES FROM 2011 - 2012**

- An Open House was held for Community Partners and Participants and family members to showcase Unit 10 and its expanded programs and services offered.
- The redesigned Learning and Leisure Guide was released. Additional changes were made throughout the fiscal year that included specific topics or activities for each date programming was offered to promote choice and attendance to activities of interest for participants. The guide was rearranged to provide groups sequentially as they occur throughout the week. The day of the week was added to top right corner as a visual aid for family and participants.
- Recreation Coordinator, PET Coordinator, Office Secretary responsible for publications and Modular Services Manager met quarterly to review group proposals/submissions and to develop the quarterly Learning and Leisure Guide.
- Month at a Glance calendars were created on 11 ½ by 14 paper for staff that list programming for each day of the week and the times.
- Wacky Wednesday schedule was reduced to twice each month instead of weekly due to attendance. Twice per month format has worked well.
- Community partner Brain Injury Association of Niagara moved into the computer lab space. The computers were relocated to large programming area where participants can still access them.
- In addition to Wacky Wednesday, group opportunities were added that focus on Independent living skills. The focus of these groups is to engage participants living in the community. Examples included the International Cooking classes, Baking, Jewelry Making, etc. These groups run simultaneously with traditional PET programming.
- Guest and Community speakers were invited into Unit 10 i.e. Public Health, Victim Services, Aromatherapy, Self Defense, Bus training, Pet therapy etc.
- PET Coordinator began working with Brock University Drama Department to secure volunteers to perform the play After the Crash.
- Additional creative arts opportunities were added including Music Expressions, Drumming Circles, and Art Expressions.
- Attendance is taken at each group to monitor demand for an activity. In groups where attendance is capped i.e. International Cooking Series, waitlists are created once the group is full and a second group is then offered. Group stats were used to evaluate continuation of programs. For example, initially Jewelry making was offered as a onetime group, however, due to popularity it is one that is now offered at least twice each year.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**STRATEGIC DIRECTION PROGRESS REPORT:**  
**SERVICE EXPANSION**

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**SERVICE EXPANSION:** BICR will continue to provide service improvements and focus on Outreach proposals to enhance the lives of our participants and reduce waitlists with the use of demographic information and partnerships within our governing LHIN.

**ADDITIONAL INFORMATION:** N/A

**COMMITTEE LEAD (S):** Frank Greco, Gina Aiello

**UPDATES FROM 2010 - 2011**

- The organization received funding and hired a case facilitator to work with participants in Long Term Care facilities who were misplaced and needed coordination of services.

**UPDATES FROM 2011 - 2012**

- Through further expansion funding received by LHIN 4 the case facilitator position was added to the Erie Shore area to provide services to this rural area. BICR partnered with Head Injury of Fort Erie (HIAFE) to provide group opportunities in space owned by HIAFE. The case facilitator also provides one on one support to participants in Fort Erie, Port Colborne and Ridgeway catchment area.
- The organization provided an internship to a psychologist to allow her to obtain her license in the province of Ontario. This enabled our psychology program to provide services to people on our waitlist during this period.
- BICR was able to provide a greater number of group activities at our new offices in Unit 10 at our Martindale location. The organization has leased space and the learning and leisure guide has been expanded and increased services have resulted in an increase of participants using both PET and Recreational services.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**STRATEGIC DIRECTION PROGRESS REPORT:**  
**AGING CAREGIVERS**

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**AGING CAREGIVERS:** BICR realizes the impact of aging caregivers to our participants. The organization will focus on strategies to reduce this impact, including Long Term Care facility education and partnerships.

**ADDITIONAL INFORMATION:** The objectives of this committee include:

1. Supporting aging caregivers by providing education on community resources and educating them on the next steps for their loved ones.
2. Creating partnerships with LTCF in the Niagara Region and maintaining the partnerships.
3. Supporting aging participants by advocating a referral through CCAC to a LTCF.

**COMMITTEE LEAD (S):** Margo VanHonsberger, Christine Williams

**UPDATES FROM 2010 - 2011**

- Respite services offered as a service to participants who are typically being supported by an aging caregiver. This reduces caregiver burn-out and provides a break. These individuals in the future may be placed on the waitlist for residential services and this allows BICR to get to know their support needs and challenges.
- Provision of increased COSS hours for individuals with aging caregivers on a case by case basis.
- Participated in the Age Friendly Initiative spearheaded by Niagara Region. Currently this committee has dissipated.
- Revised "Strategic Planning form" for the planning process when transitioning to LTCF.

**UPDATES FROM 2011 - 2012**

- Form created by BICR for families to educate them on the process of accessing placement in LTCF, services provided, eligibility, costs, and BICR's role following transition.
- Increased direct service involvement in residential sites for individuals who were experiencing medical complications due to aging.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
23<sup>RD</sup> ANNUAL GENERAL MEETING MINUTES  
JUNE 15<sup>TH</sup>, 2011

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Present: Nick Ostryhon, David Shapiro, Brenda Yeandle, Frank Greco, Jacqui Graham, Doug Kane, Leslie Warriner, Luc Savoie, Steve Murphy

Regrets: Dr. Linda Cudmore, John TeBrake

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1. Meeting called to order at 5:04 p.m.

2. Adoption of the Agenda

Motion: To adopt the agenda for the 24<sup>th</sup> Annual General Meeting as presented.

Moved: Jacqui Graham

Seconded: Leslie Warriner

Carried.

3. Review and approval of the minutes from the Annual General Meeting held on June 15<sup>th</sup>, 2011.

Motion: To approve the minutes of the 23<sup>rd</sup> Annual General Meeting held on June 15<sup>th</sup>, 2011.

Moved: Jacqui Graham

Seconded: Luc Savoie

Carried.

4. Financial Report & Investment Review

Larry Iggulden presented the financial report. Larry 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. General comments by Larry included the agency records were found to be complete and accurate. A portion of the agency surplus was returned to the Ministry of Health and a portion was retained. The portion returned was partly due to the wage increase that was funded by the Ministry that could not be paid to staff due to the wage freeze.

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

Motion: To approve the Annual Financial Report ending March 31<sup>st</sup>, 2011, as presented.

Moved: Jacqui Graham

Seconded: Leslie Warriner

Carried.

5. Other Business:

1. Nick Ostryhon presented the President's Report.

2. Frank Greco presented the Executive Director's Report and welcomed Bob Lawler from the LHIN and the community partners from HIAFE whom attended the evening's event. He went on to thank Jennifer MacLean and Sharon Coulson for organizing the event and the Board of Directors, Managers and Staff for their support. Frank mentioned the feedback from the Participant and Family Surveys were extremely positive and that the results are an important indicator of the hard work staff does each and every day. Frank thanked David Shapiro for his assistance with the land purchase at Tanguay Place and wished everyone a great summer.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
23<sup>RD</sup> ANNUAL GENERAL MEETING MINUTES  
JUNE 15<sup>TH</sup>, 2011

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3. Appointment of Auditors

Motion: To appoint the accounting firm of Partridge Iggulden for the operating year of 2011-2012.

Moved: Doug Kane

Seconded: David Shapiro

Carried.

4. Recognition of the 2010-2012 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 continued term.

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

6. The date of the next Annual General Meeting will be Wednesday, June 13<sup>th</sup>, 2012.

7. Meeting adjourned at 5:30 p.m.

Motion: To adjourn the 23<sup>rd</sup> Annual General Meeting.

Moved: Leslie Warriner

Seconded: Jacqui Graham

Carried.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**INTAKE DEPARTMENT ANNUAL REPORT**  
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Over the last fiscal year the Intake Coordinator's time has been very busy with the Inter Rai Project. This new initiative is one that will bring information sharing, service consistency, common language and accountability for the participants that we serve.

The Intake Coordinator with assistance from a Case Coordinator was responsible for being the lead role in attending workshops, training sessions and teleconferences, as well as completing the internal staff training sessions. With the support of managers and fellow staff the training was completed within the designated time frame which also allowed BICR to reach all of the Milestone goals that were put in place by the Project Coordinators.

At this point in time all staff have been trained to input the information into the designated software. This assessment tool is being used by other health care professionals anyone accessing this tool will be able to use the outcomes to provide a better service plan. We currently have the ability to view all assessments within BICR and as an agency we are at the final stages of this project and hope to "Go Live" very soon.

The Intake Coordinator was an active member of a number of internal committees during this fiscal year. They include, the Participant Safety Steering Committee, Admissions Committee, Falls Prevention Committee, Golf Tournament Committee, Accreditation Canada Team and Crisis Intervention Management Committee. In addition, he continued to complete presentations to community agencies regarding BICR's services. Most often these presentations highlighted the services that BICR will provide to eligible participants, the intake process, eligibility criteria and the waitlist. The intake coordinator has also presented to the PSW program through Niagara College as part of their career day.

Intake was part of several residential transitions this past year. During the past year 2 participants moved into the Buckley Towers program and 2 moved into BICR residential homes. It is important to note that the 2 participants that moved in (1 for Buckley 1 for residential) were from outside of the Niagara Region. The referrals were a result of the BICR website and/or previous involvement with BICR.

#### **CHALLENGES AND TRENDS**

The challenges during this past year were related more towards getting the necessary medical information required for eligibility. There were 3 participants in particular that continue to struggle to find the appropriate information to assist with the eligibility criteria. One applicant has a primary diagnosis of mental health and the other 2 applicants have major chronic pain issues.

According to the numbers being provided (total 40) over the identified time period the majority of acquired brain injuries have been the result of MVA. These numbers indicate the number of participants that have been deemed eligible and currently receive services by BICR staffing.

