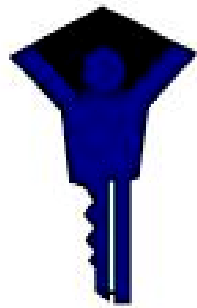


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**ANNUAL REPORT  
2006-2007**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**ANNUAL REPORTS**  
**2006-2007**

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PRESIDENT'S ANNUAL REPORT  
2006-2007

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It is my pleasure to welcome all to our 19<sup>th</sup> Annual General Meeting. Another year has gone by and a very busy year for Brain Injury Community Re-entry (Niagara) Inc. (BICR), and its' Board of Directors. A new Board member has come aboard in September 2006, making a total of 11 members.

In the past year we received a successful accreditation from the Canadian Council of Health Services, and again I would like to congratulate and thank all staff and those involved for helping in receiving this successful accreditation.

We had a community open space get together this spring, which again was well attended. The information received will assist the Board of Directors with strategic planning in the coming years.

As mentioned, at last years AGM, we are still attempting to purchase property for a new residence for 6 clients in the Welland area, and with on going negotiations we are hoping that by the fall we will have a location.

A couple of our Management staff have moved on and vacancies have been filled by very capable persons.

I would like to thank the Board of Directors for there continued and helpful interest in BICR and especially the staff for making BICR as successful as it is. May everyone have a safe and healthy summer.

NICK OSTRYHON  
PRESIDENT

**RAPPORT DU PRÉSIDENT  
2006-2007**

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C'est avec plaisir que je vous souhaite la bienvenue à la 19<sup>e</sup> assemblée générale annuelle. Le Centre Réintégration communautaire des personnes ayant une lésion cérébrale (Niagara) et son conseil d'administration ont connu une année fort occupée. En septembre 2006, un nouveau membre s'est joint au conseil, portant à 11 le nombre de membres.

Au cours de la dernière année, nous avons reçu l'agrément du Conseil canadien d'agrément des services de santé et j'aimerais une fois de plus féliciter et remercier le personnel et les personnes qui ont contribué à son obtention.

Par ailleurs, nous avons tenu un forum communautaire ce printemps, qui, comme d'habitude, a affiché un excellent taux de participation. Les renseignements recueillis aideront le conseil d'administration en matière de planification stratégique dans les années à venir.

Comme ce fut mentionné à l'AGA de l'an dernier, nous tentons toujours de faire l'acquisition d'un terrain dans la région de Welland pour y construire une nouvelle résidence pouvant héberger six clients. Les négociations se poursuivent et nous espérons avoir un emplacement d'ici l'automne.

Quelques membres de la direction nous ont quittés et ont été remplacés par des personnes des plus compétentes.

Enfin, je tiens à remercier le conseil d'administration de l'intérêt continu et utile qu'il manifeste envers le Centre Réintégration communautaire et, surtout, le personnel, qui assure la réussite du Centre. Je souhaite à tous un été sain et sauf.

**NICK OSTRYHON  
PRÉSIDENT**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
EXECUTIVE DIRECTOR'S ANNUAL REPORT  
2006-2007

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Brain Injury Community Re-entry (Niagara) Inc. (BICR) is celebrating 19 years of service delivery in the Niagara Region to individuals with an acquired brain injury. This year has been marked with many changes in our Management team, however with change, the agency is allowed to experience new ideas. BICR is so fortunate to have a stable and committed Board of Directors, which allows for a shared vision of service delivery. This spring we once again began the process of Strategic Planning with our open space format and involvement of participants, family members and community partners. The Board has been able to identify four new directions and they are as follows:

1. Patient Safety as a result of CCHSA compliance.
2. Assess new initiatives for funding based upon demographic information from Intake, LHIN 4 and our partnership with OACBABIS.
3. BICR will enhance awareness of our services and increase quality of lifestyle opportunities for our participants.
4. Increase and foster linkages with community partners while coordinating services and providing educational opportunities. This will increase service coordination for all participants which can be either finite or short term depending on individual requirements.

