

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



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**ANNUAL REPORT  
2017-2018**

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ANNUAL REPORTS  
2017-2018

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## INTRODUCTION TO BICR 2017-2018

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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. Our administrative office is located in Thorold and services are provided throughout the entire 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  
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How these years seem to fly by! I'm beginning to think there are only 6 months in a year. Here we are celebrating our 30<sup>th</sup> Annual General Meeting at BICR. It feels like only a few years since we were formed, but as I reflect back on our past triumphs, it truly has been 30 years and we have achieved a great deal. I can't express enough how gratified this makes me feel and how very proud I am of BICR!!

This past year ran quite smoothly with a few added accomplishments. We purchased a new van for our rural programs. Public transportation in the Fort Erie and outlying areas is very sparse. The added vehicle will allow our rural participants to access additional programming and recreation events. In addition, the van will be utilized by our Niagara Falls program during weekends.

We had the privilege of hiring Dr. Seyone from Toronto as our neuropsychiatrist. He visits with our participants quarterly, or on an as needed basis.

The recent Strategic Planning Forum and Staff Open Space events have generated lots of great work for our managers and staff, as we move forward with our Strategic Plan for 2017-2020 and the future needs of BICR. These events were, as always, a great success.

I hope you all have a safe and enjoyable summer.

**NICK OSTRYHON  
PRESIDENT**

## RAPPORT ANNUEL DU PRÉSIDENT 2017-2018

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C'est fou comme le temps file! Je commence même à croire qu'il n'y a que six mois dans une année. Nous voilà qui célébrons la 30<sup>e</sup> assemblée générale annuelle de BICR; pourtant, c'est comme si seulement quelques années s'étaient écoulées depuis la création de notre organisme. En réfléchissant aux 30 dernières années, je constate que nous avons beaucoup accompli. Les mots me manquent pour exprimer la joie que cela me procure et la grande fierté que je ressens envers BICR!

La dernière année s'est bien déroulée et a été marquée par quelques nouveautés. En effet, nous avons acheté une nouvelle fourgonnette pour nos programmes en milieu rural étant donné qu'il y a très peu de transport en commun à Fort Érié et dans les régions environnantes. Grâce au nouveau véhicule, les participants venant des régions rurales pourront avoir accès à un plus grand nombre de programmes et d'activités récréatives. En outre, le personnel du programme de Niagara Falls s'en servira la fin de semaine.

Par ailleurs, nous avons eu le privilège de retenir les services du Dr Seyone, neuropsychiatre établi à Toronto. Il rend visite à nos participants tous les trois mois ou selon les besoins.

Les gestionnaires et les membres du personnel ont accompli plein de belles choses dans la foulée du Forum de planification stratégique et du forum ouvert pour les membres du personnel qui ont eu lieu récemment. Nous continuons à concrétiser notre plan stratégique 2017-2020 et à nous préparer à répondre aux besoins futurs de BICR. Comme d'habitude, ces activités ont remporté un franc succès.

J'espère que tout le monde passera un été agréable, en toute sécurité.

**NICK OSTRYHON**  
**PRÉSIDENT**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**CHIEF EXECUTIVE OFFICER'S ANNUAL REPORT**  
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It has been another exciting year for Brain Injury Community Re-entry. Some of the highlights include the implementation of our four Strategic Directions. As a result of the Strategic Planning Forum held late 2016, the four initiatives for 2017-2020 are:

1. **Assisted Living and Poverty:** BICR will educate our participants with regards to the Niagara Regional Housing options. We will advocate for change and increase social awareness on the effects of poverty within our Region.
2. **Employment Opportunities for Participants:** BICR will continue to explore employment opportunities for our participants. We will develop strategies and increase our partnerships to provide the best possible employment results.
3. **Transportation:** BICR will continue to stay vigilant and current with the Region's public transit options and prioritize the use of the agency's accessible vans.
4. **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.

Thank you to those who attended the forum and for guiding the BOARD and the Organization with future planning that will augment the services that we provide. Committees have been diligently working towards the implementation of strategies and initiatives to achieve results in the four areas mentioned above. Meetings will continue and action steps will be prioritized and summarized over the coming months.

As with the Strategic Planning Forum where our Participants, Community Partners, and Family Members came together to set an agenda for the events' proceedings, we also held an Open Space Forum early 2017 for staff initiatives. Similar to the Strategic Directions, four topics moved forward and committees were established that have either implemented change or are working towards goals.

During the past year, BICR has been able to secure the services of Dr. Seyone, a neuropsychiatrist with a special interest in acquired brain injury. Dr. Seyone consults with our participants, particularly with medication reviews. This has been a great partnership made possible through the Ministry of Health and Long Term Care.

Late 2017, a group of participants and staff ventured on a trip to Mexico. From the responses that I received, the vacation was a great success. A special thank you to Dave Horton and the Vacation Committee for all of the hard work in making the trip a memorable one, as well as all of the fundraising and behind the scene efforts. Thank you!

BICR continues to be a leader in the Province of Ontario with both acquired brain injury research and leading practices. The continued increase in concussion occurrences in our population has caused our resources to be somewhat stretched, however our organization is working with the Local Health Integrated Network #4 in a concussion group. Our continued involvement in these types of alliances will aid in our ability to provide superior service.

Thank you to our participants and family members who took the time to complete and return the annual surveys. The feedback indicates our services are rated extremely high. As always, we appreciate your comments and suggestions for improvement. We take into consideration your views, and do our very best to incorporate your ideas whenever possible.

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I look forward to recognizing staff who are celebrating employment milestones at this year's Annual General Meeting in June.

I am so very proud of the efforts made daily by our staff and managers, making BICR a very special place to work. Once again a great thanks to our Board of Directors and their continued leadership and support. Without their commitment, none of our success would be possible.

**FRANK GRECO**  
**CHIEF EXECUTIVE OFFICER**

## RAPPORT ANNUEL DU DIRECTEUR GÉNÉRAL 2017-2018

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Une autre année palpitante vient de se conclure à Réintégration communautaire des personnes ayant une lésion cérébrale (BICR). Parmi les faits saillants, citons la mise en œuvre de nos quatre orientations stratégiques. Le Forum de planification stratégique tenu à la fin de 2016 a donné lieu au lancement des quatre initiatives suivantes pour 2017-2020 :

1. **Logement avec services de soutien et pauvreté** : BICR informera ses participants des options en matière d'hébergement offertes par Niagara Regional Housing. Nous plaiderons en faveur du changement et favoriserons une plus grande sensibilisation du public aux effets de la pauvreté dans notre région.
2. **Perspectives d'emploi pour les participants** : BICR continuera à étudier les possibilités d'emploi pour nos participants. Nous élaborerons des stratégies et multiplierons nos partenariats afin d'obtenir les meilleurs résultats possible dans le domaine de l'emploi.
3. **Transport** : BICR demeurera vigilant et au courant des options en matière de transport public dans la région. Il déterminera les priorités relatives à l'utilisation de ses fourgonnettes accessibles aux fauteuils roulants.
4. **Sécurité des patients** : BICR fournira soutien et leadership et créera une culture de sécurité pour les personnes qui vivent avec les effets d'une lésion cérébrale acquise.

Je tiens à remercier les personnes qui ont participé au forum et qui ont guidé le CONSEIL et l'organisation durant cet exercice de planification future qui mènera à une augmentation des services que nous offrons. Les comités travaillent maintenant avec diligence à la mise en œuvre de stratégies et d'initiatives qui favoriseront l'atteinte des résultats visés dans les quatre domaines susmentionnés. Les réunions se poursuivront et, au cours des prochains mois, on établira l'ordre de priorité des mesures à prendre et on en fera un sommaire.

Lors du Forum de planification stratégique, nos participants, les membres de leur famille et nos partenaires communautaires se sont réunis pour dresser un ordre du jour. De même, au début de 2017, nous avons tenu un forum ouvert axé sur les initiatives des membres du personnel. Comme ce fut le cas pour les orientations stratégiques, quatre sujets sont ressortis. Nous avons formé des comités, qui ont apporté des changements ou qui travaillent à atteindre des objectifs.

Au cours de la dernière année, BICR a réussi à retenir les services du Dr Seyone, neuropsychiatre qui s'intéresse particulièrement aux lésions cérébrales acquises. Ce dernier offre des consultations à nos participants, notamment des examens des médicaments. Il s'agit d'un partenariat extraordinaire rendu possible par le ministère de la Santé et des Soins de longue durée.

À la fin de 2017, un groupe de participants et de membres du personnel ont fait un voyage au Mexique. À en croire les commentaires que j'ai reçus, le voyage s'est avéré une grande réussite.

Mes sincères remerciements à Dave Horton et aux membres du comité des vacances pour tous les efforts qu'ils ont déployés pour faire de ce voyage des vacances mémorables, sans parler de toutes les activités de financement et des préparatifs en coulisse. Merci!

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En Ontario, BICR demeure un des chefs de file dans le domaine de la recherche sur les lésions cérébrales acquises et celui des pratiques exemplaires. La hausse continue des incidents de commotions cérébrales au sein de notre population a entraîné une certaine surutilisation de nos ressources; ainsi, nous participons avec le Réseau local d'intégration des services de santé à un groupe sur les commotions cérébrales. Notre participation continue à ce genre d'alliances nous aidera à renforcer notre capacité de fournir des services de qualité supérieure.

Par ailleurs, il me faut remercier nos participants et les membres de leur famille qui ont pris le temps de répondre à notre sondage annuel. Ils ont indiqué être très satisfaits de nos services. Comme toujours, nous aimons recevoir vos commentaires et vos suggestions d'améliorations. Nous tenons compte de votre opinion et nous faisons de notre mieux pour inclure vos idées quand c'est possible.

Je me réjouis à la perspective de reconnaître, à l'assemblée générale annuelle qui aura lieu en juin, les membres du personnel qui franchissent des jalons importants de leurs années de service.

Enfin, je suis très fier des efforts qu'investissent jour après jour les membres de notre personnel et nos gestionnaires pour faire de BICR un lieu de travail hors pair. Une fois de plus, j'exprime toute ma gratitude aux membres du conseil d'administration pour leur leadership et leur soutien continus. Sans leur engagement, nos réussites n'auraient pas été possibles.

**FRANK GRECO**  
**DIRECTEUR GÉNÉRAL**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**29<sup>TH</sup> ANNUAL GENERAL MEETING MINUTES**  
**JUNE 14<sup>TH</sup>, 2017**

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Present: Nick Ostryhon, Frank Greco, Doug Kane, Jackie Lynch, Brian Minard, Sharon Cochrane, Dr. Tricia Pailing, David Shapiro, Pat McNabb

Regrets: Christine Reeves, Luc Savoie

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1. Meeting called to order at 5:10 p.m.  
Nick Ostryhon welcomed and thanked everyone for attending the 29<sup>th</sup> Annual General Meeting.
  
2. Adoption of the Agenda  
Motion: To adopt the agenda for the 29<sup>th</sup> Annual General Meeting as presented.  
Moved: Jackie Lynch  
Seconded: Brian Minard  
Carried.
  