<b>CAUSE OF INJURY</b>	<b>PERCENTAGE OF INDIVIDUALS</b>
Stroke	5.0%
Motor Vehicle Accident	40.0%
Aneurism	2.5%
Act of Violence	7.5%
Anoxia	6.0%
Other	7.5%

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**INTAKE DEPARTMENT ANNUAL REPORT**  
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Welland/Port Colborne and the Fonthill are the areas where the largest number of referrals has come from during this past fiscal year. St. Catharines continues to create a large number of referrals for service.

REGION	PERCENTAGE OF INDIVIDUALS
St. Catharines/Thorold	33.4%
Niagara Falls/NOTL	18.5%
Welland/Port/Fonthill	37.0%
Surrounding area	11.2%

The breakdown of the age characteristic is based on the percentage of individuals who currently receiving service within BICR and that came into service over the last fiscal year. These numbers are:

AGE	PERCENTAGE OF INDIVIDUALS
20-24	2.5%
25-29	7.5%
30-34	22.5%
35-39	2.5%
40-44	10.0%
45-49	7.5%
50-54	10.0%
55-59	17.5%
60-65	1.5%

The Intake department continues to find ways in providing a time efficient service to all referrals made. Participant needs continues to be the focus when referrals are made and a pathway through services are developed.

**JOE TALARICO**  
**INTAKE COORDINATOR**

## MODULAR SERVICES ANNUAL REPORT 2011-2012

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### GENERAL OVERVIEW

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

- Case Coordination (2 full time Coordinator positions)
- COSS (1 Case Facilitator position)
- Fee For Service (securing and overseeing 3<sup>rd</sup> party funded contracts)
- Long Term Case Facilitation (1 Case Facilitator position)
- Office Secretary (1 full time position)
- Personal Effectiveness Training Program (PET) (1 Coordinator, 1 Rehabilitation Counsellor)
- Recreation Services (1 Coordinator position)
- Rural Services along Erie Shoreline (1 Coordinator position)
- Vocational Services (1 Coordinator, 1 full time Case Facilitator Position)

### PROGRAM INITIATIVES AND HIGHLIGHTS

Introductory training sessions on the implementation of the Inter Rai Cha into community based programs were attended in April and May of 2011.

The Rural Service Coordinator continued to partner with HIAFE to provide two days of group programming each week and three days of individual support in the community. Sessions on SUBI (Substance Use and Brain Injury) were introduced by BICR Case Coordinator Jeff Sica. Music Expressions were also introduced to group participants on a monthly basis.

Periodic meetings were coordinated with HIAFE board members to review programs and discuss opportunities for future growth. The possibility of developing an apartment cluster program in Fort Erie was explored. It was recognized that in order to be successful affordable subsidized housing was essential. Discussions with Niagara Regional Housing ensued, however, during this past fiscal year we unfortunately were not able to secure dedicated units for this project.

In June 2011 BICR's Vocational, PET and Recreation programs held a community open house at Unit 10 to showcase our newest programming area. This event was well attended.

The usage of the space at Unit 10 continued to evolve, in keeping with BICR's strategic direction of creating a Drop-In Center. The Recreation Coordinator and the PET Coordinator continued to meet and refine various groups and activities to reach a wide range of our participants. Drumming Circles and Pet Therapy along with Guest Speaker series were introduced. Life Skill training groups (i.e. cooking), Jewellery making, Art Expressions, Movie Madness, etc. were offered throughout the year.

The Learning and Leisure Guide was further reviewed and updated in consultation with Sharon Coulson, Office Secretary, Recreation Coordinator and PET Coordinator. The format continues to evolve to provide full representation of the groups and activities being offered in a user friendly format.

The Long Term Case Facilitator and Modular Services Manager continued to meet, review and evaluate discharge questionnaires. These questionnaires were developed to help assess how discharge planning is occurring within the organization and to pinpoint any potential areas for further quality improvement with discharges and/or transfers from a participant/family perspective.

In November 2011, the Ethics in Healthcare Conference hosted by Accreditation Canada and the Joint Centre for Bioethics, University of Toronto was attended. In conjunction with BICR's social worker an Ethical Decision Making training module was developed. Beginning in January 2012, training was provided to BICR

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staff, managers and Board of Directors on ethical decision making and the IDEA Framework that has been adopted. Moving forward training in ethical decision making will be an enhanced component of new staff orientation.

Recreation Services sponsored a group vacation experience to Cuba in February 2012. Throughout the 2011 – 2012 fiscal year Tina Horton, Vocational Coordinator; Jeff Sica, Case Coordinator; and Shirley Ely, PET facilitator coordinated numerous fundraising activities to significantly offset the cost of the vacation for participants. A great big thank you is extended to these staff along with many others across all BICR programs that volunteered their time at these fundraising events and ultimately made the trip a success for a total of 14 participants.

Vocational services continued to provide support to participants in both competitive employment and supported meaningful volunteer work. A new success that is further highlighted in the Vocational Services report was a new partnership with the Salvation Army to hire our participants for the annual Kettle Bell fundraising campaign. We look forward to a continuation of this partnership. The program continues to strengthen its partnership with a local employer Gardening Angels.

Two summer Seed Students were utilized in the Recreation, PET and Vocational Program in 2011. Niagara College Students from the Social Service Worker Program, the Education Assistance - Special Needs Support, and Recreation and Leisure completed placements within the Case Management, Recreation and PET programs. Three placement students were hired during the fiscal year following successful completion of their education requirements.

Modular Services continues to note a trend of increasingly diverse support needs of individuals living independently in the community who have significant issues with addictions, mental health and housing, and the criminal justice system in addition to an acquired brain injury.

**OBJECTIVES FOR THE UPCOMING YEAR:**

The completion of discharge questionnaires will be transitioned to an Office Secretary position. Transition points will be an additional focus point.

Continue to co-chair ABI services with the COSS manager as we continue to prepare for our Accreditation Canada site visit.

Support hours will be provided to the Rural Services Coordinator to assist in meeting participant needs in the community.

Membership in the National Case Management Network will be explored.

While I have touched on the themes and program highlights of Modular Services in general, Case Coordination, Long-term Case Facilitation, Recreation Services, Vocational Services and PET Program have submitted annual reports on their respective department's outlining the activities and accomplishments in the 2011 – 2012 fiscal year. Please refer to these reports for additional information.

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Again, as we move into our 2012 – 2013 fiscal year, I am fortunate to be surrounded by a dedicated team that supports the philosophy and vision of BICR. I must commend my team for their continued flexibility in their work hours to meet participant needs. Congratulations on another successful year!

**DARLENE STEVENSON**  
**MODULAR SERVICES MANAGER**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**CASE MANAGEMENT PROGRAM ANNUAL REPORT**  
**2011-2012**

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**GENERAL OVERVIEW**

The Case Management program works in tandem with the Intake Coordinator to address referrals, assess and integrate potential participants into service, and begin to identify and structure goals for service. As a transitional service, Case Coordinators are the first step to integrating service and providing support to BICR participants while also working in partnership with all other programs throughout the agency.

**HIGHLIGHTS/INVOLVEMENTS**

Case Management was actively involved with the integration of the interRai assessment tools into the BICR practice. Numerous trainer workshops were attended where assistance with planning and coordination of the tool was provided. Case Management also assisted the Intake Coordinator by co-facilitating in-service training to BICR staff on use of the Rai Cha and remains a source of support for those initiating use of the tool. In addition, the Case Management department continued to coordinate the SUBI (Substance Use/Brain Injury) groups for participants who express struggles with addiction as a barrier to their recovery from ABI. An on-going weekly group continued to be facilitated. A second 10 week group for new attendees was formulated and facilitated bi-annually. Once completed Case Management continued to be active in the development of SUBI programming through direct work with Dr. Carolyn Lemsky of CHIRS, and participated in the development of a SUBI manual directed at family and care providers which is expected to be available in the summer of 2012.

Case Coordinators were also involved in several committees and services. Internally Committee participation included the Joint Health and Safety Committee, Accreditation Canada, the Social Committee, the Behavioural Review Committee, and the Admissions Committee. Externally, the Case Management program represented BICR on the Accessibility Advisory Committee of Niagara.

A partnership with Niagara College's Social Service Work program continued by supervising and mentoring placement students throughout the year at BICR's programs.

Both Coordinators were also involved in the facilitation of staff in-services and information sessions including Crisis Intervention Management, Addictions and ABI, Motivational Interviewing, and the interRai sessions.

Through direct practice and initiative, the Case Coordinators worked collaboratively with other community based agencies including CMHA, CASN, Community Care, CCAC, and ODSP/OW. Assisting with referrals and providing support to participants jointly helped further partnership opportunities and familiarity while advocating for effective circles of care for BICR participants.

Case Management participated in valuable and informative external activities. Presentations at Ontario Disability Support Program, Community Addiction Services of Niagara, and Public Health were attended. Additionally, the Canadian Harm Reduction Conference of 2011 was attended and provided new knowledge and experience which was able to be brought back to BICR and formulated into in-services for BICR staff. Case Management was also a visible presence at the annual OBIA Conference in 2011, coordinating BICR's information booth and networking with community partners at workshops.

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Assistance with fundraisers and attending BICR's Cuba trip for participants was a highlight of the past year.

**STATISTICS**

The table below represents total numbers representative of both Case Coordinators in Modular Services:

TOTAL FILES SERVICED	TOTAL ADMITTED DURING REPORTING PERIOD	TOTAL TRANSFERS TO OTHER BICR PROGRAMS	TOTAL CLOSURES / DISCHARGES
69	33	11	12

**CONCLUSION**

Through collaboration with regional agency partners, the Case Coordinators recognized general trends in service. Support needs centred on concurrent issues, including mental health concerns and addiction, and affordable housing. The Case Management program expects to have a strong focus in the coming year on furthering partnerships with other agencies throughout the region as well as taking advantage of opportunities to provide public education regarding acquired brain injury. A need to focus on support to ageing care providers in the community has also been recognized and expected to be a priority in future service through the department.