The Management team will now begin the process of making these four directions measurable in a balanced scorecard format.

BICR has once again received a training excellence award for our staff orientation and continued staff training modules. This award was presented by the Niagara Training and Adjustment Board (NTAB) and our training was commended by the Canadian Council on Health Services Accreditation (CCHSA) during our accreditation process. This year was marked with a CCHSA accreditation visit in May of 2006. BICR received a full three-year accreditation and received commendations for training program involvement, of family and participants in planning and patient safety.

During the past year the agency has worked with the Ministry of Community and Social Services from the province of Nova Scotia to provide services to an individual requiring residential care. BICR has made significant strides with this individual that will allow him to return to Nova Scotia and live in semi independent environment. Our staff will return with this individual to help train staffing in Nova Scotia and ensure that the services he will obtain will be sufficient for his continued development. I must commend the mental health services in the province of Ontario in helping to stabilize medication requirements for many of our participants. This has allowed the staff at BICR to make significant gains for our participants and allow increased rehabilitation activities.

BICR continues to work very closely with the new Local Health Integrated Network (LHIN) system of health services in the province of Ontario. Both the writer and Sandra Harding have been on committees that allow input by community service organizations to ensure our local LHIN 4 has the correct information to make decisions. The writer continues to be the representative on the Provincial Acquired Brain injury Advisory Committee (PABIAC) for our LHIN 4 area and therefor have had the opportunity to direct acquired brain injury services at the Ministry level.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**EXECUTIVE DIRECTOR'S ANNUAL REPORT**  
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BICR continues to attempt to acquire land to build a new residential site, which will replace our St. Lawrence site. The Board of Directors is committed to providing an environment that will allow the best possible rehabilitation support to occur. The current site is very cramped and not conducive to congregate living.

This year marks the 10<sup>th</sup> annual golf tournament that will occur on Monday, September 10<sup>th</sup>, 2007 at Bridgewater Golf and Country Club in Fort Erie. To date, the agency has raised over \$100,000 from these events. The continued third party funded contracts, over the past year, has allowed BICR to provide more supports to participants on our waitlist. BICR's commitment has been and continues to be ensuring equitable service delivery to all of our participants.

I would like to take this opportunity to thank the Board of Directors, Management staff, front line staff, and volunteers for all of their continued support to our organization. Our joint vision has allowed superior service delivery in the Niagara region for persons suffering from the affects of acquired brain injury to continue. I am again amazed at the amount of work and results from our strategic planning sessions. This venture continues to demonstrate that all of our stakeholders and staff are committed to making BICR a great provider of ABI services.

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

RAPPORT ANNUEL  
RAPPORT DU DIRECTEUR GÉNÉRAL  
2006-2007

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Le Centre Réintégration communautaire des personnes ayant une lésion cérébrale (Niagara) célèbre 19 années de prestation de services aux personnes ayant une lésion cérébrale acquise de la région de Niagara. Bien que la direction de l'organisme ait connu de nombreux changements cette année, ces changements ont donné lieu à de nouvelles idées. Le Centre est privilégié de pouvoir compter sur un conseil d'administration stable et dévoué, ce qui favorise l'adoption d'une vision commune de la prestation de services. Ce printemps, nous avons encore une fois entrepris le processus de planification stratégique dans le cadre d'un forum ouvert regroupant les participants, les membres de leur famille et les partenaires communautaires. Le conseil a retenu les quatre nouvelles orientations suivantes :

1. Assurer la sécurité des patients, à la demande du Conseil canadien d'agrément des services de santé (CCASS).
2. Évaluer les nouvelles initiatives de financement à partir de données démographiques fournies à l'accueil, par le RLISS 4 et notre partenariat établi avec OACBABIS.
3. Sensibiliser la population aux services du Centre Réintégration communautaire et augmenter le nombre de possibilités d'amélioration de la qualité du mode de vie des participants.
4. Augmenter et favoriser les liens avec les partenaires communautaires tout en coordonnant les services et en offrant des possibilités d'éducation. La coordination des services en sera améliorée pour tous les participants pendant une durée limitée ou à plus long terme, selon les besoins de chacun.