3. Review and approval of the minutes from the Annual General Meeting held on June 8<sup>th</sup>, 2016.  
Motion: To approve the minutes of the 28<sup>th</sup> Annual General Meeting held on June 8<sup>th</sup>, 2016 with no errors or omissions.  
Moved: Doug Kane  
Seconded: Sharon Cochrane  
Carried.
  
4. Independent Auditor's Report/Financial Statements  
Larry Iggulden mentioned that it is a pleasure to be invited to present the Independent Auditor's Report at the evening's meeting. Larry is an Independent Auditor, and Partridge Iggulden Chartered Accounts are not part of BICR. The auditor's responsibility is to express an opinion on the financial statements based on the audits. The audits are conducted in accordance with the Canadian generally accepted auditing standards. Those standards require that Partridge Iggulden comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.  
  
Larry proceeded to present BICR's Financial Statements for the year ending March 31<sup>st</sup>, 2017. He stated that the accounting records were found to be excellent as usual and that the evidence presented to the auditor was sufficient and appropriate to provide a basis for a qualified audit opinion.  
  
BICR managed approximately \$6,600,000 during the April 1<sup>st</sup>, 2016 to March 31<sup>st</sup>, 2017 fiscal year, with approximately \$6,400,000 in expenditures. A total of 84% of the budget was used towards wages. There was an operating surplus of approximately \$182,000 with approximately \$51,000 returned to the Ministry of Health. The net operating surplus is approximately \$130,000.  
  
Larry opened up to questions.  
  
Nick thanked Larry and made a motion to accept the annual financial report as presented.  
  
Motion: To approve the Independent Auditor's Report/Financial Statements ending March 31<sup>st</sup>, 2017 as presented.  
Moved: Pat McNabb  
Seconded: Jackie Lynch  
Carried.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
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5. Other Business:

1. President's Report

Nick Ostryhon presented the President's Report, and formally introduced two new Directors, Patricia McNabb and Christine Reeves who joined us September 2016. He thanked all of the Board of Directors individually, and mentioned that we have a full directorship of ten.

2. Chief Executive Officer's Report

Frank thanked the celebrating employees and the board of directors for their support, as well as, the managers, especially for their assistance during the recent office move.

Frank mentioned that he was happy with the results from the 2016 Accreditation Canada visit and the recent Participant and Family Satisfaction Surveys. He also mentioned that we were able to purchase an accessible lift van utilizing the processed from the Young's Insurance Golf Tournament of approximately \$25,000. As well, Frank thanked the Board of Directors for their involvement with the residential build at Promenade Richelieu 5 years ago and the most recent renovation of our St. Paul location. On a sad note, Frank recognized the loss of Linda Rapley who was the heart and soul of our outreach program. Linda recently lost her battle with cancer.

3. Appointment of Auditor's

Motion: To appoint the accounting firm of Partridge Iggulden for the operating year of 2017-2018

Moved: Doug Kane

Seconded: David Shapiro

Carried.

4. Recognition of Directors

Nick Ostryhon – President

Christine Reeves – Secretary

David Shapiro – Director

Dr. Tricia Pailing – Director

Brian Minard – Director

Luc Savoie – Vice President

Doug Kane – Treasurer

Jackie Lynch – Director

Sharon Cochrane – Director

Patricia McNabb – Director

6. The date of the next Annual General Meeting TBA.

7. Meeting adjourned at 5:32 p.m.

Motion: To adjourn the 29<sup>th</sup> Annual General Meeting.

Moved: Doug Kane

Seconded: David Shapiro

Carried.

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**INTAKE DEPARTMENT ANNUAL REPORT**  
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**GENERAL OVERVIEW**

This fiscal year again was a busy year for referrals and requests for information. Throughout the year, the Intake department received appx 274 calls for information about programs and services. The total amount of referrals for the fiscal year was 264 individuals referred for BICR services. This includes self-referrals, family referrals and referrals from Community agencies as well as family doctors in the community. The Intake Coordinator's primary responsibilities were to support applicants and their families in the application process by responding to all referrals and requests for information. Part of the intake processes included identifying service needs and assessing an applicant's current status and community supports. This position also involved the Intake Coordinator managing and reviewing waitlists for each program within the agency. Throughout the year, BICR continued to manage a waitlist for most programming at the intake level. The average wait-time for services ranged from 30-90 days.

**HIGHLIGHTS**

The Intake Coordinator was involved in a number of internal committees during the fiscal year. The intake coordinator is responsible for coordinating and facilitating admissions meetings every month. The purpose of this meeting is to discuss every applicant that has applied for services and review eligibility criteria for every application. It also provided an opportunity to discuss updates in other areas of programming throughout the agency. The Intake Coordinator was also involved in the Participants Safety Steering Committee.

The Intake Coordinator continues to have an active role in the community. The intake coordinator attended several agency presentations and staff meetings to present on BICR's admission process and program services. The Intake Coordinator continues to have several requests to attend Long Term Care Facilities, Niagara Health System and Shaver Rehabilitation to provide education to staff regarding support services for individuals with a diagnosis of an ABI. An important part of this role was to continue to foster strong partnerships with community agencies in order to facilitate referrals. Strong partnerships with the Niagara Health system, Community Shelters (Southridge, Salvation Army), Hamilton Health Sciences and Hotel Dieu Shaver are examples of community agencies that provide a large number of referrals to BICR. The intake coordinator also completes intakes at the Hamilton General ABI unit and Shaver Rehabilitation. The goal of strengthening these relationships is to ensure that there is a continual link of ABI services once someone is discharged from in-patient services and is in the community.

The intake coordinator also is part of the Human Justice Coordinating committee and Crisis Tables coordinated by CMHA. These meetings provide an opportunity to discuss and explore support service options for those that are having difficulty coping in the community. It is also an opportunity to for other agencies to become aware of BICR's services.

The intake Coordinator received a large number of referrals for individuals that have experienced Concussions or MTBI. The Intake coordinator has consulted with several other ABI services in the province to determine the most appropriate form of intake and supports. The Intake coordinator also has worked closely with the LHIN and the ABI service Navigator to ensure that an applications needs are met.

Important to note, is that many individuals that have experienced concussions continued to struggle to receive adequate care from their Family Doctors and the Niagara Health System. Most services offered to support individuals that have experienced concussions are fee-based services therefore services are not covered by the Ministry of Health. Again,

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applications are discussed and reviewed on a case-by-case basis. Eligibility to BICR's services is determinant on services goals and limits to services.

**STATISTICS**

- Number of calls during the fiscal year 2017- 2018
- Referrals for Service: **264**
- Requests for Information about Programs and Services: **274**
- Total inappropriate referrals: **40**

Based on the number of referrals made and received during the 2017-2018 fiscal year, it is interesting to identify how individuals applying for BICR services acquired their brain injuries.

CAUSE OF INJURY	PERCENTAGE OF INDIVIDUALS
Falls	10%
Motor Vehicle Accidents	15%
Assaults	7%
Strokes	24%
Aneurysm	6%
Concussions	17%
Other- includes Anoxic Injuries, Brain Tumors, Medical Complications, Hit by Objects	21%

Number of referrals based on gender: Male: 151 Female: 113

**CHALLENGES AND TRENDS**

In the past year, there continues to have been an increase in the number of concussion referrals. Concussions referrals continue to increase as those affected have had trouble in finding suitable supports to recover from their concussions. Many applicants often are dealing with the symptoms of their concussion, which are dizziness, headaches, nausea and vomiting and cognitive challenges. Other symptoms identified have been communication difficulties, balance issues and inability to cope. Once the symptoms are, treated BICR can assist with providing supports to manage cognitive challenges and psychological and emotional concerns. Many of the concussions referrals received are 2 years or more post injury.

The intake coordination continued to provide referrals to Hamilton ABI outpatient clinics and continue to access Crisis services in the region.

In summary 2017-2018 continues to see a steady request for community supports, information and referrals. This is reflective in the need for appropriate services to within the community. Again, with these partnerships, BICR continues to provide much needed services to all participants and caregivers within the community and continues to strengthen community partnerships to ensure applicants and families are afforded the highest level of support.

**TRACY MADDALENA**  
**INTAKE COORDINATOR**

## MODULAR SERVICES ANNUAL REPORT 2017-2018

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### GENERAL OVERVIEW

It is my duty as the Modular Services Manager to oversee several departments. The programs that fall under my management are Rural Services, Bowden Supported Independent Living Program, Case Management, and the Recreation and Vocational Services. In addition, I am an active member of several agency committees and I facilitate staff training. The committee and training that I spearhead includes the Operational Strategic Direction of Employment Committee, Rai-CHA training, and CIM Facilitation.

### HIGHLIGHTS

In the spring of 2018 a new van was purchased to be shared between the Bowden/Rural and the St. Paul programs. Since public transportation in the Fort Erie area was basically nonexistent it was a high priority to address this issue. At this point in time the van is being utilized by both programs as they continue to negotiate a schedule. Overall it appears that most logistic challenges have been addressed and both programs are benefitting from the purchase.

During the past fiscal year the Rural Coordinator has demonstrated efficiency in addressing the individual needs of our participants in the Erie Shoreline area. She continues to involve participants in BICR supported events and activities, as well as, facilitates groups out of the BIAFE office on Mondays and Tuesdays. The group activities have maxed out to capacity on those days resulting in the possibility of a waitlist or a rotation. The Rural Coordinator continues to build strong relationships with the BIAFE staff and participants. This is evident by BIAFE providing BICR with the opportunity of full access to their office space. An additional key to the BIAN office was provided to our agency to use the office at our leisure for planned events and activities outside of the current Monday and Tuesday programming. We also continue to provide support to BIAFE staff inviting them to BICR's staff in-services and additional training that may be available. BIAFE employees are very grateful for the opportunities that are offered to them. As the number of referrals continues to grow the Rural Coordinator plans to streamline the way services are being provided to all of the Erie Shoreline participants with the hopes of reducing the waitlist.

The Bowden Supported Independent Living program partnership with Niagara Regional Housing (NRH) in Fort Erie continues to strengthen. During the fall of 2017 an apartment became available at Bowden and NRH offered it to us as our staff office (our staff previously was housed out of a modified office). NRH has been very accommodating to our agency providing the office space, as well as full responsibility of the common room which is exclusively used by BICR participants. It was furnished with chairs and tables and is often used for movies, games, morning chats and on occasion just a place to gather.

Within the past year a Bowden participant passed away. She was well liked and will be missed by all of the residents and staff at Bowden. A new participant has been identified and will be moving into the apartment soon. Bowden continues to provide consistent programming to all participants. Schedules are made available so that everyone is aware of what each day holds for them. Respect and dignity are values that staff focus on when interacting with all of our participants. Bowden staff facilitate meetings on a regular basis to discuss topics of interest with our participants and implement programming and events from those discussions. This participant driven group has been effective in developing new activities and ideas for recreational opportunities.