**JEFF SICA**  
CASE COORDINATOR

**JONATHAN WILLIAMS**  
CASE COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**PERSONAL EFFECTIVENESS TRAINING ANNUAL REPORT**  
**2011-2012**

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**OVERVIEW**

The Personal Effectiveness Training Program (PET) continued to provide service 5 days per week based on five components including: Skill Training, Physical Exercise, Leisure Development, Community Skill Development and Supported Community Placements. Attendance in these structured ongoing groups varied from ½ day to 4 days dependent upon participant need; however, the average attendance was 1 – 2 days per week. Traditional programming supports 14 BICR participants and 12 March of Dimes participants. Throughout the 2011 – 2012 fiscal year there were 2 new admissions and 1 discharge.

In addition to our traditional programming noted above, a number of open short-term group sessions were offered throughout the year. These groups allowed BICR to maximize the program space at Unit 10 and expand program options available to participants. These groups were offered in BICR's Learning and Leisure Guide that is sent to all active BICR participants.

At the end of the 2011 – 2012 fiscal year a combined total of 50 participants were accessing PET services.

**GROUPS AND PROGRAM HIGHLIGHTS**

An Open House at our new program space took place in June 2011 with staff, participants, family members and community partners celebrated BICR's programming and its new location at 261 Martindale, Unit 10.

The program continued to contract the services of a music facilitator to provide services 2 hours per week. This particular component of our program remains open for anyone in the agency to access. At the time of this report there were 18 participants attending.

A new addition to regular programming was Pet Therapy, facilitated by Therapy Tails Niagara. These sessions allowed our participants to enjoy the therapeutic and at times physical interventions that dog therapy can provide. Pet therapy has become a welcome addition by our participants. The PET program assists the volunteer organization by making and baking dog biscuits and/or stuffing bags with dog treats and making labels.

As noted earlier in this report, the P.E.T program continued to offer a variety of short-term groups ranging from 4-12 week intervals. These groups allowed BICR to expand our services to individuals who are on the waitlist and meet the strategic direction of offering drop in activities. During this fiscal year a total of 18 different group opportunities were offered. Topics included: Independent Living Skills, Current Events (a Hot Topic Discussion Group), Christmas Gift Making, Native Drumming, Art Expression, Scrapbooking, International Cooking and Cultural Awareness, Computer Training, Seasonal Canning (jam and salsa), Jewelry Making, Yoga, Wacky Wednesday Social Nights and Self Defense for People with Disabilities (Karate). A range of 6 – 18 participants attended these groups.

A Guest Speaker series was also initiated to provide participants and staff alike with training and information on the following topics: Hand Hygiene/Infectious Disease Prevention, Aroma Therapy, Therapeutic Touch, Drama Therapy, Art Therapy, Gateway Services, Awareness on Abuse (Victim Services), Ontario Works and ODSP.

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**PERSONAL EFFECTIVENESS TRAINING ANNUAL REPORT**  
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PET worked with the Brock University Drama Department and secured students to volunteer their time to put on a performance of the play called "After the Crash" about Brain Injury and its survivors. The play will be performed at Unit 10 in the spring of 2012.

Several educational outings throughout the year such as the War of 1812 Exhibition, Disability Pride Event, Volunteer Appreciation Luncheon, Breaking the Barriers, White Meadows, Heartland Forest, Various animal and bird exhibits at Balls Falls Conservatory. We also attended various other outings such as shopping trips, Luncheons, Beach Days, Movies, Concerts and other recreational like company bowling tournaments and baseball.

PET's annual Christmas craft sale was a success. All proceeds were directed back into participant program and activity costs. PET also co-facilitated with Recreational Services two dances that are held yearly, the Spring Fling and the Halloween dance.

**TANYA NAZAR-PIERSON, ssw**  
**PERSONAL EFFECTIVENESS TRAINING COORDINATOR**

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

<b>DROP IN PROGRAMS</b>	<b>PARTICIPANTS SERVED (averages)</b>
Bowling at Parkway Lanes	12 per week
Men's Group	9 per week
Fun in the Sun (June – August 2010)	15 per week

<b>REGISTRATION PROGRAMS</b>	<b>PARTICIPANTS SERVED (averages)</b>
Whispering Pines	8 per week
WRAP Mondays	6 per week
WRAP Fridays	8 per week
Horticulture Therapy Tuesdays	8 per week
Horticulture Therapy Thursdays	4 per week
Gamers Gallery	6 per week
Craft Corner	6 per week
Movie Madness	4 per week
YMCA Group	4 per week

<b>TRIPS</b>	<b>PARTICIPANTS SERVED (exact #'s)</b>
Geneva Park August 2011 (Residential)	8
Geneva Park August 2011 (COSS & Modular)	9
Boundless Adventures June 2011	9
Cuba February 2012	14

<b>SEASONAL</b>	<b>PARTICIPANTS SERVED (averages)</b>
Baseball Tournament	21
Canoeing x 14 weeks	2 per week
COSS & Modular Services Christmas Party	110
BICR Bowl-a-thon	17
Spring Fling Dance April 2011	75
Halloween Dance October 2011	50

<b>CALENDAR OUTINGS</b>	<b>APR</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>TOTAL</b>
<b># OF EVENTS</b>	6	8	7	7	7	8	8	8	7	7	7	7	87
<b># ATTENDED</b>	55	69	85	78	76	72	70	88	61	72	56	68	850

**PROGRAM HIGHLIGHTS**

- All ongoing groups and activities offered by the Recreation Department continued to maintain maximum numbers.
- The implementation of four new groups; YMCA, Movie Madness, Craft Corner, and Gamers Gallery.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**RECREATION SERVICES ANNUAL REPORT**  
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- The successful coordination of two summer trips to Geneva Park.
- BICR's recreational services worked closely with Boundless Adventures to provide a successful outdoor adventure trip.
- A vacation to Cuba was well attended and a successful endeavor.
- The completion of four successful fundraisers to offset costs for the participant's trip to Cuba.
- BICR continues to foster a successful partnership with the School of Horticulture for the WRAP program.
- Reformatting the Learning and Leisure Guide and Recreation Calendar and utilizing these publications as a tool to communicate recreational and group programs offered to our participants.
- 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 Bowl-a-thon and Baseball Tournament.
- The successful implementation of new programs in conjunction with PET.
- The completion of two fundraisers, a Spring Fling dance and a Halloween dance.
- 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.

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**

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**VOCATIONAL SERVICES ANNUAL REPORT**  
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#### **GENERAL OVERVIEW**

The Vocational Department consists of one Coordinator and one full time Case Facilitator. The program assists participants with obtaining and maintaining part-time or full-time employment, find meaningful volunteer experiences and/or assist with return to school programs. When a participant is admitted to vocational services, employment assessments are administered and participants are encouraged to attend the Vocational Series Workshops. Both of these tools assist the participant in identifying their vocational goal.

#### **STATISTICS**

During the past year the number of active participants fluctuated between 27 – 33, representing an increase from previous years.

The number of participants on the waitlist ranged from 1 – 4 participants. This is a decrease from previous years.

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

- Competitively Employed 6 - 9
- Seasonal Employment 11
- Volunteering Independently 6 - 8
- Volunteering with Support 4
- Job Searching 4 - 6

#### **HIGHLIGHTS**

- A seven year partnership continued with a small business called Cemetery Gardening Angels. This business provides gardening care to cemetery plots at 6 cemeteries in the Niagara Region. Cemetery Gardening Angels have hired a total of 6 individuals at a competitive wage to work at Victoria Lawn Cemetery 2 days per week and the Fonthill and Welland cemeteries 3 days per week. In the 2012 season 1 of our participant's who has been employed by the business for the past 4 years will be returning as team leader with an increase in wage and in pride. This is a great achievement and is a result of hard work and outstanding work ethics.
- Since 2003 the Vocational Department has continued to be involved in the Niagara Region's Adopt-a-Road Program which was established as a public service program for volunteers to pick up litter along a designated road 3 times per year. The Vocational Department maintains Martindale Road where our main administrative offices are located. On those designated times the vocational department has encouraged new participants to attend the activity which allows for an additional assessment tool prior to obtaining placements.
- In June 2011 an Open House was held at Unit 10 to showcase our newest office space and the services offered. Unit 10 has allowed us to continue a great partnership with March of Dimes Canada and most recently with Brain Injury Association of Niagara. It is a great asset to be closer to the main office. It enables us to work more cohesively with other staff members to further develop opportunities for our participants.
- A New Partnership was formed! The Salvation Army hired 6 of our participants from October to December 2011 to man the kettle bells that they have throughout St Catharines. There were numerous hours dedicated to organizing schedules, transportation and staffing to ensure this was a very successful

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**VOCATIONAL SERVICES ANNUAL REPORT**  
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endeavor. The Salvation Army was very pleased with our participants work skills, dedication, reliability and work ethics. They plan to hire between 15 – 20 of our participants for the 2012 season.

**CHALLENGES**

- As in previous years, public transportation continued to be the biggest obstacle for our participants. The majority of our participants do not retain their driver's license post injury; therefore they rely greatly on the local transit system. As a result, locating a suitable placement is limited to a smaller geographical area.
- Educating employers regarding the effects of an acquired brain injury and the compensatory strategies needed to have a successful placement continued to be a challenge. Securing positions with employers that are open to ideas and strategies creates a positive and successful placement. Overall, everyone benefits when an employer understands and is willing to implement different strategies for a participant, resulting in successful placements.
- Due to the wide range of positions, staff need to ensure that the participants receive health and safety training and are knowledgeable with the use of protective devices, equipment and clothing. Education is provided to participants to ensure they know their rights and responsibilities as an employee.
- The economic recession continued to make it a difficult to secure competitive employment for our participants. There are few jobs available and our participants competed against an unusually larger number of people for entry level jobs, making it very difficult to secure employment. Many times it is a combination of networking with other agencies and/or cold calls to local employers that create job opportunities for our participants.