La direction s'emploiera maintenant à rendre ces quatre orientations mesurables au moyen d'un tableau de bord équilibré.

Le Centre a une fois de plus reçu un prix d'excellence en formation grâce à l'orientation qu'il assure à son personnel et aux modules de formation continue qu'il offre à celui-ci. Ce prix a été décerné par le Niagara Training and Adjustment Board (NTAB) et notre programme de formation a été reconnu par le Conseil canadien d'agrément des services de santé (CCASS) dans le cadre du processus d'agrément. En effet, une visite d'agrément du CCASS a eu lieu en mai 2006. Le Centre s'est vu accorder un agrément de trois ans et s'est fait féliciter pour l'apport des familles et des participants à la planification du programme de formation ainsi que pour les efforts déployés en matière de sécurité des patients.

Au cours de l'année écoulée, l'organisme a collaboré avec le ministère des Services sociaux et communautaires du Scotia de Nova pour fournir des services à une personne nécessitant des soins en établissement. Grâce aux progrès remarquables réalisés par le Centre auprès de ce participant, ce dernier pourra retourner au Scotia de Nova pour vivre une vie semi-autonome. Un membre de notre personnel l'y accompagnera pour offrir une formation au personnel du Scotia de Nova et pour s'assurer que les services fournis favoriseront le développement continu du participant. Dans un autre ordre d'idée, je tiens à féliciter le personnel du secteur des services de santé mentale de l'Ontario d'avoir aidé à stabiliser les besoins de médicaments chez bon nombre de nos participants. Son soutien a permis au personnel du Centre d'en accomplir davantage pour les participants et d'augmenter les activités de réadaptation.

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Le Centre continue à travailler en étroite collaboration avec les responsables du nouveau système de réseaux locaux d'intégration des services de santé (RLISS) mis en place en Ontario. L'auteur et Sandra Harding siègent à des comités qui permettent l'apport d'organismes de services communautaires pour s'assurer que notre RLISS, soit le RLISS 4, dispose des renseignements nécessaires à la prise de décisions. L'auteur continue à représenter la région du RLISS 4 au comité consultatif provincial sur les lésions cérébrales acquises (PABIAC). Par conséquent, il a la possibilité d'orienter, à l'échelle du Ministère, les services aux personnes ayant une lésion cérébrale acquise.

Le Centre poursuit ses efforts visant à faire l'acquisition d'un terrain destiné à la construction d'une nouvelle résidence, qui remplacerait la résidence St. Lawrence. Le conseil d'administration se fait un devoir de fournir un milieu qui favorisera le plus possible la réadaptation. L'emplacement actuel est trop petit et ne se prête pas bien à l'hébergement en commun.

Par ailleurs, cette année marque le 10<sup>e</sup> anniversaire du tournoi de golf annuel, lequel aura lieu le lundi 10 septembre 2007 au Bridgewater Golf and Country Club, à Fort Érié. Jusqu'à maintenant, cet événement a permis au Centre de recueillir 100 000 \$. En outre, les contrats financés par des tiers au cours de la dernière année ont permis au Centre d'offrir plus de mécanismes de soutien aux participants dont le nom figure sur sa liste d'attente. Le Centre continue à s'engager à assurer la prestation équitable de services à tous ses participants.

Enfin, j'aimerais profiter de l'occasion pour remercier le conseil d'administration, la direction, le personnel de première ligne et les bénévoles de l'appui soutenu qu'ils accordent à notre organisme. Notre vision commune permet la prestation de services de qualité supérieure dans la région de Niagara aux personnes qui souffrent des séquelles d'une lésion cérébrale acquise. Je suis une fois de plus stupéfait du travail accompli lors de nos séances de planification stratégique et des résultats y en ont découlé. Ces séances continuent à témoigner de l'engagement de tous nos intervenants et de notre personnel à faire du Centre Réintégration communautaire un fournisseur de services hors pair aux personnes ayant une lésion cérébrale acquise.