Bowden Staff and the Rural Coordinator continue to work closely together and often back up each other in times of need. This relationship nurtures a very positive, respectful, and cohesive environment for everyone.

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Case Managers continue to be very independent in their roles. They frequently assess and evaluate their caseload in an attempt to reduce the waitlist in a timely manner. As stated in their annual report these senior staff continue to have barriers that they encounter on a regular basis. Their experience in acquired brain injury and their resourcefulness allows them to be more creative in finding alternative solutions. With the number of referrals increasing, they have been asked to closely identify meaningful goals and timelines on a more frequent basis with their participants. The idea of time limited service will be stressed as the year unfolds. Both Case Managers are actively involved in the community, agency committees, and facilitate staff training.

During this past year the Vocational Department has experienced the most change within Modular Services. The most significant change was the hiring of a new Coordinator and Case Facilitator. Spring 2018 was the first for both positions to experience the start-up of the Cemetery Gardening Angels (CGA) season. The start of the season for CGA is a challenge in itself. Although the Case Facilitator was hired partway through the 2017 season she had not been part of the planting, and planning of the workforce from beginning to end. The CGA program was faced with the increase in minimum wage (Employment Standards Act), new staff, and an expanding year round business while juggling the rest of the vocational program. They both seem to have a good handle on the challenges that they have encountered, and approached each task with confidence and enthusiasm. With the new coordinator coming in with great community employment experience she was able to secure additional government funding and staffing from community partners. The workforce almost doubled from previous years however the agency wage expense remained almost the same because of the additional outside funding. Subsidies through various government grants were secured which alleviated some financial burden of the wage increase and additional workforce.

The Vocation Department established a new partnership with Niagara College. A group of students came out and assist CGA with planting the flowerbeds at various cemeteries. This created a buzz of excitement for the program. In years past it would/could take over a week or so to complete all the planting, but with the students assisting it was done in only a few days. We are all looking forward to the successful CGA 2018 season.

Recently the Vocational Department developed a pathway of services and timelines with the hopes of having a framework to consistency for all participants going through the services.

The Salvation Army Kettle Bells completed another successful campaign. This once again solidified the excellent relations BICR has created with The Salvation Army. Many participants appreciated their employment opportunity and successfully met their goals. In one instance the Employer agreed with BICR that a participant had some great skills but it was just not the most successful placement for her. A new placement was found for the individual and she continues to be successful in her employment goal.

**JOE TALARICO**  
**MODULAR SERVICES MANAGER**

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**GENERAL OVERVIEW**

Case Management is a fluid service that includes an array of duties. Case Managers are usually the initial point of contact after the Intake process. The team continually assesses and evaluates participants to determine the best pathway for the individual. Referrals are made both internally and externally. For example, a participant may need more intensive support within the home so a referral would be made to the COSS program. Outside referrals could include applications to Niagara Regional Housing (NRH), Housing help trustee program, and Home and Community Care (LHIN). Additionally, a participant could be discharged/closed after the completion of a goal such as getting approved for ODSP or finding housing. Case Managers help coordinate activities within the organization such as access to Recreation and Leisure, Social Work, and Cemetery Gardening Angels. There is constant communication between the Intake Coordinator and the Case Managers to discuss waitlists and the various files that have been profiled at the Admissions Committee meeting.

**STATISTICS**

The following is an outline of current averages within the past year. It combines the numbers from two full-time Case Managers.

TOTAL FILES ADMITTED	FILE CLOSURES /DISCHARGES	TRANSFERS TO OTHER BICR PROGRAMS	ACTIVE FILES
24	19	13	40

Closure/Discharges are files that are no longer open at BICR. Files are closed or discharged because support needs have been met or contact has been limited with lack of participation by the participant. Transfers are between Case Management and other BICR programs such as COSS and Buckley/Bowden SIL.

**HIGHLIGHTS**

In 2017, Case Management once again underwent restructuring. The part-time Manager became full-time which allowed the other part-time Case Manager to become full-time. This change in personnel necessitated shuffling of files as caseloads became amalgamated. There were file closures/discharges as a result. There was a period of time during the transition that the new Case Manager continued his prior duties in COSS. The department now has 2 full time Case Managers.

Case Managers continue to be involved in numerous committees within the agency such as the Joint Health and Safety Committee, Behavioural Review Committee, Emergency Response and Outbreak (EROC) Committee, the Niagara Region Accessibility Advisory Committee, and the Admissions Committee meeting.

Moreover, all of the Case Managers facilitated several internal training courses. The courses included Crisis Intervention Management and a component of Joint Health and Safety.

**CHALLENGES**

Affordable housing continues to be a major issue within the region. It is very difficult for our participants on ODSP/ CPP to find safe and appropriate living arrangements that they can afford. There are limited low income apartments to be found. The waitlist for Niagara Regional Housing (NRH) is quite lengthy.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
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Working with individuals with concurrent diagnoses is also an ongoing challenge. For example, many participants coming into service have additional diagnoses along with their acquired brain injury such as mental health and addictions. It's been observed that other service providers are reluctant to continue to provide service to an individual if the person has been diagnosed with having an acquired brain injury.

**OBJECTIVES**

Case Managers will continue to foster partnerships and alliances with external service providers. The team will also continue to evaluate and monitor caseloads to alleviate pressure on the waitlist.

**JONATHAN WILLIAMS**  
**CASE COORDINATOR**

**BRANDON PEARSON**  
**CASE COORDINATOR**

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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. While the recreation program oversees the coordination of statistics for all groups offered by BICR, there are a number of staff who share their passion and skills with our participants. The statistics below encompass the collaboration and efforts of staff across all spectrums of BICR's programs including Personal Effectiveness Training Program, Community Outreach Support Services, Residential Services and Modular Services.

**ONGOING GROUPS / DROP IN EVENTS**

<b>DROP IN PROGRAMS</b>	<b>PARTICIPANTS SERVED (averages)</b>
Bowling at Parkway Lanes	13
Men's Group	8
Drop In	9
Women's Group	4
Wacky Wednesday	14
<b>REGISTRATION PROGRAMS</b>	<b>PARTICIPANTS SERVED (averages)</b>
Darts	9
WRAP Mondays	6
WRAP Fridays	4
Horticulture Therapy Tuesdays	5
Horticulture Therapy Thursdays	7
Lunch Club Niagara Falls	5
Music Trivia	13
Wood working	10
<b>REGISTRATION PROGRAMS CENTRE BASED (UNIT 10)</b>	<b>PARTICIPANTS SERVED (averages)</b>
Stucco Art	8
Drumming with Erin	7
Music with Phil, Rick and Friends	19
Music Expressions	12
Tai Chi	8
Cooking Take Home Meals	3
Pet Therapy	10

<b>TRIPS</b>	<b>PARTICIPANTS SERVED (exact #'s)</b>
Geneva Park August 2017 (Residential)	7
Geneva Park August 2017 (COSS & Modular)	14
Mexico 2017	9

<b>SEASONAL</b>	<b>PARTICIPANTS SERVED (averages)</b>
Canoeing x 14 weeks	Average 4 participants per week
COSS & Modular Services Christmas Party	67 participants & 47 family members
BICR Bowl-a-thon	14 participants and 15 non participants
Spring Fling Dance April 2016	46 participants and 26 non participants
Halloween Dance October 2016	57 participants and 40 non participants

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CALENDAR OUTINGS	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
# OF EVENTS	7	8	8	8	7	6	7	8	7	8	8	8	90
# ATTENDED	110	81	117	67	85	55	121	73	123	85	69	84	1070

**PROGRAM HIGHLIGHTS**

- The continuation of the weekly Dart League at Unit 10.
- During the months of May to August we replaced Bowling on Mondays with a Drop In at Unit 10.
- All ongoing groups and activities offered by the Recreation Department continued to maintain maximum numbers.
- The planning, fundraising, and facilitation of the trip to Mexico in December 2017.
- The successful coordination of two summer trips to Geneva Park in August 2017.
- Successful co-facilitation of Wacky Wednesday in coordination with the PET program.
- The continuation of the Wood Working group.
- The continued partnership with Heartland Forest.
- BICR continues to foster a successful partnership with the School of Horticulture for the WRAP program twice a week.
- The continuation of ongoing contact with residential recreation representatives, and each residential site facilitating one recreation event each month.
- Continued success of seasonal recreation activities that include the Bowl-a-thon and canoeing.
- Brain Injury Services Hamilton (BISH) and Tanguay Place attending our semi-annual Dances.
- Continued input from clients and staff in regards to recreation programming.
- Coordinated a survey for input from Participants and Staff with regards to the new look of the quarterly Learning and Leisure Guide.
- The facilitation of a car show during the summer months of 2017.
- Van Coordinator for two agency vehicles housed at the BICR office.
- Provide day to day support to co-op and SEED students in recreational services.
- Record Binder Designate for 13 participants.

As the Recreation Coordinator I am an active member of 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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**GENERAL OVERVIEW**

Rural Services offers supports to individuals residing in the urban areas surrounding the Niagara Region: Fort Erie, Crystal Beach, Ridgeway and Port Colborne. Currently individual assistance is provided to 16 participants on a 1:1 basis and there are 5 individuals on the waitlist.

These supports may include daily activities such as, budgeting, groceries, meal planning, cooking and household chores, as well as, medical and community appointments. Another focus for the Rural Coordinator is to promote participation in meaningful activities within the community. Groups and outings facilitated by BICR's Recreation program and Personal Effectiveness program are also well attended by Rural Services.

Rural Services partners with Brain Injury Association of Fort Erie (BIAFE) to facilitate day programming two days per week (Mondays and Tuesdays) out of the BIAFE office. Attendance have been maintained within the day program capping both days at 14 participants with a waitlist. Individuals who are looking for a social outlet work together to complete tasks of daily living, and participate in groups of interest and social gatherings. Topics include healthy eating and meal planning, the importance of good hygiene, budgeting and other fundamental living skills. Participants also take part in art groups and excursions to the YMCA.

In addition to BIAFE, the Rural Coordinator partners with several other agencies including: Fort Erie Accessible Transit (FAST), YMCA of Fort Erie, Niagara Regional Housing, Community Care Access Center (CCAC), and St. Elizabeth Health Care, and the BICR Recreation programs and Pet Therapy.

**CHALLENGES**

Currently there aren't any challenges in Rural Services as the previous transportation issue has been resolved with the purchase of a new van.

**OBJECTIVES**

- Utilize the BIAFE facility in addition to what is currently offered.
- Maintain the partnerships that have been put in place and continue to explore opportunities.
- Continue to support participants and their families with the best support and dignity possible through Rural Services.