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.  
**LONG TERM CASE MANAGEMENT ANNUAL REPORT**  
**2011-2012**

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**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 2011-MARCH 2012**

<b>CASELOAD APRIL 2011</b>	<b>ADMISSIONS</b>	<b>DISCHARGES / FILE CLOSURES</b>	<b>TRANSFERS</b>	<b>CASELOAD MARCH 2012</b>	<b>WAITLIST MARCH 2012</b>
38 participants	2	6	0	34	2
	1 COSS 1 Vocational				

The above statistical information provides an overview of the Long Term Case Facilitators caseload from April 2011 to March 2012. This writer started the fiscal year with 38 participants and ended with 34 participants, there were two participants on the wait list in March 2012.

**REFERRALS/ADMISSIONS**

Two individuals were admitted to the program during the course of the year; one from Community Outreach Support Services (COSS) and one from the Vocational Department. Both participants no longer require support within those respective departments however felt that continued support in responding to periodic requests would be beneficial.

**AREAS OF SUPPORT**

Participants requested support in the following areas: information and advocacy, problem solving, emotional support, comprehension of correspondence and form completion and linking individuals with internal and external service providers. Attendance at medical appointments to support medical follow through and continuity of care was provided. As well as support 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 (22 crises 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**

Six discharges took place from April 2011 to March 2012. One of these participants needs was being met within a Long Term Care Facility. The other participant had not accessed services in several months and mutually agreed to a discharge from service.

**SPECIAL PROJECTS**

- Participation in the Pandemic Planning Committee continued during this fiscal year. During this year the emergency response plan and the pandemic planning committee were amalgamated. The team name was changed to the Emergency Response Outbreak Committee (EROC) to better reflect the committee's role. Annual timelines for maintaining Emergency Response/Pandemic/Outbreak plans were completed.
- The Transition/Discharge survey continued to be a work in progress as the trial continued through 2011. The survey was completed by participants who were discharged from COSS and Modular services.

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In June of 2011 the rating scale and order of questions were changed to make it more user friendly. Results were summarized and presented to the management team by the Modular Service Manager. Updates were provided to COSS and Modular Service staff. The trial continued from June 2011 to March 2012 utilizing the modified survey. The focus continued to be on participants being discharged from COSS and Modular Services. Moving forward the survey will also be completed by participants being discharged from residential services. In addition a trial will begin with participants being transferred from one department to another.

DONNA RIX  
LONG TERM CASE FACILITATOR

## RURAL SERVICES ANNUAL REPORT 2011-2012

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### GENERAL OVERVIEW

Following a brain injury a person residing in a remote area will have difficulty with coordination of services and furthermore face potential isolation. The role of the Rural Service Coordinator is to continue to provide essential services and support to individuals with an acquired brain injury and their families living in these remote areas. The ongoing partnership between HIAFE and BICR continues to strengthen this initiative by providing group programming, individual support services and ABI education for those living in the Erie Shoreline. Group programming is offered on Monday and Tuesday of each week and is comprised of a total of 28 BICR and HIAFE members. The partnership has provided the opportunity for many individuals in the community to become aware of the services in their community and receive the support they are greatly in need of.

### HIGHLIGHTS

- BICR and HIAFE continue to offer a Cooking Skills group on a weekly basis. The group is ongoing and offers the participants the opportunity to engage in planning, prepping and preparing meals. The group also focuses on shopping, health and nutrition and kitchen safety.
- In the winter, a group focused on fitness and health participated in weekly outings to the Fort Erie YMCA. HIAFE provided a subsidized membership to any members registered in this group. The group focused on individualized fitness routines which addressed individual health and weightless goals.
- HIAFE and BICR continue to offer two recreational outings per month in the community to the participants attending groups. Recreational outings are also announced in HIAFE Sky High Review for others to register if interested.
- Another component to programming offered at HIAFE is the weekly peer support group. This afternoon program provides participants the opportunity to share experiences with one another and encourages emotional and practical support through facilitated discussion. The groups are organized by the Rural Service Coordinator; however the topics and discussion are directed by the participants.
- Recently, the service of a Music Therapy student was secured to provide two hours of music therapy per month. This program remains open to all participants in the Erie Shore area.
- The Rural Service Coordinator continues to explore the possibility of offering a SUBI group at HIAFE for participants residing in Erie Shore Area that continue to struggle with addiction issues.

In addition to continuing to coordinate programs at HIAFE, the Rural Service Coordinator maintains an individual caseload three days per week with the focus of providing support to Erie Shore participants in their homes. The Erie Shore represents Fort Erie, Ridgeway, Crystal Beach, Stevensville, Wainfleet and Port Colborne. There are currently a total of 31 participants receiving services in these areas. This has provided the opportunity for many isolated participants to make strong community connections to the services they need in their community.

### STATISTICS

The number of participants attending programs in the Erie Shore continues to increase. Currently, there are 31 participants accessing programming and receiving individual support in the community. The strengthened partnership with HIAFE continues to increase the amount of referrals to BICR for further supports. During the past year, interest in programming has increased. There is currently a waitlist for participants to attend

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Monday and Tuesday programming at HIAFE. However, participants are offered the opportunity to attend other programs offered throughout the week at HIAFE.

**CHALLENGES**

Transportation remains a challenge for many of our participants. Accessible Transit is available through FAST (Fort Erie Accessible Transit). However, there are only two running transits available to service all individuals in the Fort Erie and surrounding area. Another barrier is that the transit service does not cover the Port Colborne area.

Affordable housing also remains an issue as many participants are looking for suitable and affordable housing in these areas that provide access to community supports.

Moving forward, the continuous planning and expansion of programs offered by BICR reflects the growing numbers of participants requesting services in Erie Shore area. It has been a busy year; I look forward to continued growth and opportunity within this program.

**TRACY MADDALENA  
RURAL SERVICE COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
COMMUNITY OUTREACH SUPPORT SERVICES ANNUAL REPORT  
2011-2012

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#### GENERAL OVERVIEW

The Outreach department continues to provide variable support to approximately 135 participants throughout the region of Niagara, not including Modular Services, Fee For Service and Erie Shore participants. The Outreach team consists of one Team Coordinator, 10 Case Facilitators and 16 Rehabilitation Counselors who provide 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. We work with individuals living on their own, living with family members, in Long Term Care Facilities or in Supportive Living programs with OMOD (Ontario March of Dimes) support. 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. We are receiving more referrals of individuals who are dealing with addictions issues and child protection issues.

#### PROGRAM INITIATIVES & HIGHLIGHTS

- The initiation of the interRAICHA to BICR began in January of 2012. All record binder designates have been trained in the use of this assessment tool which will assist in determining participant needs and helping put measures in place to prevent decline and manage risk. The inter RAICHA is a tool that can be shared with other health service providers thus eliminating duplication and increasing collaboration. This tool may also benefit the organization by helping streamline some of the current assessments as relevant information will be captured in the RAICHA. This was one of the departmental objectives identified last year.
- With the implementation of the interRAICHA, the LHIN provided funding for lap tops for the staff who will be responsible for completing these assessments. This resulted in all COSS RB designates receiving new laptops with extensive privacy features.
- The staff have also been introduced to e-Notes which is an electronic means of documentation. All staff were trained and are fully using this mode of documenting all notes. The positive repercussion is that all staff have quick access to the notes of the team once logged onto the BICR computer network.
- We continue partnering with NTEC in Port Robinson where we have our Horticulture program. This program runs from May until October two days per week. The BICR participants are responsible for flower beds in the front of NTEC and for 3 vegetable gardens at the rear of the building that are donated to a charitable organization. This program is therapeutic in nature as participants are assisted to focus their attention to specific tasks, engage in meaningful activities to them, and work collaboratively with others.
- Fun in the Sun, a weekly program at Lakeside Park in Port Dalhousie, replaces bowling during the summer months. This year we have expanded the program into May to reduce the disruption to participants when bowling ends so that there is a minimal gap in Monday afternoon programming. This initiative is facilitated by Outreach staff. A number of participants attend from all clinical departments within the organization. The program is structured with activities suitable for all and has received very good feedback over the last few years.

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- The shared care bed has relocated to Parkdale Place in Welland for weekend respite. Several Outreach participants access this program and this has been a great resource for family members and participants who enjoy the company of others. When required the Outreach department will supplement staffing to ensure a successful stay outside of the participant's home.
- COSS staff continue to participate in a variety of committees in the agency such as the Wellness committee, Social committee, Patient Safety Steering committee, Behavioral Review committee, the Joint Health and Safety committee, Infection Prevention and Control committee, and the Medication committee.
- This writer is a member of the Wellness Committee, the Joint Health and Safety committee and the Falls Prevention Committee.
- The Outreach department had placement students from the Social Service Worker program at Niagara College throughout the year and hopes to continue to offer this valuable learning opportunity to students on an ongoing basis.
- Several staff attended OBIA level one training at Brock University in February. This is a four day program and the agency is committed to sending all Case Facilitators and full time staff. The staff who complete level one training can then apply for level two courses. This training is always well received and assists staff in improving service delivery. We continue to support all staff in their quest for learning whenever possible by promoting attendance at conferences and various relevant inservices.

#### OBJECTIVES AND GOALS

- Introduce an information package and contract outlining services from BICR for participants transitioning from Residential Services to Long Term Care Facilities early on in the process. The Long Term Care Case Facilitator will be meeting with Residential staff and will be available to meet families for an early introduction to this support service. This info package will be available to all families who are appropriate for this service and who are living in Long Term Care Facilities.
- Introduce more bus training to participants since the start of a Regional Niagara Transit system.
- Since the expansion into Unit 10 and the increase in the variety of groups being offered the Outreach team is working hard to encourage participation of individuals who would benefit from some of the groups being offered. This often means the Case Facilitators need to be creative in both staffing and transportation so that those interested in attending can do so. The goal is to increase attendance of Outreach participants to Unit 10 groups. Bus training may assist here as well.
- The SUBI group (Substance Use and Brain Injury) has been a very helpful group for Outreach participants and attendance is increasing. Continue to promote this group to participants.