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

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**ACCOUNTING & FINANCE ANNUAL REPORT**  
**2006-2007**

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The past year has provided many opportunities for the enhancement of practices and continued growth within the accounting department and for the agency as a whole. Preparing for the CCHSA visit earlier in the year and involvement in external committees including representation on the LHIN 4 Community Support Services Network have added to the development of the agency. Fundraising, record fee for service revenues and increased Ministry of Health funding allowed for one-time purchases including a new agency van, much needed equipment and other resources that are necessary in providing first-rate services. We also saw the final outcome of the first three-year Balanced Scorecard model of performance measurement.

The successful CCHSA accreditation process provided insight into our agency's strengths as well as opportunities for growth and development. As an active member of the Leadership and Partnership Committee, time was spent reflecting on existing systems and practices with a focus on potential areas for immediate action and other areas for future consideration and development.

Involvement in external committees provided an opportunity to network and to advocate for improvements to our greater community. The Niagara Region Inter Agency Transportation Network actively worked with the Ministry of Health, the Niagara Region, Red Cross and Community Support Services of Niagara to improve existing accessible transportation options within the region and to advocate for enhanced services in areas where few or none exist. Involvement in the LHIN 4 Community Support Services Network provided a voice for community based services to the LHIN 4 (the new operating arm for the Ministry of Health). During the year, this group gained much momentum and visibility within the community. We will continue to develop this network of agencies for the betterment of individual and community health and access to services.

In addition, as the Ministry of Health hands over service agreements to LHIN 4 for approximately 80 CSS agencies in the Region, we have been grappling with how agencies will operate under the new health care model. We understand that organizations will operate with three-year service agreements and report financial and statistical data using MIS compliant tools. While BICR has volunteered to start reporting using these new tools in the current fiscal year, our original operating agreement with the Ministry of Health will not change until the 2009/2010 fiscal period.

With a significant increase in funding, fundraising, and third party revenues, we were able to purchase a new wheelchair accessible van, update several computer systems, purchase therapeutic recreational services and contract for development and replacement of the much needed scheduling software. In addition, the Ministry of Health has promised another 1.5% increase to our base budget starting in the new fiscal year.

At the end of March 2007, we also saw the conclusion of our first round at the Balanced Scorecard initiative. This model of performance measurement provided much insight into the indicators that we were monitoring. With the review of the Strategic Directions that are based on the Community Open Space Forum in early March, plans are underway to modify some of the measures to better capture agency performance, create a transparent reporting model and use the results to guide decision-making.

Over the next few months, the new Strategic Directions will be operationalized and monitored using Balanced Scorecard indicators that will be introduced agency-wide. We will also adopt the MIS reporting standards required by the Ministry of Health as we move toward creating a legacy for those who follow.

Many thanks are extended to Jamie Bird and Sue Keus in the Accounting Office for their ongoing support, commitment and dedication to their job and to this agency.

**SANDRA HARDING**  
**DIRECTOR OF FINANCE**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**HUMAN RESOURCES DEPARTMENT ANNUAL REPORT**  
**2006-2007**

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Staff changes in the Human Resources Department have been significant during the 2006-2007 year. These include:

- Murray Odesse resigned his position as head of the Department in early summer, 2006.
- A new Director of Human Resources – Cindy Paskey – started in late September, 2006.
- The Volunteer Coordinator – Beth Neufeld – accepted a different position within the Agency.
- Paula Cutler resigned from her position of Human Resources Coordinator in late March.