**CHELSIE YUNGBLUT**

**RURAL SERVICES COORDINATOR**

## BOWDEN SUPPORTIVE INDEPENDENT LIVING PROGRAM ANNUAL REPORT 2017-2018

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### **GENERAL OVERVIEW**

The Bowden Supported Independent Living program is located at 1A Bowden St. Fort Erie, Ontario and is a Niagara Regional Housing apartment complex. Currently, there are six participants living independently at Bowden, and each participant has their own apartment within the building. Brain Injury Community Re-entry support staff have office space on-site and are able to provide assistance to the participants based on each of their unique needs. The program focuses on enhancing our participants' quality of life, community involvement, and continual self-improvement. Staff continue to promote independence, provide opportunities for participants to engage in meaningful activities within the community, and work with participants to help them achieve their identified goals.

### **HIGHLIGHTS**

The Bowden SIL program recognizes that each participant is a unique adult and is deserving of the utmost respect and dignity. Support offered by staff is flexible, individualized, and reflective of choices, and abilities of the individual participant. Living independently affords the participants choices which may involve some elements of risk. Staff provide information on risk bearing behaviors, and attempt to educate the participants on the potential repercussions of certain lifestyle choices or behaviors.

Recently the Bowden program has been allotted a new agency van to be shared with the St. Paul program. This allows participants greater transportation availability, and enable staff to become more efficient in the delivery of this service.

The program currently is seeking to fill a placement after the recent passing of one of the Bowden participants. The intake coordinator is looking diligently to fill the spot, and is in conversation with potential future participants.

The team at Bowden continues to establish and foster strong partnerships within the community. Some of our community partners include: Niagara Regional Housing, Brain Injury Association of Fort Erie (BIAFE), YMCA, Fort Erie Accessible Transit (FAST) Transit, Heartland Forest, and the BICR Recreation department.

Participants regularly attend programming offered by the agency's Rural Coordinator at BIAFE and often make use of the facilities at the local YMCA and independently book and use Fort Erie Specialized Transit (FAST) when needed.

### **CHALLENGES**

Challenges continue to be the unpredictable wait time for openings within the Bowden program, finding new participants willing to move to the Fort Erie area, and accessible and cost effective transportation for our participants.

### **OBJECTIVES**

Overall, the Bowden Supported Living Program has had a successful year. Objectives for the upcoming year include:

- Place Bowden hosted activities in the BICR Learning and Leisure guide.
- Continue to explore other resources within the Fort Erie community that our participants will benefit from.
- Maintain and foster current partnerships and establish new ones within the community.
- Continue to provide exemplary support to individuals, and their families within the Niagara Region living with the effects of an acquired brain injury.
- Lower transportation costs associated with the Bowden program.

**JEFF SPELIER**

**TEAM COORDINATOR BOWDEN SIL**

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**GENERAL OVERVIEW**

Vocational Services offers individualized support to participants who have identified goals related to finding meaningful employment opportunities, volunteering in the community, and/or returning to school to further their education. The Vocational Department consists of one Vocational Coordinator and one Vocational Facilitator who work together to support participants in achieving their vocational goals. The department has welcomed new staff into both of these positions this past year.

The ongoing Vocational Programs of Cemetery Gardening Angels, Salvation Army Kettle Bell Campaign and the Niagara Region's Adopt-a-Road Program continue to offer participants supported work readiness training and are used as valuable assessment tools to help determine a participant's skillset prior to seeking competitive employment within the community.

This past year the agency identified Employment Opportunities for Participants as one BICR's strategic directions for 2017-2020. The Vocational Department has collaborated with several community partners to begin working towards increasing employment opportunities for our participants.

**HIGHLIGHTS**

Vocational Services has developed partnerships with YMCA Employment and Immigrant Services, the Coalition for Persons with Disabilities Work Readiness Program and Ontario March of Dimes Employment Services. These partnerships have allowed the vocational team to access additional employment supports for participants such as funding for participants to attend paid training placements and receive work start up benefits, additional on the job support through job assessments and coaching, and access to resources to support skills upgrading or return to school. The vocational team works alongside these partners to promote ABI awareness with community partners and employers, support the participant through the process of seeking and maintaining employment, and provide follow-along support for participants who have achieved their vocational goals.

Cemetery Gardening Angels continued to grow and provide supported employment opportunities to participants during the past year. The program continues to be a valuable assessment and training tool in assisting participants to develop their employment skills, expand their work experience and earn income as they explore the many positive benefits of returning to work. Cemetery Gardening Angels was able to support the addition of one part-time staff and the purchase a new truck during this past year.

The Salvation Army Kettle Bells Campaign continued their partnership with the Vocational Department this past year and provided seasonal employment opportunities to BICR participants throughout St. Catharines and Niagara Falls. This partnership continues to benefit participants who are interested in trialing return to employment with no long term commitment necessary.

The Vocational Department participated in the Niagara Region's Adopt-a-Road Program for its 14<sup>th</sup> year in a row. This volunteer program provides an opportunity for participants to support their community twice a year through a concerted effort to pick up litter and debris along a section of Martindale Road. Volunteering through this program continues to allow participants with an opportunity to explore their skills with staff support and give back to the community.

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**STATISTICS**

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

- Total Admissions 16
- Total Discharges 11
- Total Transfers 2
- Caseload Range 23-34
- Waitlist Range 0-5
- Job Secured in Seasonal Employment 23

**CHALLENGES**

Public transportation continues to be an obstacle to participants who are seeking competitive employment within the community. For those that rely on public transportation, employment options are limited to workplaces near bus routes and their availability for shifts is dependent on the bus schedule. The Vocational Department will continue to support participants in learning the bus system and finding employment opportunities within these geographical areas or alternately arranging transportation through various community supports.

Finding employers who are open to hiring persons living with an acquired brain injury continues to be a challenge. The Vocational Department has been actively working with community partners to identify suitable employers and to educate potential employers about the benefits of diversifying their workforce while providing an opportunity for our participants. The vocational team will continue to strive for appropriate job matching based on skillset and assist employers and participants with implementing successful compensatory strategies within the workplace to ensure a successful job placement.

The growth of Cemetery Gardening Angels has been a challenge during the past year. As more community partnerships were developed, the program saw the movement of several long-term participants move away from Cemetery Gardening Angels into competitive employment within the community. This movement caused an increase in the workload per employee near the end of the season. The Vocational Department was able to accommodate the increase workload with the participants and complete another successful season.

In summary, the Vocational Department has had a successful fiscal year as the team continues to work towards developing strategies to reach the agency's strategic direction of increasing employment opportunities for participants. The team looks forward to another successful year.

**AMBER MCNAMARA**  
**VOCATIONAL FACILITATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
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The COSS program, in the last year, has continued to provide a valuable and necessary service to adults with acquired brain injury living in the Niagara Region. COSS currently supports approximately 134 individuals, many with a variety of complex needs, in a variety of locations including: family homes, participant homes, hospitals, long term care facilities, mental health lodging homes and motels throughout the region. The support offered to these individuals varies according to what they need to maintain their health, safety and participation in the community. Providing assistance with housing, financial help, medical appointments, meals, memory, relationships, transportation etc. allows people to stay in the community and maximize their level of independence.

The COSS Team consists of 11 full time Case Facilitators, 1 part time Case Facilitator, 1 full time Case Facilitator/Rehabilitation Counsellor, 1 full time Case Facilitator/Team Coordinator, 1 full time Rehabilitation Counsellor, 3 part time Rehabilitation Counsellors and 5 relief Rehabilitation Counsellors. The following is an outline of the activities of the COSS program:

1. **New Staff Arrivals** – This year the COSS program has seen two of our Rehabilitation Counsellors move to other positions. We have welcomed 3 new relief Rehabilitation staff to the team.
2. **Focus On Flow Through** – As the demand for Community Outreach Services continues to increase, it is important that our team's resources are being used efficiently. Practically this means that we need to pay closer attention to whether we are assisting the right people at the right time in the right place. As a result of our focus on flow through, we were able to admit 19 new people into the outreach program in 2017/18.
3. **Transportation Analysis** – The COSS Program, with the Transportation Committee, participated in a transportation analysis this past year. An outcome of that process was the introduction of a new Transportation Agreement and questionnaire that allows for a more detailed needs and usage analysis of participant transportation. We anticipate the this new process will drive a more regular review of transportation needs across the COSS program and encourage increased independence in this area where possible.
4. **Horticulture Program** – The Horticulture Program has been in operation for many years and is a wonderful partnership with NTEC. It runs from May until September every Tuesday and Thursday morning. Under the leadership of Jennifer Fenton and Linda Gosling as well COSS and residential staff, the "Hort" program provides an opportunity for participants to grow flowers and vegetables and maintain the grounds at NTEC in Port Robinson.
5. **WRAP** – WRAP is a program that several of the COSS CF's and their participants engage in on Mondays and Fridays. Organized and operated by Dave Horton, the WRAP program is another great opportunity for COSS participants to engage in a work like environment and contribute to the operation of a fully functional green house facility and botanical gardens.
6. **Partnerships/Complex Cases** – Our partnership with the BIAN Clubhouse has continued over the past year. We provide staffing support once per week at the Clubhouse. Our staff assists with the facilitation of a weekly lunch group.

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7. **Christmas Party** – Once again this year the COSS Team organized a Christmas party for participants and their families. We had over 120 people participate. They enjoyed great food, a sing-a-long, prizes and a visit from good ol' St. Nic! A good time was had by all!

As we look forward to 2018 and beyond, the COSS team will continue to strive to provide exemplary community based rehabilitation and support designed to maintain people in the community and contribute positively to their quality of life.

**SCOTT FARRAWAY**  
**COSS PROGRAM MANAGER**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**LONG TERM CASE MANAGEMENT ANNUAL REPORT**  
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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 in an effort to maintain their independence in the community. Hours of support as well as support requirements are participant driven.

**STATISTICAL INFORMATION APRIL 2016-MARCH 2017**

<b>CASELOAD APRIL 2017</b>	<b>ADMISSIONS</b>	<b>DISCHARGES / FILE CLOSURES</b>	<b>TRANSFERS</b>	<b>CASELOAD MARCH 2018</b>	<b>WAITLIST MARCH 2018</b>
27 participants	3	3	1	26	0
	2 COSS & Intake		1 COSS		

The above statistical information provides an overview of the Long-term Case Facilitators caseload from April 2017 to March 2018. This writer started the fiscal year with 27 participants and ended with 26 participants; there were no participants awaiting service.

**REFERRALS/ADMISSIONS**

Three referrals were received from Intake. One of whom had applicant status and was admitted to the Long-term Case Facilitator as the individual requested minimal on-going support; the other two individuals came from COSS as they did not feel they required regular supports but would benefit from support on an as needed basis.

**AREAS OF SUPPORT**

Participants requested support with: comprehension of correspondence, assistance with form completion such as the Disability Tax Credit, Old age Pension, Ontario Electricity Support Program applications, assistance with accessing community programs such as Ontario Disability Support Program, Niagara Regional Housing (Portable Rent Benefit and Housing Allowance Program), coordination of care with other services providers, resources to assist with household management, psychosocial support, connecting with internal services, problem solving and decision making to resolve conflicts, attendance at medical appointments to ensure medical follow through and continuity of care. The Long-term Case Facilitator provides emotional support and guidance to family members. In addition, support was provided to participants in crisis situations; a crisis is defined as any significant internal or external environmental change that overwhelms the participant and exceeds their ability to cope (19 crises were tracked during the aforementioned year).