A special thank you to all the Outreach staff and BICR support staff who work hard all year long to help make a difference in the lives of the participants and family members. I look forward to another fulfilling year with this great group of staff.

LINDA RAPLEY  
COSS PROGRAM MANAGER

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**RESIDENTIAL SERVICES ANNUAL REPORT**  
**2011-2012**

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**GENERAL OVERVIEW**

This report covers the period from April 1, 2011 to March 31, 2012. Residential Services is comprised of the Richardson Court, Promenade Richelieu and Parkdale residential sites inclusive of the Transitional Training Facility located in the basement of the Parkdale residence.

**RESIDENTIAL SERVICES**

During this reporting period the Residential department provided resources and supports for 15 full-time residential participant placements and one shared care participant. The respite program moved from St. Lawrence residence to Parkdale residence in Welland during this reporting period. In addition to this change, there was also a participant who moved from St. Lawrence into Parkdale in May 2011. This participant accesses the residential program from Sundays to Thursday each week and spends the weekend home with her mother. This shared care arrangement allows additional individuals the opportunity for 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, 5 Case Facilitators, 55 Rehabilitation Counselors, and students from various local schools. The residential management team continues to include 2 program managers. Our highly skilled staff provided assistance to participants with regards to all aspects of their life including activities of daily living, behavioural management, productive activities and frequent community involvement. The residential program continues to embrace participant changes relating to aspects of aging and has coordinated with Community Care Assess Centre. The program has remained diligent in 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. At the end of the previous fiscal year, Richardson Court successfully transitioned a participant into Linhaven Long Term Care Facility with continued COSS supports in place. In June 2011, a participant was transitioned into RC to fill the vacancy. To date, there continues to be one participant residing in our residential program who is on a waitlist for placement to a Long Term Care Program.

In November 2011, St. Lawrence moved to a newly built facility built by Mountainview Homes. The new residence is located at 32 Promenade Richelieu in Welland. This residence currently supports the 6 individuals that were residing at the St. Lawrence site. This residential site is very spacious, well designed and not to mention a beautiful home. Both staff and participants are very happy with their new location. Promenade will be hosting an Open House within the upcoming fiscal year.

During this year the residential team continued to be committed to the agency's strategic directions with a focus being on Participant Safety and creating an overall culture of safety. We continue to work with participants to ensure that they are working to reach their goals as well as providing a safe environment for both staff and participants. We continue to be grateful to all the residential staff for their tireless efforts and dedication towards constantly striving to improve the quality of life of our residential participants.

**CHRISTINE WILLIAMS**  
**PROGRAM MANAGER**

**MARGO VAN HONSBERGER**  
**PROGRAM MANAGER**

## BUCKLEY TOWERS ANNUAL REPORT 2011-2012

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### GENERAL OVERVIEW

The Buckley Towers program is based in Niagara Falls and provides five participants with the opportunity to live in their own apartment and access staff support where needed. In addition to the five participants, another participant requiring an accessible unit lives on the ground floor and continues to access intermittent support. The goal is to transition participants from the Buckley program into an independent setting with daily routines and skills in place.

This program operates 7 days a week with a small team of 5 staff consisting of a Team Coordinator, one Case Facilitator, and three rehab counselors who work evening and weekend shifts. The current participants range in age from 27 – 62 years who are working on identified, individualized goal areas.

Through the Buckley Towers program, BICR continues to have a strong, thriving partnership with Niagara Regional Housing (NRH). 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 2011- 2012

- Two participants transitioned out of the Buckley program but remained involved with the agency. Both of these internal transfers created vacancies and provided the opportunity for two participants to join the program.
- Preparations began in March 2012 as another participant prepared to transition into the program targeting April 15, 2012. This vacancy was available given that a participant felt that goals were achieved and there was an expressed desire to pursue independent living.
- Participants assisted in planting flowers, working in the garden, and cleaning up around the apartment building.
- NRH completed upgrades to Buckley Towers that included the installation of new elevators which lessened wait times for all of the tenants.
- Staff continue to strive towards staying current in the field of ABI and attend workshops and training where possible. The Team Coordinator attended training and became a certified member of the Joint Health and Safety Committee.
- Staff continue to encourage participants with addictions issues to participate in some formal support either through the SUBI (Substance Use and Brain Injury) group, or another community-based group focusing on the topic of addictions.
- The Niagara Region continues to offer a Wellness and Healthy Living Program for the tenants of the building. Several BICR participants utilize the services which include weekly exercise classes, foot care, blood pressure readings, information seminars and many social activities (lunches and dances).
- One of Buckley's participants had the opportunity to vacation in Varadero, Cuba in February 2012. This was a trip was coordinated through the Recreation Department.
- Buckley continues to have a structured weekly event where the focus is on the preparation of a simple meal, and then giving participants the opportunity to socialize with one another. Participants have given

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staff positive feedback around this activity and it is seen as a chance to further develop social / communication skills, and the opportunity to boost confidence and self-esteem.

- The Buckley program had another exciting year and looks forward to successes and challenges ahead.

**SHELBY BANAS  
TEAM COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**PSYCHOLOGY SERVICES ANNUAL REPORT**  
**2011-2012**

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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, quantitative EEG), intervention (e.g., individual, couples, family, biofeedback, EEG biofeedback), consultation (to BICR and community staff), on-call and crisis management support, and supervision. 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 91 percent of the Psychologist's weekly hours. About 53 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 2011 – 2012 year, psychological services were provided to 76 unique Participants. There were 30 new referrals, and 32 discharges. The average time that Participants waited before beginning service this year was about 6 weeks. For Participants who completed service this year, the average case was active for about 121 weeks. That average is high relative to previous years because of the closure of two cases that had been active for over ten years. 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 eight years, and shows good achievement of clinical goals by Participants (e.g., 64 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 53 percent.

Brock University continues to conduct research with BICR Participants to investigate recognition and response to emotional facial expression. Students from Brock University's MedPlus program have visited BICR to shadow the Psychologist as they learn about health care professionals. The Psychologist also continues to teach first-year McMaster University medical students who are part of the Niagara campus. During much of the year, the Psychologist supervised a part-time Psychologist who provided volunteer services in order to complete her registration with the College of Psychologists of Ontario.

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

**SOCIAL WORKER ANNUAL REPORT  
2011-2012**

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**GENERAL OVERVIEW**

Over the past year the social work program has been very busy with not only counseling but the planning and facilitation of group programs and the development of staff training opportunities.

The social work department has serviced an average of 45 participants and family members per month. The requests for service have been primarily for individual counseling and family education. The wait for service has varied depending on the identified need.

At this time the social work program provides counseling for participants and their family members at the main office and throughout the different communities in the Niagara Region. During the year there have been a variety of issues that have been predominant for the social work program. Some of the issues include building and maintaining healthy relationships, mental health issues acquired brain injury education, and anger management. In response to this the social work department has been developing group programs that will be offered in 8 -12 week sessions in partnership with other BICR programs and other community agencies. The groups will allow the social worker to offer support to more participants and reduce the wait times for service. The first group is beginning May 2/12 and will address relationship issues after ABI.

In August 2011 the social worker began to offer a caregiver education group in the Fort Erie area. This group is offered once per month on a Monday evening from 6-8 p.m. at the HIAFE office. This group began in response to an identified need that was not being addressed. The focus of the group includes providing education about different acquired brain injury issues, and coping with stress. Currently there are 8 members of the group who attend regularly.

The social worker has also been involved in planning and facilitating two different staff training opportunities including Sexuality and ABI and Ethical decision making in collaboration with the Modular Service Manager. In addition to the formal training opportunities the social work department also provides informal opportunities for staff to discuss participant issues or concerns.

It has been a busy year filled with many new opportunities. I look forward to continued growth and development within this program.

**DIANE THOMSON  
SOCIAL WORKER**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
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The last year was a significant year of change and opportunity for the administration staff team. Jennifer MacLean assumed the role of Scheduler after Marj Dermatas retired. Jennifer's enthusiasm and previous back-up experience as Scheduler enabled the agency to make this transition easily. The agency then welcomed Jayme Richardson into Jennifer's former role of Administrative Assistant. Jayme offers great experience to the team. As well Melissa Pett, Records Assistant, adjusted her hours of work and the agency was happy to support this request. Many thanks to everyone on the team – these changes were significant and the team's flexibility ensured the year's success.

In 2011, there was significant planning and support of the move into the new residence at 32 Promenade Richelieu. This initiative was especially gratifying as the new space offers participants a larger, more modern and functional space. It was a sincere pleasure to play a role in the development of this endeavour.

Strategic Information Systems Planning:

- *e-notes*, the web-based system specifically created for BICR that enables staff to record all participant Counsellor Notes electronically, was rolled out to all staff. This implementation was significant as the roll-out included a planned transition from June to October for each site and program. All staff attended a one hour training session that provided specific software training as well as set-up of personal access codes. Moving forward, *e-notes* training is incorporated into new staff orientation training. As well, supporting processes are in place to ensure that participant and staff changes are reflected in the software as they occur.
  
- BICR began its response to the LHIN directed Integrated Assessment Record (IAR) and specifically the RAI-CHA, initiative. For this writer, the two specific areas of concentration were the Technical Lead and the Privacy and Security Lead functions. Both areas required specific responses:
  - Technical Lead – Using the one-time funding received specifically for this purpose, BICR purchased 16 new laptops with encryption protection. The laptops allow staff to complete the RAI CHA assessment with a participant while in the community. As well, this writer attended software training to learn both the Point Click Care (provided by the HHNB LHIN) system and the Integrated Assessment Record (IAR) Tool system. Both systems are needed to be fully integrated with the LHIN community. Moving forward, this writer will complete the roles of Privacy Officer, User Authority, User Coordinator and EMPI Lead (Enterprise Master Patient Index) for IAR coordination.
  - Privacy and Security Lead – As the IAR initiative relies heavily on a health service providers internal Privacy and Security processes, there are mandatory requirements that BICR must comply with in order to participate in the IAR initiative. During the year, this writer attended training in these areas and in turn, provided Privacy and Security training to staff responsible for completing the RAI-CHAs. The staff module included several focus areas, including Privacy Review, Reporting Incidents, Managing Consent, Supporting Participant Privacy Rights and User Account Management.As staff have begun to complete RAI-CHA assessments, the support for this very new initiative also continues to occur. When BICR receives the "Go Live" date for IAR (anticipated to occur by July 2012), there will be additional training and support required in this area.

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- With the purchase of new laptops for RAI-CHA, this created a domino effect whereby from the 16 replaced systems, 12 of the systems were in turn given to other staff (the rest being retired and/or donated.) At the end of the fiscal year, there were 42 systems less than five years old, 22 systems in the five to seven year range and 7 systems between eight to ten years old.
- With the acquisition and subsequent rollover of newer systems, there were no longer any computers using Office 97. With this advancement, the agency's original remote server was no longer compatible with the newer versions of Office. Therefore, the remote server was replaced so that all remote users are able to run the same version of Office.
- A new back-up system was purchased to allow encryption protection of back-up tapes.
- In early 2012, the agency's voicemail system experienced a total system failure, requiring a reinstallation of the software and replacement of the system's hard drive. This expense was covered by the agency's maintenance agreement with Bell Canada.

In 2011, BICR learned that the agency's next Accreditation Canada survey visit will be on May 27 – 30, 2012. During the year, staff teams began to prepare for accreditation by completing the self-assessment process. Also as part of the preparation process, two instruments were implemented to gather further input from staff: 110 staff completed the Worklife Pulse Tool questionnaire and 83 staff completed the Patient Safety Culture questionnaire. Significant work continued throughout the year in all areas of accreditation preparation.

In the fall, this writer coordinated the review of current participant safety areas by an external auditor. During the risk audit, it was identified that BICR should ensure that cleaning practices were standardized across the agency to reduce the risk of spreading infections. Therefore in January, BICR chose the process of doing "Laundry" as this year's Errors of Omission process (Prospective Analysis). The team's goal was to establish a standard set of steps to complete laundry to ensure that proper infection prevention and control measures are met. The new procedures were then tested by front line staff to confirm that the new systems worked efficiently and effectively. Effective April 1, 2012, all sites will be using the new process.

Participant and Family Satisfaction Surveys were completed for the 2011/2012 fiscal year for all participants and families, with extremely positive overall results.

This writer is a member of the agency's Emergency Response Outbreak Committee. Throughout the year, the committee met regularly to ensure that the annual list of tasks was completed. For example, the annual test of the Emergency Response Plan was conducted and focused on testing the Evacuation procedure. In other areas, the committee planned for staff refitting of N95 masks, ensured that emergency supplies were checked and that participant's Level of Vulnerability rating was reviewed.

As this writer facilitates the mandatory staff training for Documentation (orientation and refresher), this writer updated the training content to reflect new information and privacy scenarios. Staff feedback has been positive in this regard.

It was once again a pleasure to assist in coordinating the agency's annual Golf Tournament Fundraiser. In its 14<sup>th</sup> year, the event was well attended and enjoyed by all.

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OBJECTIVES FOR THE UPCOMING YEAR:

- Coordinate and prepare for the Accreditation Canada Survey scheduled for May 2012.
- Support the IAR process: Provide staff with IAR software specific training. Support the "Go Live" processes required by IAR. Support staff with the RAI-CHA assessment process, provide training to new staff, make user changes, audit user logs, etc. Continue to incorporate IAR/RAI-CHA related information to the agency's Documentation training module.
- Participate in a review of the agency's forms (e.g.: ISP) to evaluate and amalgamate forms where appropriate, and in response to the RAI-CHA.
- Replace computer systems in the eight to ten year range.
- Consider next steps for *e-notes* software development.
- Participate in the Staff Open Space and Community Open Space forums.
- Celebrate length of service anniversary of staff – Lewis Thompson (Maintenance) 5 years, Jennifer MacLean (Scheduler) 10 years, Heather Olszewski (Project Manager) 15 years and Alice LeBel (Administrative Assistant) 20 years.

HEATHER OLSZEWSKI  
PROJECT MANAGER

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
HUMAN RESOURCES DEPARTMENT ANNUAL REPORT  
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“Your work is to discover your work and then with all your heart to give yourself to it. That's the mark of a true professional.”

*Buddha*

I am happy to work within a professional environment and culture that fosters development, growth, and community partnership. This in turn aids us as we strive to work together with employees, students, volunteers and participants to implement our strategic goals, values, and philosophy into our daily operations. Consequently, this allows us to continue in our direction of branding ourselves as employer and service provider of choice.

The Human Resources department's philosophy continues to be based on promoting consistent, fair and equitable employee relations, which supports the agency's strategic goals.

The HR department during this fiscal year had a change to its working team:

- Ben Gallagher joined our team effective March 27, 2012. He is working as the HR/Volunteer Coordinator.
  
- Jacqueline Buchanan resigned after 6 years with our agency as the Volunteer/HR Coordinator

Likewise, during this year, our department was reduced to one (1) HR Coordinator for the latter five (5) months. Despite this situation, HR continued to effectively provide service to our customers (internal employees and managers, as well as, other community external stakeholders). Additionally during the year, recruitment posed a significant challenge within our non profit organization. With that being said, recruitment, retention and engagement continues to be an “ongoing”, yet at times frustrating, component of any work environment, especially within a non profit organization, where minimal hours and pay freezes were a part of our operations. The HR/Education coordinator continued to work within the restraints as it related to pay benefits and labour shortage of skilled candidates, and was successful in maintaining our service levels and employment numbers to 132 dedicated, skilled professional employees.

As we continue to focus on succession planning, I believe the HR team will need to work with the Management team to implement new ideas, bring on innovative and eager recruits when positions require filling. In addition, focus is necessary on keeping our tenured team of employees engaged, challenged and committed to working together, to embrace our strategic goals and our philosophies as it relates to our participants and our environment. It's essential to identify that we continue to have common challenges with skilled health care, compensation and available hours within our organization.

Finally, we need to identify that BICR's recruitment and attrition is on par with other years, and the challenge is once again to keep our casual employees with enough hours until permanent part and full time positions become available.

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HUMAN RESOURCES DEPARTMENT ANNUAL REPORT  
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The agency continues to place health and safety initiatives as a priority. This year our JH&S committee members were our focus. All members were provided with certification training which is above the legislation requirements. The training was fruitful to all members and each member has moved forward with strengthening their commitment, to the committee, BICR and all employees as it relates to safety, hazard identification, investigations and overall knowledge. Ideally this will encourage all employees to facilitate working in an environment which supports, promotes and educates wellness, safety and health. Moreover, BICR with the support and aid of the JH&S committee members participated in the SAFETY GROUP initiative. This initiative was part one (1) of a five (5) year commitment. We successfully completed all components for year one (1) of our ACTION PLAN, and received the necessary acknowledgements.

In addition, BICR continues to provide training, awareness and hands on support as it relates to day to day safety issues for our employees, volunteers and students. Nevertheless, we continue to be challenged with accidents/injuries and incidents as it relates to the workplace. The primary issues are hard to eliminate, as we continue to support and work hands on with our participants as part of their rehabilitation. However, as we continue to strengthen our JH&S committee members, our management team and our employees on hazard identifiers, work safe practices and managing work stressors, we can work towards minimizing our lost time %, our incident/accident statistics and amount of near misses.

As the HR team continues to move forward with education, it had another successful year in relation to our mandatory training initiatives. The challenges still remain the same as previous years: space, technology and having enough facilitators. We continued to have excellent attendance and participation during all levels of training. We added a new session to the NEW HIRE orientation "Ethics" Training". In addition, we had an internal Subject Matter Expert – Darlene Stevenson roll out a two (2) hour hands on/interactive training workshop to all employees. This training was informative and beneficial to our employees as it relates to supporting our participants and their families within our supportive environment. In addition to new training, the education/HR team made changes to annual refresher training manuals and agendas, as well as added some new "Lunch and Learn" topics to the calendar to provide variety and new information to all who attended.

Providing avenues for employee feedback is an on-going element of the agency. 'Food for Thought' lunches are held monthly, where invited employees meet with senior management to talk about their work at the organization. It's a great opportunity for different departments and employees to share information and get to know each other. "Scheduling, training, work life balance, autonomy, and of course, working with the participants", are identified as strengths of our agency. Another regular feedback mechanism is exit interviews which analyze both our strengths and areas of opportunities. This year, our focus was to capture all those who left our agency so we could get a better picture of our environment. With this information we can chart and find trends relating to "*what's good, what's great and what are our challenges are at BICR*". This past year our attrition was normal and the information we tracked was common and consistent to other years and other "like" organizations; "Good place, great participants, good managers, however, lack of hours, minimal opportunities for promotion, salary freeze, standard benefits or no benefit opportunities" were the identified challenges. We continue to gather the information we receive from these methods of feedback and at the end of the year we analyze, summarize and communicate to all in the internal digest.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
HUMAN RESOURCES DEPARTMENT ANNUAL REPORT  
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The Human Resources Department will persist in monitoring its operations, identifying and acting upon continuous improvement opportunities. The HR department will remain dedicated to cost saving initiatives and advocate for the resources to increase efficiencies within the department and interdepartmentally. We will continue to review and revise the Strategic Human Resources Plan in light of the changing business environment to operationalize the agency's mission and strategic direction, maximize opportunities and identify alternatives for agency growth.