**TRANSFERS**

There was one transfers to COSS during this fiscal year.

**DISCHARGES**

Three participants were discharged from April 2017 to March 2018. These individual were doing well with the supports they had in place in their respective communities and mutually agreed to discharge.

**SPECIAL PROJECTS**

- Participation in the Emergency Response Outbreak Committee (EROC) continued through the 2017-2018 fiscal year. The writer reviewed the annual mock test scenario at one of the supportive living sites, the results were noted and presented at the committee meeting.
- The Transition/Discharge Survey were completed with participants who were being transferred/discharged from Comprehensive and Modular Services. Twenty seven surveys were completed by the end of the fiscal year.

**DONNA RIX**  
**LONG TERM CASE FACILITATOR**

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**PERSONAL EFFECTIVENESS TRAINING ANNUAL REPORT**  
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**GENERAL OVERVIEW**

The Personal Effectiveness Training Program (PET), a comprehensive day program in partnership with OMOD, provided 229 group sessions to an average of 84 participants per quarter in 2017-2018. Services offered are based on 5 components including Life Skills Training, Physical Exercise, Leisure Development, Community Skill Development, and Supported Volunteer Placements. PET also offers short term programs for the broader population of BICR participants at 261 Martindale Road, Unit 10.

Life Skills training activities and sessions have been offered throughout the year in daily groups, individual sessions, as well as short term group initiatives. Life skills group topics included: personal space, budgeting, friendships, abuse awareness, personal hygiene, and how to love yourself. Alternative, augmented communication, and personal organization and planning have been offered on an individual basis.

PET continues to access YMCA of Niagara and Kiwanis Aquatic Centre for participants to incorporate physical activity in a weekly routine. OMOD funded Tai Chi sessions were offered weekly for two blocks of 12 weeks through the year. A short "Move & Groove" program for individuals with limited physical abilities taught the importance of simple movement and stretches. During warmer weather, day program participants also go on nature walks to enjoy exercise and fresh air.

An accredited music therapist, specializing in neurological music therapy, provides weekly sessions. Through the skillful use of music, activities purposefully engage participants and build cognitive skills.

Leisure development classes and groups included Music trivia, drumming, karaoke, and pet therapy. Music with Phil, Rick, and Friends is a live performance contemporary sing-a-long group which is very popular. Stucco Art is also very well attended, and the artistic process taught allows all individuals to participate, regardless of ability.

Drama club is a 4 week program offered in partnership with Engaging Possibilities. The theatre specializes in engaging individuals who are non-verbal. The participants go beyond "participating" to influencing the creation and discovery process of each session.

PET continues to offer opportunities for Community Skill Development. Activities include social skills, money management, and communication. Other community events include the BIAN picnic, Bird Kingdom, Royal Winter Agricultural Fair, Balls Falls historical educational tours, mall and movie days, and Performing Arts Centre performances. Participants attended the grand re-opening of Port Dalhousie beach with all new wheelchair access spaces and pathways. Other programs include bowling, OMOD music trivia and luncheon events, and trips to local orchards to pick apples.

**HIGHLIGHTS & OPPORTUNITIES**

- PET continues to offer a Craft Sale each December. Staff members work with participants to create cards, crafts, and gift baskets to sell, as well as canned goods. Funds raised at this event go directly into programming for PET participants.
- PET continues to offer a supported volunteering opportunity at the Lincoln Humane Society on a weekly basis and Community Care once per month for participants.

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- PET is collaborating with Psychologist Dr. Linda Cudmore and Social Worker Snezana Jevtic to develop a Community Skills Development program, focusing on healthy interpersonal relationships. This program is in development in response to a Community Skills Survey PET completed by participants in 2017.
- PET and Recreation departments continue to collaborate during this report period to hold two fund raising dances, Spring Fling and Halloween dances. The funds raised at these events go directly back into programming for the participants throughout the year.
- During this report period PET assisted BIAN's Oasis Clubhouse with two hours of support and direct service per week during the member-run meeting and lunch.

**KATIE HILL**  
**PET COORDINATOR**

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**GENERAL OVERVIEW**

This report covers the period from April 1, 2017 to March 31, 2018. 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 placements and one shared care participant. The shared care participant accesses the residential program from Sundays to Fridays each week and spends the weekend home with family. This arrangement allows additional individuals the opportunity for weekend respite stays typically offered from Friday evening to Sunday afternoon. During this fiscal year the respite program was able to provide support to 3 separate families. Participants accessing the respite program were provided with an average of 50 hours of residential support to ensure the success of their stay. Respite continues to give caregivers an opportunity to have a well needed break and to give participants a chance to experience a new environment while having the opportunity to work on any specific goal areas.

Services for all the residential participants were achieved through the dedicated efforts of a supportive team comprised of 2 Program Managers, 2 Team Coordinators, 6 Case Facilitators, 52 Rehabilitation Counselors, and students from various local schools. Staff continue to collaborate with Dr. Linda Cudmore to discuss participants with more complex needs. The highly skilled team supports participants in all aspects of their life including activities of daily living, behavioural management, and establishing consistent routines to increase productive activities with frequent community involvement. The residential program continues to embrace participant changes relating to aspects of aging, changes in health status, and behavioural challenges. There continues to be coordination with the Local Health Integration Network – Home and Community Services for occupational and physical therapy, incontinence care, swallowing assessments, and for the facilitation of transitions and referrals to Long Term Care Facilities.

The Richardson Court residence was given a new make-over with a kitchen renovation and painting in the kitchen, dining room and hallways. . The new cupboards, countertops, backsplash and flooring were installed in August 2018. The renovation modernizes the kitchen area and has increased function of the space. Additionally, the Parkdale residence benefitted from painting in both their dining and living room areas.

In May 2018, the Richardson Court had a vacancy due to a participant who moved into the Buckley program a few months earlier. Planning for a successful transition was coordinated through the intake department and the vacancy was filled by an applicant on the residential waitlist.

The residential team is committed to the agency's strategic directions with a focus on creating an overall culture of safety. Recently the sites were introduced to a new system for recording the administration of medications called electronic medication administration (E-MAR). Staff will no longer record medication administrations on paper as all medication information will be contained in software from Point Click Care and will be accessed using tablets or computers. We are very excited about this new initiative and we are very hopeful that it will reduce medication errors in the future and help us to gather more medication data by utilizing the various reporting software on the system. The residential staff are currently trialing this new system and all sites will be live in June 2018. Residential Services has

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continued to partner with Pharmasave who has been the driving force for this new medication initiative. We thank Pharmasave for their ongoing support to our staff and participants.

Much gratitude is extended to the residential staff for their enthusiasm, dedication and tireless efforts towards constantly striving to improve the quality of life for our residential participants.

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

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

## BUCKLEY TOWERS ANNUAL REPORT 2017-2018

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### **GENERAL OVERVIEW**

Buckley Towers is a supported independent living program based in Niagara Falls. The program provides participants with an opportunity to live in their own apartment while accessing staff support where needed. This program is designed to help participants become more independent by developing their skills and in establishing some meaningful, productive activity with frequent community involvement. The goal is for participants to transition out of the program with daily routines and skills in place.

Buckley operates 7 days a week from Monday to Friday 8:00 am – 9:00 pm, Saturdays 10:00 am – 6:00 pm, and on Sundays from 11:00 am – 6:00 pm. Two full time staff are working the daytime hours during the week and a total of two part-time staff and three relief staff augment these hours by primarily working evening and weekend shifts.

The ongoing partnership between Buckley Towers program and Niagara Regional Housing strengthens the program and gives opportunities for participants to access subsidized housing. All rental costs for participants continue to be geared to income and participants can apply for an internal transfer within NRH to assist with rental costs once they transition out of the program. Several participants in the program are also accessing March of Dimes (who have staff onsite) for overnight wellness checks, medication administration, and completion of showering routines.

### **HIGHLIGHTS**

- There were two transitions within the Buckley program that took place within this fiscal year. Two participants transitioned out of the program creating two vacancies that were filled. One additional apartment was given to our program.
- One of the vacancies was created when a participant was admitted into the Hamilton ABIP Program in June 2017. After attending this program, the participant transitioned into Palmer Place in July 2017 as he required additional support to be successful.
- The other vacancy was created when a participant felt that he had gain all the skills needed to transition out of Buckley. This participant moved to an apartment in the Toronto area where he continues to live independently.
- In December 2017, an accessible apartment became available which gave the opportunity for one of our participants who uses a walker/wheelchair to move from his apartment to the accessible unit. With this move it created a vacancy that was filled by a participant who was currently on the BICR waitlist giving us a total participant compliment of seven.
- There have been some physical improvements that were made both inside and outside of the Buckley building. The Buckley office received new furniture which included a loveseat, two chairs and a water cooler. The parking lot and sidewalks surrounding Buckley were all repaved in the summer of 2017.
- One of our participants was extremely fortunate to purchase a new electric wheelchair with the support of the Assistive Device Program. The electric wheelchair has increased the participant's independence where trips to the local barbershop, drug store or coffee shop is completed daily.
- There have been several staff changes at Buckley within this fiscal year. Changes have included a new Team Coordinator and part-time/relief staff. These changes have created a diverse effective team with a variety of skills and knowledge.
- Several participants continue to participate in workouts at the YMCA-Niagara Falls Branch. The ongoing partnership between BIAN and the YMCA makes it possible for participants to have a low membership cost.

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- The Niagara Region offers a Wellness and Healthy Living Program for all tenants at Buckley. This Wellness program gives our participants an opportunity to participate in coffee hour, breakfast club, foot care, holiday festivities, and movie nights.
- Within this fiscal year, the Buckley participants have been actively involved in local outings and activities. This would include movie nights, dinner at local restaurants, hockey games, bowling outings and coffee shop time.
- The Wednesday evening dinner event at Buckley continues to strengthen, as participants look forward to having a meal and the opportunity to socialize with one another. This dinner activity has subsequently led to the participants developing friendships which have extended well beyond the structure of the Buckley program.

**TINA HORTON  
TEAM COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**ST. PAUL TRANSITIONAL LIVING PROGRAM ANNUAL REPORT  
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**GENERAL OVERVIEW**

During the 2017-2018 fiscal year, the writer transitioned into a ½ time program manager role within the agency with the primary responsibility of overseeing the St. Paul Transitional Living Program serving adults living with the effects of an acquired brain injury and a mental health diagnosis. In October 2017, Case Coordination, Recreation Services and an Office Secretary were realigned with other program managers within BICR.

**HIGHLIGHTS**

St. Paul operated at full capacity of 5 individuals through BICR during the 2017-2018 fiscal year. One participant was able to transition into the community with outreach supports and another participant transitioned into St. Paul from a long term care facility. The two beds earmarked for CMHA participants were utilized by 4 individuals at various points throughout the year.