*Thank you to Jacqueline Buchanan (former Volunteer/HR Coordinator), Erica LaPlante, and Ben Gallagher for working collectively, creatively and professionally as we continue to contribute to another successful year.*

GINA AIELLO  
DIRECTOR, HUMAN RESOURCES

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**HUMAN RESOURCES COORDINATOR ANNUAL REPORT**  
**2011-2012**

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Brain Injury Community Re-entry (Niagara) Inc continues to promote internal growth as an organization and a strong work-life balance for its employees. The positive team like atmosphere has been self evident since I joined the organization and creates an enjoyable work experience for personnel.

**STAFFING**

BICR's staffing compliment has a diverse makeup. There are a large group of long-term employees and there is a high degree of turnover in the non-full time positions. BICR is combating the concern of high turnover in the relief and part-time positions by encouraging internal promotion and growth with the organization. We would like to increase the retention rate of relief and part-time staff which will decrease the costs associated with recruitment. Moving forward BICR will continue looking for dedicated individuals who embody the goals and values of the organization.

**PERFORMANCE MANAGEMENT**

BICR has seen an increase in employees willing to participate in exit interviews over the fiscal year. This process gathers a wealth of information and many of the employees leaving the organization are choosing to offer feedback on their tenure. The next step will be to utilize the information we have received to create a more positive atmosphere and proactively work to break-down the common concerns amongst our employees. This process has already begun and we will be looking to improve upon it moving forward. All of the performance appraisals should be valued as BICR offers many opportunities for feedback both to and from its employees with regular performance appraisals as well as the "food for thought" program. BICR is able to identify concerns at an early stage and along with the exit interview should provide insight to whether these concerns have been alleviated. Following through on employee concerns over the next year will go a long way to increasing BICR's retention rate and reducing the already low number of employee criticism.

**HIGHLIGHTS**

- A strong focus on internal growth within the organization encourages employees to incorporate BICR into their own career goals.
- BICR continues to have a large contingent of long-term employees who have been with the organization for 15+ years.
- There has been a significant increase in the percentage of exit surveys conducted compared to the previous fiscal year, which has given the organization valuable information on employee opinions and insight on how to retain talented individuals.
- The volunteer program and partnerships with local educational institutions has lead to a high number of qualified applicants who are familiar with our organization.

**CHALLENGES**

- Internal succession plans create a need for external candidates in part time and relief positions, which is not as attractive as full-time positions for job seekers.
- Compensation limitations have caused qualified applicants to drop out of the recruitment process.
- Continued encouragement of the use of paperless resources to reduce our carbon footprint while reducing unnecessary spending.

**BEN GALLAGHER**  
**HUMAN RESOURCES/VOLUNTEER COORDINATOR**

## EDUCATION/HUMAN RESOURCES COORDINATOR ANNUAL REPORT 2011-2012

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The Education and Human Resources Coordinator continues to play an active role in providing staff the opportunity to update their current knowledge and acquire the latest education on various topics to complement their role at BICR.

### HIGHLIGHTS

- With the building of the Promenade/Richelieu residence, the Education Department has an additional space to use for facilitating in-services. The new training room seats approximately 25-30 people comfortably in style, and boasts beautiful décor optimal for this learning environment.
- During the past year, the agency has spent approximately \$8000 towards external education and training for BICR front line staff; this included *OBIA Level 1 & 2 training*, the *Annual OBIA Conference*, and several other local seminars and workshops.
- In addition to ensuring our front-line staff receive timely education, the management team had the opportunity to attend a one-day workshop off- site, facilitated by Fred Pryor Seminars. With the theme: "*Criticism and Discipline for Managers & Supervisors*" the workshop highlighted many valuable ways in which managers can establish a work environment that fosters effective open communication.
- The agency's multi-site Joint Health & Safety Committee had the privilege of attending *Part 1 & Part 2, Health & Safety WSIB Certification*, although certifying each committee member surpasses legislative requirements, it demonstrates the agency's commitment to ensuring a healthy and safe environment for all employees at all BICR locations, assisted through the education and specialized training of the JHSC members.

### CHALLENGES

- Ideal training space continues to pose a challenge each time the Education Calendar is created. While the main office boardrooms, Unit 10 and the training room at Promenade Richelieu are feasible locations, attendance numbers, disruptions during training due to regular staff/participant activities, excessive noise, or there just being no space available, are regular issues that require troubleshooting.
- Achieving 100% compliance from staff for completing their WHMIS e-learning training is a manageable new challenge.
- As the agency continues taking on new projects while concurrently maintaining existing initiatives, requesting staff facilitate or attend training, poses additional demands on their sometimes cumbersome workloads. Consequently, finding staff that are available and willing to execute or attend an in-service, can be arduous.
- An ongoing issue the Education department continues to evaluate, is whether our staff have successfully transferred learned skills and new/updated knowledge to the job. In other words, have they taken the information they gained in training and used it in a way that is meaningful to them, their team members, and the individuals they support?

### ON-GOING OBJECTIVES

- Continue to communicate with program managers about incorporating information into the in-services that address the specific needs of their staff/department.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
EDUCATION/HUMAN RESOURCES COORDINATOR ANNUAL REPORT  
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- Effectively communicating with all staff, including new hires and tenured employees, about the importance of maintaining their annual and bi-annual mandatory training as per agency policy and legislative requirements.
- Maintaining accurate training statistics and records for each staff member.
- Ensuring mandatory training remains informative and engaging for staff while complying with legislative requirements and agency policies, procedures and initiatives.
- Continue to work with the agency's Wellness Committee in order to offer staff appealing elective in-services that focus on topics and issues they have self-identified.

**FUTURE INITIATIVES**

- Expand the existing pool of internal facilitators.
- In an effort to expand our pool of external facilitators, establish partnerships with agencies and other organizations that can provide our staff with information of value to their positions.
- Stream line the process for staff to sign up for in-services, in order to accurately forecast and maintain a suitable amount of attendees at each in-service.
- Take a proactive approach to a new by-law that has been passed in the Niagara region, requiring mandatory food handling certification for staff supporting individuals in long-term care facilities. This will require arranging training for our residential staff prior to the by-law coming into full effect by 2014.

**ERICA LAPLANTE**  
**HUMAN RESOURCES/EDUCATION COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**VOLUNTEER COORDINATOR ANNUAL REPORT**  
**2011-2012**

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Brain Injury Community Re-Entry has a strong base of dedicated volunteers who devote their time and energy assisting our participants. The volunteer base as a whole continues to increase with a large portion of our volunteer team being generated from students who are looking to fulfill placement requirements with their current educational institution. BICR continues to focus on giving back to the volunteers as seen in this year's well attended Volunteer Appreciation Event.

BICR's excellent relationship with local post-secondary institutions is an excellent way to acquire volunteers and the organization is making an impact on many of these students as a large number are continuing to volunteer above and beyond their education requirements. The goal will be to continue developing these relationships and help the volunteer base expand to a point where BICR is a leader in the community for volunteer involvement.

It is a goal of BICR to encourage community members to donate a portion of their time to our organization. Our participants are starting to show interest in volunteering with BICR and we are encouraging them, as well as their families, to do so. BICR will be looking to increase partnerships beyond educational institutions to increase its volunteer numbers. This should increase the stability and consistency amongst our volunteers as many students are limited to placements of 4-8 months.

Over the next 12 months BICR will be working to become more visible in the community while growing its volunteer base. For many potential volunteers, BICR is not a well known organization and we will need to raise awareness in order to do this. Increasing the number of partnerships, becoming more visible to potential volunteers and retaining current volunteers will assist in growing our volunteer team.

#### **HIGHLIGHTS**

- Strong relationship with educational institutions that continues to expand and provide support to recruitment.
- BICR offers a variety of volunteer opportunities in the residential, outreach and administrative departments that allow potential volunteers to find a job with the organization.
- Participant volunteerism continues to rise with three (3) participants volunteering over the past year.
- Students are going above and beyond their educational requirements to spend more time with our participants.

#### **CHALLENGES**

- A high number of student volunteers creates a consistent turnover in our volunteer base.
- Raising awareness of BICR as a volunteer option to a greater amount of people. This process is coming along well, but it will take time due to the large amount of volunteer options in the area.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
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- Criminal Reference Checks continue to deter some volunteers as the wait times and added inconvenience is not appealing.
- Improving timeliness of volunteers submitting their hours for the month.

BICR has a dedicated volunteer base with the potential to grow even further. I look forward to the challenges and opportunities that await us in the next year.

**BEN GALLAGHER**  
**HUMAN RESOURCES/VOLUNTEER COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**ACCOUNTING & FINANCE ANNUAL REPORT**  
**2011-2012**

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This past year has again been a period of growth and development as BICR continues in its quest to provide excellent programs and services. For our part, the Accounting Department continues to strive to meet the needs of staff, participants and other stakeholders as well as requirements of our funders in the most effective and efficient manner.

Last year we reported again that, as part of the changes to the Ontario Health Care Reporting standards, we were still in the process of changing payroll and the human resources software applications over to QHR to make these systems much more economical and efficient internally and in preparing automated reports for the LHIN and Ministry of Health. QHR was finally implemented in mid-November and is running successfully. We are still closely monitoring this system to ensure accuracy of payroll, remittances and various reports.

With the introduction of the provincial compensation restraint bill in the spring of 2010, it was necessary for the agency to maintain the existing November 2009 wage grid. Employees were kept fully abreast of all information as it emerged and accepted the change as well as could be expected. Based on the most recent information, we have met our obligations and will be able to proceed with an increase to the wage grid starting in April 2012.

In terms of changes to resources during the year, Promenade Richelieu was built to replace the two existing semi-detached homes at St. Lawrence Drive. This new site will make more effective use of staffing and other resources. In addition, BICR received funding to implement the RAI-CHA assessment tool as well as one-time funding for equipment such as a new server and new computers to replace existing systems that were between 7 and 10 years of age.

Externally, the writer continued involvement with the LHIN 4 Community Support Services Network and also the Transportation Advisory Working Group (TAWG). The LHIN 4 Community Support Services Network continues to provide information sessions to other community support services in LHIN 4. The Transportation Advisory Working Group continues to make progress with the new Coordinated Transportation Model in the Hamilton Niagara Haldimand Brant LHIN.

As part of the Accreditation Canada (AC) process, much time has been spent on preparing for the upcoming visit this spring. In addition to tightening some of our existing practices, the writer was involved in updating information in response to several revised standards, enhancing our existing procurement practices for small and large purchases by adopting the requirements from the Broader Public Sector Accountability Act and revising our Integrated Quality Management system (using the Balanced Scorecard and the Dashboard as measurement tools) as Accreditation Canada seems to have an increased focus in this area.

The next year will be another period of growth and development. It is expected that the focus of the LHIN will continue to be increased back office integration among service providers. It will be interesting to see how this impacts our organization and use of resources.

Many thanks are extended to Sue Keus and Jamie Bird who continue to strive to cultivate a collaborative working relationship with staff, participants and other stakeholders.

**SANDRA HARDING, CGA**  
**DIRECTOR OF FINANCE**

## INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of Brain Injury Community Re-Entry (Niagara) Inc. which comprise the statement of financial position as at March 31, 2012, the statements of revenue and expenses, accumulated surplus and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

## Independent Auditors' Report

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### Basis for Qualified Opinion

In common with many non-profit organizations, the completeness of donation revenue is not susceptible of satisfactory 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 revenue, 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 accounting policies 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 expenses, net operating surplus, and net assets.

### Qualified Opinion

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraphs, these financial statements present fairly, in all material respects, the financial position of Brain Injury Community Re-Entry (Niagara) Inc. as at March 31, 2012 and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

St. Catharines, Ontario  
May 22, 2012

  
PARTRIDGE IGGULDEN LLP  
Chartered Accountants  
Licensed Public Accountants

**BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.**

**STATEMENT OF FINANCIAL POSITION**

**MARCH 31, 2012**

	<u>2012</u>	<u>2011</u>
<b><u>ASSETS</u></b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 200,988	\$ 231,188
Cash - Funds held for residents	30,687	29,709
Accounts receivable (Note 4)	181,614	147,695
Prepaid expenses	<u>27,757</u>	<u>19,665</u>
	<u>441,046</u>	<u>428,257</u>
<b>RESTRICTED CASH</b>		
Richardson Court Facility Reserve (Note 5)	50,195	41,715
Reserve Fund (Note 6)	<u>655,560</u>	<u>968,892</u>
	<u>705,755</u>	<u>1,010,607</u>
<b>FIXED ASSETS (Note 7)</b>	<u>1,046,285</u>	<u>402,666</u>
	<u>\$ 2,193,086</u>	<u>\$ 1,841,530</u>
<b><u>LIABILITIES</u></b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued charges (Note 9)	\$ 445,359	\$ 439,829
Liability for resident funds	30,687	29,709
Current portion of long-term debt (Note 10)	<u>30,060</u>	<u>21,474</u>
	506,106	491,012
<b>LONG-TERM DEBT (Note 10)</b>	600,008	283,103
<b>COMMITMENTS (Note 11)</b>	<u>1,106,114</u>	<u>774,115</u>
<b><u>NET ASSETS</u></b>		
<b>UNRESTRICTED ACCUMULATED SURPLUS-PROMENADE RICHELIEU</b>	341,452	-
<b>EXTERNALLY RESTRICTED - RICHARDSON COURT FACILITY RESERVE (Note 5)</b>	50,195	41,715
<b>INTERNALLY RESTRICTED - RESERVE FUND (Note 6)</b>	<u>695,325</u>	<u>1,025,700</u>
	<u>1,086,972</u>	<u>1,067,415</u>
	<u>\$ 2,193,086</u>	<u>\$ 1,841,530</u>

Approved on behalf of the Board:

 \_\_\_\_\_, Director

 \_\_\_\_\_, Director

St. Catharines, Ontario

May 22, 2012

**BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.**

**STATEMENT OF REVENUE AND EXPENSES**

**YEAR ENDED MARCH 31, 2012**

	<u>2012</u>		<u>2011</u>	
<b>REVENUE</b>				
Ministry of Health	\$ 4,763,242	88.1 %	\$ 4,664,245	85.8 %
Ministry of Health - Richardson Court Facility	67,528	1.2	72,337	1.3
Ministry of Health - Funding flow through	-	-	51,734	1.0
Fee for service	496,379	9.2	570,710	10.5
Rental income	68,023	1.3	67,350	1.2
S.E.E.D. grants	10,193	0.2	10,006	0.2
	<u>5,405,365</u>	<u>100.0</u>	<u>5,436,382</u>	<u>100.0</u>
<b>EXPENSES</b>				
Building and grounds				
Amortization	24,509	0.5	18,521	0.5
Occupancy costs	196,266	3.6	187,265	3.4
Interest on long-term debt	10,225	0.2	16,850	0.3
Building maintenance and utilities	85,701	1.6	109,959	2.0
Contracted out	33,228	0.6	51,620	0.9
Employee benefits	563,730	10.4	512,422	9.4
Equipment	53,291	1.0	49,547	0.9
Office expenses and food	225,536	4.2	212,038	3.9
Travel	166,256	3.1	153,119	2.8
Insurance	40,220	0.7	39,417	0.7
Professional fees	15,533	0.3	11,137	0.2
Other general expenses	115,888	2.1	118,346	2.2
Transfer to facility reserve fund	3,593	0.1	4,193	0.1
Wages	3,956,984	73.2	3,925,176	72.2
	<u>5,490,960</u>	<u>101.6</u>	<u>5,409,610</u>	<u>99.5</u>
Expense recoveries	(107,667)	(2.0)	(81,478)	(1.5)
	<u>5,383,293</u>	<u>99.6</u>	<u>5,328,132</u>	<u>98.0</u>
<b>OPERATING SURPLUS</b>	22,072	0.4	108,250	2.0
<b>MINISTRY OF HEALTH FUNDING REPAYMENT</b>	<u>(14,225)</u>	<u>(0.3)</u>	<u>(65,570)</u>	<u>(1.2)</u>
<b>NET OPERATING SURPLUS</b>	<u>\$ 7,847</u>	<u>0.1 %</u>	<u>\$ 42,680</u>	<u>0.8 %</u>

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.

DONATIONS AND SPONSORSHIP

2011-2012

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Antipastos di Roma  
Barclay & Todd  
Beatties Basics  
Bell Canada  
Best Way Bedding Ontario Inc.  
Blue Star Restaurant  
Body Shop Training & Fitness  
Booster Juice  
Boston Pizza, Ontario Street  
Brian Cullen Motors Ltd.  
Canadian Linen & Uniform Service  
Carpaccio Restaurant & Wine Bar  
Club Italian Lodge  
Commisso's  
Counselling Niagara, Ian Robertson  
Dairy Queen, Niagara Falls  
Dave & Busters  
David I. Shapiro Barristers & Solicitors  
Dumont Security  
Durward Jones Barkwell & Company LLP  
East Side Mario's  
Enbridge Gas Distribution  
Fallsview Casino  
FIRE Inc.  
Frado's  
Frank Cianfagna  
Frank's Feather and Fin Limited  
Frito Lay Canada  
Garden City Golf Course  
Great West Life  
Guy Rizzo

Harvey Moving & Storage  
Highland Trail Lodge  
Horton Automatics  
Investors Group, Luc Savoie  
Investors Group, Paul Moroz  
Keg Restaurant Ltd.  
Kentucky Fried Chicken  
Lancaster Brooks & Welch LLP  
London Life  
Lori's Hair Design  
Mama Mia's Italian Eatery  
Marlin Travel  
Marr's Thorold Foodland  
Meridian Credit Union  
Micro Tech Niagara Inc.  
Minuteman Press  
Molson Canada  
Mountainview Properties  
Muskoka Lakes Winery  
Niagara Cleaning Supplies  
Niagara College  
Niagara Ice Dogs  
Niagara Parks Commission  
No Frills  
Partridge Iggulden LLP  
Peller Estates Winery  
Peter Aiello  
Pirie Appliances Ltd.  
Professional Hockey Players Association  
Royal LePage, Karl Reiger  
Queens Guard Pub

RBC Insurance  
Reebok – CCM Hockey  
Rexall Pharma Plus  
Rob Nicholson's Office  
SafeStor Records management  
ServiceMaster  
Sheraton on the Falls  
Shoppers Drug Mart, Niagara Falls  
Sobeys, Niagara Falls  
Star Collision  
Steed & Evans  
The Lions Club of Merriton Inc.  
The Merchant Ale House  
The Oakes Hotel  
Tim Horton's  
Vincor Canada Wine Store  
Wayne Gretzky Estates  
Transportation Safety Training  
Wellbridge Engineering  
White Oaks  
Young's Insurance Brokers

**DONATIONS RECEIVED IN MEMORY OF:**

William McIntosh  
Annette Maaser  
Murray Gayder  
Peter Fitzgibbon  
Gary Bray  
Karl Stunt  
Cornelis Vermeulen  
Adam Braniff

We would also like to recognize the many individuals who have contributed to our agency during the 2011-2012 fiscal year. A special thank you to all!