Given the hybrid model that St. Paul transitional Living program operates under (transitional, promoting independence and choice, while at the same time providing 24/7 staffing), the program continues to evolve. Each participant entering the program signs an agreement with respect to their conduct and general expectations within the house. Each participant pays their own rent, and purchases their own food. They have access to a communal kitchen and are responsible for the preparation of their food, with support and assistance from staff as required. Addictions to either illicit drugs or alcohol continues to play a role in a number of our participant's lives. Assistance in accessing supports within the community is provided in an individualized manner. Two participants were able to secure competitive employment opportunities through BICR's vocational program and worked at Gardening Angels and the Salvation Army's seasonal Kettle Bell program.

Dr. Seyone, Neuropsychiatrist began consulting onsite at BICR 6 days per year. This service has been invaluable to participants and staff alike. Effective medication management plays a large role in the lives of our participants. Dr. Seyone is accessible to the program via email in between his visits for any interim concerns that arise. BICR's clinical director and psychologist, Dr. Cudmore is also an invaluable resource for the participants and the staff within the program. There continues to be a systemic challenge with accessing a General Practitioner for new participants arriving in the Niagara area. The majority of our participants have transitioned into the program from hospital or another geographical catchment area. It has taken up to 7 months to obtain a physician. While it is not ideal, given the complex medical care needs of our participants, walk-in clinics are accessed until a physician is located.

As a result of additional positional changes within the program, the staffing structure was realigned. The program went from 2 Team Coordinators to 1 and increased the Case Facilitator role from 1 to 2. This change has been effective in creating clearer role responsibilities and increasing team cohesion. There is on average 13 team members working directly within the St. Paul program, 7 of which are full time positions.

Quarterly admission meetings continue to occur with representation from BICR, Hamilton Health Sciences ABIP, LHIN System Navigator and CMHA. Applicants are reviewed and tracked for potential admission to the St. Paul program. Each participant entering the program needs to sign a Re-Admission agreement, confirming they have a place to return to in the event that Transitional Living at St. Paul is not viable. This condition was put in place in consultation with the Ministry of Health, prior to the program opening to prevent long term bed blocking issues. Enforcing these agreements

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has been challenging in that two of the first five participants admitted have agreements that will not be upheld. Alternative arrangements are being sought and discussions surrounding the transitional living model are taking place.

The sprinkler system installed at St. Paul during the renovation phase experienced sporadic malfunctions. The writer worked with the Niagara Falls Fire Department, the Engineering Firm and the installers to reach a solution. The system was revised and the modifications cleared with the Fire department and the Building Inspector in January 2018.

Partnership with CMHA continued with joint meetings between staff from both programs to facilitate mutually agreeable practices. The Memorandum of Understanding between the organizations was reviewed and modified to mirror practices that have developed.

**OBJECTIVES**

The 2018 -2019 fiscal year is shaping up to be a good one. The staff at St. Paul transitional living program have encountered numerous changes that are inherent in starting up a newer program. I look forward to the upcoming year and supporting the staff and participants within St. Paul to provide exceptional programs and services. Partnerships will continue to be fostered in the community and across Ontario as St. Paul begins to transition additional participants from the program back into the community.

A meeting will take place with the LHIN system navigators from across the province of Ontario in June 2018. The program St. Paul transitional program will be reviewed along with the application process.

Informational materials outlining the St. Paul program and the admission process will be developed.

St. Paul will transition to the eMAR system for medication management within the program. The process will be modified to reflect that our participants fall into individualized classifications of dependent, semi-independent or independent in their medication management.

The strategic direction, Assisted Living and Poverty will become a focus as the co-lead with another manager.

**DARLENE STEVENSON**  
**ST. PAUL PROGRAM MANAGER**

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During the 2017-2018 year, Psychology Services has continued to have one full-time Psychologist, who also serves as BICR's Clinical Director. The Psychologist reports to the Chief Executive Officer and the Board of Directors. Psychology Services continues to offer clinical services including: assessment (e.g., neuropsychological, psychological, behavioral), treatment (e.g., counselling and psychotherapy) and consultation (to BICR and other external community-based rehabilitation providers). The Psychologist is available to complete forms that assist Participants in accessing government- funded or regional resources (e.g. ODSP, Niagara Specialized Transit, BIAN YMCA memberships) and auto insurance funding for medical rehabilitation. Psychology services provided to Participants of BICR totaled approximately 65 percent of the Psychologist's weekly hours, including both direct and indirect services to Participants or family members / support persons of Participants. The Psychologist also spends time involved in administrative duties and training / educational opportunities.

Over the past year, Psychological services have been provided to 54 unique Participants. Referrals may come from Intake/Case Management, COSS, Residential and Modular Services. There were 18 new referrals and 4 file closures this year. On average, 40 Participants were active at any one time, with about 30 unique Participants being seen each month. Participant waiting time for service has generally been about 14 weeks for individual counselling, and 18 weeks for those individuals referred for assessment. Psychological services provided to the large majority of participants who are referred comes from funding provided by the Ministry of Health. There are currently four Participants receiving fee-for-service treatment from the Psychologist. Regular monthly meetings continue between the Psychologist and the agency Social Worker in order to ensure that clinical services are meeting the needs of Participants that are referred across the agency, along with reviewing opportunities for providing support to BICR staff and general professional issues.

The Psychologist remains involved with the Management team (e.g., meetings and management planning days), the Behavioral Review Committee, and the Admissions Committee. The Psychologist has developed and provided training to newly hired staff in the area of Behavioural Principles and Practices (Understanding and Working with Behaviour Following ABI) on two occasions throughout this reporting period. The Psychologist and Social Worker worked together to create and present an Introductory Mindfulness training for staff, as interest in the area of Mindfulness was expressed at both the recent Staff and Community Open Space forums. We received good feedback about this training and will continue to offer it, along with exploring additional informational and experiential trainings.

In terms of Clinical Quality Assurance, the Psychologist updated the Goal Attainment Scale (GAS) which is used by the agency to evaluate the impact of the intervention services that we provide. The GAS assists both participants and their support staff to set individual goals and track progress toward meeting their goals. Staff were introduced to this new, more user-friendly tool throughout the Spring of 2017, and we collaborated to make a few adjustments to the form. The new GAS is now being used by all staff and positive feedback is being shared. A review of the GAS forms that were completed over the course of the year shows that on average, 67 percent of Participants met or exceeded their identified goal as defined with the GAS when their goal was reviewed. Congratulations to all staff in supporting our participants to identify and work towards their meaningful goals.

**LINDA CUDMORE, PH.D., C.PSYCH.**  
**PSYCHOLOGIST AND CLINICAL DIRECTOR**

**SOCIAL WORKER ANNUAL REPORT  
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**GENERAL OVERVIEW**

Over the past year, the Social Work department has been very busy servicing an average of 53 participants and family members per month. The requests for service have been primarily for individual counseling and family education. Eighteen new participants were added to the caseload and six participants were discharged. There is a current waiting list of ten participants.

At this time, the Social Work program provides counseling for participants and their family members mostly 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 including building and maintaining healthy relationships as well as couples counseling, mental health and addiction issues, acquired brain injury education, learning to cope with change and anger management.

The Social Work department also provides collaborative opportunities for staff to discuss participant issues or concerns as required and continues to work closely with staff members in order to best serve the needs of our participants. The Social Worker sits on the Admissions and Wellness Committees. In 2018, the Social Worker worked together with the Clinical Director to create and deliver an introductory Mindfulness training to staff.

It is with excitement that I look forward to continued growth and development of the Social Work program over the next year.

**SNEZANA JEVTIC  
SOCIAL WORKER**

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Last year brought significant change to the Administration department as the agency said farewell to both receptionists Alice LeBel and Elaine Harvey who began their retirement. Nikki Hollingshead joined the department as the agency's new receptionist and has been a wonderful addition to the team. Many thanks to Sharon Coulson, Jayme Richardson and Melissa Pett for their dedication and support during the transition and throughout the year.

Congratulations to Lewis Thompson, Maintenance, who celebrated ten years of service at BICR and was recognized at the agency's Annual General Meeting.

**STRATEGIC INFORMATION SYSTEMS PLANNING (SISP)**

**BICRSHARE:** The agency enhanced the BICRshare system and added programming that allows the ability to set user access rights to individual participant record folders. This level of specificity enabled the agency to add a Family Folder feature to the software and will allow for similar additions in the future.

**APPLICANTS:** BICR developed an Applicant scanning process to support the maintenance of applicant files. A significant undertaking, this successful project now allows the Intake Coordinator and supporting team to record applicant notes and view the applicant file online through BICRshare & e-notes. When an applicant transitions into service, the health record moves from applicant to active status efficiently.

**ELECTRONIC SCHEDULING FORM:** The agency developed an online Scheduling Form in the staff login area of BICR's website for staff to request time off, shift changes and training. Scheduling requests are logged on the agency's server and emailed to the Scheduler for manual processing and approval. The new process has been very well received by staff as they are now able to submit a scheduling request from anywhere at any time, and they also receive an email confirmation of the request.

**ELECTRONIC MEDICATION ADMINISTRATION RECORD (eMAR & PCC):** BICR worked in partnership with Pharmasave to introduce new medication software at four agency locations. Point Click Care (PCC) links with eMAR and allows staff to electronically document administration of medications. A useful tool, eMAR will provide more accurate medication records, allow changes in medications to be managed instantly as the updates are entered by the pharmacist directly and support staff in the medication management process at residential sites.

**SISP PLAN:** Updated the SISP plan to align with Strategic Directions and forecast technology priorities for the 2017-2020 timeframe, (two priorities are described below.)

**DATABASE:** The agency evaluated options in database management software and will replace the old Tracker database system with a new technology solution that builds on the existing BICRshare platform. The new database will manage mailing lists, participant information (demographics, service and care planning, etc.) and staff information (demographics, training, position, status, etc.). In the future and as resources allow, the agency will consider further integrating the BICRshare database with timesheets and mileage completion, billing and reporting.

**INVENTORY:** In its ongoing goal to replace antiquated systems, the agency continued to target replacement of computer systems in the 8-10 year old range. At year end BICR had an inventory of 75 computer systems: 33 are 0-4 years old, 41 are between 5-7 years old and one 1 system is between 8-10 years old (compared to 10 in this same age range the previous year.) The agency also continues to steadily replace other aging equipment and in this year replaced several printers, monitors, keyboards and UPS.

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**PRIVACY AND PERSONAL HEALTH INFORMATION**

In October 2017, the Information and Privacy Commissioner of Ontario (IPC) released new regulations requiring mandatory reporting of privacy breaches to the IPC by health information custodians such as BICR.

Effective January 2018, following the guidelines created by the IPC, BICR started tracking certain kinds of privacy breaches. Effective January 2019, BICR will complete an annual report to the IPC and report instances where personal health information in BICR's custody or control was stolen, lost, used without authority or disclosed without authority.

As Privacy Officer, in addition to coordinating these activities, this writer was also active in updating the agency's privacy policies and processes. Privacy practices were reviewed and strengthened in the areas of consent management, breach or suspected breach in privacy, lock-box requests, access, correction and releasing information to participants, and releasing information to external sources.

**OTHER HIGHLIGHTS**

- Presented at the agency wide breakfast meeting for all staff in November 2017 at which all managers provided a brief overview of the happenings in their program.
- Participated on the Transportation (Strategic Direction) task group where a number of projects were completed, including the transportation needs assessment study, adding the ability to book agency vans via the Outlook calendar and the purchase of additional agency vehicles.
- The Emergency Response Plan and Outbreak Committee (EROC) completed a detailed review of the emergency response plan, outbreak and pandemic plans, updating information as needed including adding a Shelter In Place definition to the information provided to staff.
- The Participant Safety Steering Committee reviewed all participant Incident/Accident reports and provided quarterly reports to the Board of Directors in this area.
- In partnership with the main office JHSC representative, Jennifer MacLean, developed a Fire Plan for the main office at Schmon Parkway.

**GOALS FOR THE UPCOMING YEAR**

- Expand the Administration team by adding a new job share position at Reception.
- Plan for the retirement of cleaning staff, Georgette Day, who will be retiring after 22 years of service.
- Ongoing development of an operating manual for key roles and tasks within the department.
- Manage privacy requests and questions regarding privacy. Complete tracking of privacy breaches in 2018 and complete mandatory annual report to the IPC in January 2019. Update documentation and privacy training presentations to reflect new legislation and BICR processes.
- Implementation of other Transportation strategies, such as a new Transportation Agreement.
- Complete a French Language Services assessment for the LHIN, and implement any required FLS strategies.
- Accreditation Canada: Manage changes to accreditation standards being released next year. Complete Prospective Analysis for participant Incident/Accident tracking. Continue to explore opportunities for participant & family involvement to promote a culture of Client Focus.
- Implement SISP initiatives including:
  - Database development, replacing Tracker with new system.
  - Continue to target replacement of computer systems in the 8-10 year old range.

**HEATHER OLSZEWSKI**  
**PROJECT MANAGER**

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During the 2017-2018 fiscal year, Human Resources continued to demonstrate their commitment to working strategically with the agency's leaders to advance the overall mission and strategic objectives of BICR. We strived to provide leadership and guidance through human resource programs and services including recruitment and staffing, employee relations, organizational and employee development, risk management, compensation and benefits and legal compliance.

The following are highlights from the year:

**FOOD FOR THOUGHT LUNCHEONS**

Since 2005, these monthly luncheons have invited staff from a cross section of the agency to meet with the CEO and a management representative to discuss various pre-planned questions about the operations within the agency. This past year, staff were asked to comment on the culture within in their department/ the agency, what monetary and non-monetary benefits they find most valuable, if they are provided with a sufficient amount of training and development opportunities and what changes they would make regarding how their job is completed.

Consistent with past feedback, staff responses focused on their appreciation for the agency's flexible schedules which promote good work-life balance, the amount of training staff receive at orientation, the agency's open-door policy and support received from managers, the amazing teams of co-workers in our residential settings and the social and wellness committee's involvement in staff's wellbeing. In the same respect, the constructive feedback we received focused on possible staff burnout from overscheduled programming for the participants, the desire for more templated hours (p/t & relief staff) and the desire for more of the forms to be automated (i.e. electronic Incident forms).

Moving forward, the management team will continue to hold these monthly Food for Thought Luncheons and review the feedback generated on a regular basis. Likewise, the managers remain open to hearing from staff at any time about how the agency can continue to improve or enhance its benefits and services for the staff.

**COMPLIANCE WITH EMPLOYMENT LEGISLATION**

In late 2017 new legislation received Royal Assent and became law- Bill 148 Fair Workplace Act- which had significant impact on numerous agency staff policies. This new legislation redefined several regulations in the Employment Standards Act, including but not limited to Minimum Wage, Public Holidays, Personal Emergency Leave, and Vacation with Pay, several Leaves of Absence, Scheduling and Equal Pay for Equal Work. Some of these new legislative requirements became active in December 2017, many in January 2018 and some yet to become active in January 2019.

While the legislative employment changes seek to promote decent work and values of fairness, the agency- like many other non-for-profits- has experienced unintended negative consequences, the most significant being a financial impact. However, we are committed to moving forward with the implementation of these changes in a manner that puts our employees first and minimizes the unintended negative impact it may have on them.

**HEALTH AND SAFETY**

The multi-site Joint Health & Safety Committee continues to cultivate a collaborative partnership with the leadership team in maintaining a strong commitment to the health, safety and wellness of each staff member.

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As with past years, the JHSC continues to promote and facilitate health and safety initiatives, such as recognizing the annual NAOSH (National Occupational Safety & Health) week and National Day of Mourning, conducting monthly hand hygiene audits at each location, diligent follow up with employee incidents, accidents, and hazards/near miss and including timely health, safety and wellness articles in the Internal Digest.

Likewise, the JHSC continues to review and examine all employee incidents, accidents, and hazards/near misses (IAHs) for trends and prevention. In 2017, there were a total of (32) IAHs, with (9) of these receiving some form of health care (i.e. First Aid). Moreover, (7) claims were filed with WSIB, with a total of (2) lost time claims. These numbers continue to be well below the average for our industry.

**DISABILITY MANAGEMENT**

The HR Department continues to see and manage a large number of non-occupational illness/injuries. As described in the agency's Early and Safe Return to Work policy, BICR is committed to the successful recovery of employees who are injured or become ill on the job by assisting in the early intervention and return to safe work. However, should the illness or injury be non-occupational in nature (did not happen on the job), the agency strives to apply the same philosophy. Consequently, in some instances, the employee may require a leave of absence followed by a period of on the job accommodation to ensure a safe return to work. In other instances the employee is able to continue working and some accommodation is necessary to ensure the work is performed safely. In both instances, Human Resources works with the employee and the employee's manager to design a modified work program based on the physician's recommendations and then monitors the employee's progress to ensure compliance with the medical precautions.

This past fiscal year, we have successfully maintained at work over a dozen employees with job accommodations/restrictions resulting from a non-occupational injury. Furthermore, the length of time we are maintaining an employee's restrictions has increased from 4-6 weeks to an average of three plus months. Such accommodations/restrictions have included temporary, modified or reduced work schedule, modified or reduced work load/duties, relocation to a different program or job site, and ergonomic or environmental changes to work sites/stations.

**EMPLOYEE REWARDS, RECOGNITION AND COMPENSATION**

Acknowledging and rewarding staff contributions is very important to BICR. As such, realizing that recognition is not a 'one size fits all' approach, we strive to create a rewards, recognition and compensation program that appeals to the different generations of staff at BICR, while being mindful of our monetary constraints.

An example that demonstrates this approach is seen by the fact that the agency once again was able to provide the social and wellness committee with a generous budget that funded many staff events including Staff Appreciation Party, Children's Christmas Party, Staff Holiday Dinner, Family Day Skate, Family Day at a Pumpkin Farm and various draws for gift cards and baskets. Furthermore, the agency demonstrated its commitment to staff by handing out Service Awards at the AGM, recognizing Administrative Professionals Day, recognizing staff birthdays, birth announcements by sending flowers, monthly food for thought luncheons, providing refreshments/lunches at internal training, funding external training opportunities, offering an employer matching RRSP program, offering Group Health benefits to full and part time staff, and providing each manager a budget for a departmental luncheon during the holiday season.

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**RECRUITMENT**

The recruitment function continues to be an active HR function, and this past fiscal year was no exception. There were many opportunities for growth and internal mobility this year as a result of leaves, retirements and resignations. In total, 93 interviews were conducted for various openings.

CHANGES	NUMBERS
New Hires (External) - 21	17 (relief status positions) 4 (full time status positions) 2 (contract positions)
Departures - 20	18 Resignations
Internal Movement/Promotions	10 (permanent full time positions/promotions) 3 (permanent part time positions appointed) 5 (full time temporary contracts) 6 (lateral transfers)

The HR department continues to actively highlight the importance of taking advantage of continuous education and training opportunities that are provided internally or made available externally, to ensure staff remain current with leading trends in ABI, and are motivated to meet professional goals which in turn, accomplish organizational objectives.

Training presented by external facilitators that the agency arranged for staff in house during the year included: Mental Health First Aid training, suicide prevention training, food handling certification. Likewise, BICR was able to send several staff from across the agency to the annual ABI Conferences (in Niagara Falls and Hamilton) and to the OBIA Level 1 & 2 courses offered at Brock University, which have provided staff with current information, techniques, strategies and interventions that will equip them to better support the participants.

To support staff wellness, HR also arranged for a variety of information in-services facilitated by external partners on such topics as: Quick and Easy Meals, Weight Management, the Journey to Wellness and an overview of our EFAP services through Homewood.

Finally, the HR department was pleased to host/recognize different agency initiatives this past year for staff and volunteers, including the annual Volunteer Appreciation event, Take Your Kids to Work Day, National Day of Mourning, Bell Talks Day, Mental Health Week and Random Act of Kindness Day.

**VOLUNTEER DEPARTMENT**

Brain Injury Community Re-Entry continues to maintain a strong base of dedicated volunteers who devote their time and energy assisting our participants and furthering the interests of the agency. In total approximately 45 outstanding individuals have volunteered approximately 4000 hours of their time to BICR over the past fiscal year.

BICR has supervised and mentored twenty two students from local college and university programs including: Social Service Worker (SSW), Educational Assistant-Special Needs Support (EASNS), Recreational Therapy and Human Resources. Recruitment continues to be aided by strong student volunteers who have demonstrated their skills and abilities through

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placements and moved on to paid employment with the Agency. In fact, BICR hired three former student volunteers during the 2017-2018 fiscal year and will continue to look at its pool of student volunteers as hiring needs arise.

Moreover, friendly visiting volunteers continue to enhance the programs developed for our participants. By assisting with activities such as speech therapy sessions, art groups and physical fitness routines, they provide an additional means of support and encouragement for all of those involved.

Additionally, BICR has a dedicated group of volunteers in non-front line roles. Most of the volunteers involved with the Agency's monthly Bingo sessions and Annual Golf Tournament are long standing volunteers who have dedicated their time for a number of years.

Likewise, participants continue to take advantage of opportunities to volunteer for agency fundraising events such as the annual Golf Tournament. Providing this occasion to give back to BICR is not only beneficial for the volunteer participants but for the agency as a whole.

**SUMMARY**

During the coming year, Human Resources will continue to focus on its HR Strategic Plan which means seeking to establish a vision and mission not just for human resource effectiveness, but also for overall organizational effectiveness. We will focus on creating a skilled and engaged workforce that is adaptable, that can respond quickly to changing requirements and demands, and that is energetic and motivated. Moreover, we will also focus on creating an inclusive workforce, one that embraces diversity reflective of the various cultures within the community, and that operates in an environment based on dignity, respect, fairness and equality, where everyone feels valued.

Furthermore, to help the agency prepare for the loss of knowledge and leadership that will result from retirements and attrition, our intent is to develop leadership skills, knowledge and abilities at all levels of the organization. Likewise, by employing best practices in all areas of human resource management, including recruitment, health, safety, wellness, change management and employee relations we will be able to effectively respond to changes in the internal and external environment that may occur quickly with little notice.

Therefore, as a strategic partner, the HR team is committed to maximizing the productivity of the agency by optimizing the effectiveness of its employees, in order to actively contribute to the agency's overall strategic directions.

**ERICA LAPLANTE**  
**DIRECTOR OF HUMAN RESOURCES**

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With the 2017/2018 fiscal year now behind us, it's that time again to pause and reflect on the agency activities that transpired over the past year and the impact these had on BICR financially and operationally. Some of the more significant items, in terms of resources acquired for the agency, included a new kitchen at Richardson Court, some minor physical changes at Promenade Richelieu to enhance individual safety and finally the acquisition of two new agency vehicles. As part of the ongoing Strategic Information Systems Plan (SISP), several computers and laptops were purchased while various network applications were either added or modified. In addition, the Terms of Reference related to membership for the Quality Committee changed this year to include more front-line Senior Staff and less management staff. Finally, work to operationalize the Strategic Direction - Transportation, in collaboration with two other members of the management team, is still in the early stages of being implemented.

After 26 years, the original kitchen at the Richardson Court residence was replaced. This change included new cupboards, floor, plumbing and electrical. Slight modifications to the existing floor plan made it safer, much more user friendly by increasing the number of work areas and adding more storage options. Many thanks are extended to Susan Poch at the Housing Services Unit of the Ministry of Health and Long-Term Care in providing funding to make this happen.

At Promenade Richelieu, fire code and monitoring were updated to current regulations. This will provide for a much safer environment for residents and staff. In addition, lighting has been added to the parking lot at this same site. It is hoped that participants and staff will be able to see more and feel safer when accessing or leaving vehicles during non-daylight hours.

During the 2017 season, Cemetery Gardening Angels continued to flourish and grow. A new truck was leased in the spring for this program to reduce fuel consumption and avoid the repair costs necessary to maintain an older vehicle. This business continues to gain traction so we are managing the increasing demand for this service at a moderate pace.

BICR was also able to purchase a new van to be shared between the residences located at Bowden Street, Fort Erie as well as St. Paul Street and Buckley Towers in Niagara Falls. This vehicle will assist in getting participants with mobility issues or complex care issues to medical/care appointments, therapeutic recreational activities and other services including groceries and banking within and outside of their home community. Getting people out supports their independence and also keeps them socially active and engaged. Many thanks are extended to Amy Herskovitz at the Community Support Services Unit (Ministry Managed Program or MMP) of the Ministry of Health and Long-Term Care.

As part of the Strategic Information Systems Plan (SISP), several computers and laptops were replaced again this year. In addition, programming changes were made to software applications so that scheduling requests and changes can now be made on-line by staff from virtually anywhere they are working. Other changes to applications were made related to setting user access rights as well as accommodating for documentation by the Psychologist, Social Worker and Intake Coordinator which will provide for much more robust files. In addition, the MMP also provided funds to replace our existing participant database (Tracker) and start the infrastructure to integrate other applications. Again, many thanks are extended to Amy Herskovitz at the Community Support Services Unit (Ministry Managed Program or MMP) of the Ministry of Health and Long-Term Care.

As previously noted, the Terms of Reference for the Quality Committee changed at the beginning of this year to include more senior front-line staff and fewer management staff. This has been a learning year for both past and present

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committee members in terms of sharing information and implementing changes. As always, the overall goal is to provide the highest quality of care regarding the participant and family experience.

With the Strategic Direction adopted last year related to Transportation, the Transportation Committee has reviewed internal practices, surveyed many people and is in the process of updating related forms and procedures. We hope to have the new transportation agreements and practices in place very soon to offer participants options to enhance their Individual Support Plan goals and increase opportunities in a more fair and equitable manner.

By ushering in the new fiscal year, we will continue to review and improve financial practices where feasible. We look at ways to employ technology to further reduce paper usage and make other incremental changes to ensure all agency resources are used economically, effectively and efficiently.

Very sincere appreciation is extended to Jamie Bird and Toni Bessette for their ongoing and tireless commitment to BICR and this department in the multitude of functions that they perform every day in supporting the needs of staff, participants and all other agency stakeholders.

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



1  
PARTRIDGE IGGULDEN LLP  
CHARTERED PROFESSIONAL ACCOUNTANTS

WALLACE PARTRIDGE, CPA, CA  
LAWRENCE IGGULDEN, Hons. B.A., FCPA, FCA  
ALAN SIMPSON, B.B.A., CPA, CA  
ELISEO SINOPOLI, Hons. B. Admin., CPA, CA  
TIMOTHY NELLES, B.Acc., CPA, CA

## INDEPENDENT AUDITOR'S 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, 2018, 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 the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on the 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 auditor's 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 in our audit is sufficient and appropriate to provide a basis for our qualified audit opinion.

### **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.

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

**Basis for Qualified Opinion** (continued)

Note 1 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 Organization's statement of financial position 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 accounting standards for not-for-profit organizations 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 accounting standards for not-for-profit organizations 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, the financial statements present fairly, in all material respects, the financial position of Brain Injury Community Re-Entry (Niagara) Inc. as at March 31, 2018 and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

St. Catharines, Ontario  
June 13, 2018



**PARTRIDGE IGGULDEN LLP**  
Chartered Professional Accountants  
Licensed Public Accountants

**BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.****STATEMENT OF REVENUE AND EXPENSES****YEAR ENDED MARCH 31, 2018**

	<u>2018</u>		<u>2017</u>	
<b>REVENUE</b>				
Ministry of Health	\$ 5,919,183	91.1 %	\$ 5,919,183	91.1 %
Ministry of Health - Richardson Court Facility	74,394	1.1	72,164	1.1
Fee for service	412,788	6.4	432,045	6.6
Rental income	76,965	1.2	73,358	1.1
S.E.E.D. grants	10,397	0.2	7,650	0.1
	<u>6,493,727</u>	<u>100.0</u>	<u>6,504,400</u>	<u>100.0</u>
<b>EXPENSES</b>				
Building and grounds				
Amortization	26,143	0.5	25,231	0.4
Occupancy costs	169,226	2.6	144,602	2.2
Interest on long-term debt	17,863	0.3	18,775	0.3
Utilities	43,952	0.7	49,428	0.8
Maintenance	112,555	1.7	122,323	1.9
Contracted out	19,522	0.3	21,918	0.3
Employee benefits	671,179	10.3	661,808	10.2
Equipment and software development	54,899	0.8	32,651	0.5
Insurance	53,340	0.8	48,137	0.7
Office	17,399	0.3	20,520	0.3
One time moving expenses and leaseholds	-	-	114,791	1.8
Participant costs	135,668	2.1	123,303	1.9
Professional fees	17,534	0.3	18,989	0.3
Supplies	60,120	0.9	65,727	1.0
Telephone and general expenses	74,306	1.1	74,668	1.1
Training	43,013	0.7	37,350	0.6
Transfer to facility Reserve Fund	2,493	-	1,593	-
Vehicle and travel	170,291	2.6	144,160	2.2
Wages	4,825,958	74.3	4,726,725	72.7
	<u>6,515,461</u>	<u>100.3</u>	<u>6,452,699</u>	<u>99.2</u>
Expense recoveries	(115,027)	(1.8)	(111,242)	(1.7)
	<u>6,400,434</u>	<u>98.5</u>	<u>6,341,457</u>	<u>97.5</u>
<b>OPERATING SURPLUS</b>	93,293	1.5	162,943	2.5
<b>MINISTRY OF HEALTH FUNDING REPAYABLE</b>	<u>(69,703)</u>	<u>(1.1)</u>	<u>(51,041)</u>	<u>(0.8)</u>
<b>NET OPERATING SURPLUS</b>	<u>\$ 23,590</u>	<u>0.4 %</u>	<u>\$ 111,902</u>	<u>1.7 %</u>

**BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.****STATEMENT OF REVENUE AND EXPENSES****YEAR ENDED MARCH 31, 2018**

	<u>2018</u>		<u>2017</u>	
<b>REVENUE</b>				
Ministry of Health	\$ 5,919,183	91.1 %	\$ 5,919,183	91.1 %
Ministry of Health - Richardson Court Facility	74,394	1.1	72,164	1.1
Fee for service	412,788	6.4	432,045	6.6
Rental income	76,965	1.2	73,358	1.1
S.E.E.D. grants	10,397	0.2	7,650	0.1
	<u>6,493,727</u>	<u>100.0</u>	<u>6,504,400</u>	<u>100.0</u>
<b>EXPENSES</b>				
Building and grounds				
Amortization	26,143	0.5	25,231	0.4
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	<u>6,515,461</u>	<u>100.3</u>	<u>6,452,699</u>	<u>99.2</u>
Expense recoveries	(115,027)	(1.8)	(111,242)	(1.7)
	<u>6,400,434</u>	<u>98.5</u>	<u>6,341,457</u>	<u>97.5</u>
<b>OPERATING SURPLUS</b>	93,293	1.5	162,943	2.5
<b>MINISTRY OF HEALTH FUNDING REPAYABLE</b>	<u>(69,703)</u>	<u>(1.1)</u>	<u>(51,041)</u>	<u>(0.8)</u>
<b>NET OPERATING SURPLUS</b>	<u>\$ 23,590</u>	<u>0.4 %</u>	<u>\$ 111,902</u>	<u>1.7 %</u>

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**DONATIONS AND SPONSORSHIP**  
**2017-2018**

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<b>DONATIONS AND SPONSORSHIPS 2017-2018</b>		<b>DONATIONS IN MEMORY</b>
Beatties Basics	Luc Savoie	Anthony Paul
Bestway Bedding	Marlin Travel	Donald Dolan
Brooks and Welch LLP	Meridian Credit Union	Linda Grecco
Canada's Pro Plumbing & Rooter Inc.	Micro Tech Niagara Inc.	Beth Neufeld
David Shapiro Barrister & Solicitor	Minuteman Press	
Dempsters Bread Niagara Falls	Mountainview Properties	
Designs by Santy Inc.	Partridge Iggulden Inc.	
Diana Marshall	Patricia Fryer Associates Inc.	
Durward Jones Barkwell & Co.	Royal LePage – Karl Regier	
Family First Pharmacy	Strada West	
Frank's Feather and Fin Ltd.	Thorold Foodland	
Guy Rizzo	Walker Industries Holdings	
Harvey Movers	Youngs Insurance	
James Wilder		

We would also like to recognize the many individuals who have contributed to our agency during the 2017-2018 fiscal year. A special thank you to all!!



**Brain Injury  
Community Re-entry**  
(NIAGARA) INC.

*Turning the Key to Opportunity in Niagara since 1988*

## **CONTACT INFORMATION**

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