These staff changes provided the opportunity to realign some job duties. Jacqueline Buchanan will be responsible for staff and volunteer recruiting and selection. These duties will be absorbed within a 4-day workweek with administrative assistance being provided by the Agency's Administrative Department. The Education Coordinator position will be posted and André Moreau - a Niagara College co-op student – will assist with a variety of day-to-day activities until his assignment finishes at the end of December, 2007.

The Joint Health and Safety Committee experienced a busy half-year. While the Agency has a solid health and safety program in place, an unannounced October Health and Safety inspection by the Ministry of Labour resulted in two Orders. The inspection was to be expected, given that Ontario's Ministry of Labour is making a concerted effort to inspect more work places throughout the province. Therefore, the Committee recommended a more comprehensive Infection Prevention and Control policy. This policy was reviewed by Niagara Region Public Health and was adopted by the Agency. The Committee also completed a thorough review of all Agency health and safety policies and procedures.

The 2006 CCHSA Accreditation resulted in an Environment/Human Resources Committee being struck. This Committee will meet periodically to address recommendations arising from the review.

BICR is a highly participatory work place. When the Agency learned of a substantial increase to benefit premiums, changes to employee benefit provisions became necessary to absorb increased costs. Employee feedback by means of a benefits survey formed the basis for the decision to maintain benefits at their current levels. This required employees to pay a greater share of the premiums.

Increases in employee-paid benefit costs were partly offset by a wage increase, made possible through an increase in the Agency's base funding from the Ministry of Health and Long-Term care.

Recruiting and orientation for staff and volunteers are regular activities. Turnover is inevitable, as are leaves of absence for pregnancy and parental leaves and internal promotions / transfers that impact other positions. Overall, the Agency's turnover rate is at an acceptable level. Changes to recruiting procedures have expanded the pool of applicants and we are proud of our ability to attract qualified candidates. Long-term retention can be a challenge, given a robust employment market. Successful retention tools are the Agency's focus on training and professional development, quality performance, a healthy and participatory work place, benefits for permanent part-time employees as well as permanent full-time employees, flexibility that addresses demographic needs and a commitment to clear and regular employee communication.

Open Space provided important community and partner feedback that formed the basis for the Board to establish Agency-wide goals. Staff in the Human Resources will assist with communicating and cascading these goals into meaningful directions for all staff. We look forward to continuing as a strategic partner, helping every employee fulfill his/her commitment to the health, safety and well-being of participants with whom we work.

**CINDY PASKEY**  
**DIRECTOR, HUMAN RESOURCES**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**HUMAN RESOURCES COORDINATOR ANNUAL REPORT**  
**2006-2007**

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**GENERAL OVERVIEW**

The 2006/07 fiscal year was a year of many changes. The departure of some employees created a "ripple-effect" which prompted some creative solutions to ensure continuous quality service for the participants. A total of 35 position changes occurred including promotions, transfers, and interim arrangements including coverage for 7 maternity/parental leaves.

Recruitment remained a focus this year and thirty-two new staff members joined the team in various capacities. We successfully recruited a Director of Human Resources, Residential Program Manager and full-time Clinical Social Worker, along with several front-line clinical positions.

A total of thirty-five employees left BICR during the year, which is higher than last year's total of twenty-six. Once again there was a trend of employees relocating outside of Niagara. This trend was reflected in the statistics. Twenty-eight percent of departed employees left BICR to relocate, which is a significant increase from 15% in 2005/06 and 7% in 2004/2005.

BICR experienced a slight decrease in employees leaving to accept work elsewhere 28% compared to 32% last year and 35% in the 2004/05 fiscal year. This compares favourably with other similar agencies.

Department or position	Number of new employees
Management	1
Social Worker	1
Rehabilitation Counsellors	21
Night Rehabilitation Counsellors	2
Facilitators	3
Coordinators	1
Administration	0
Students-paid	3
<b>TOTAL</b>	<b>32</b>

**HIGHLIGHTS**

- Three employees were acknowledged in recognition of fifteen years of service. One employee celebrated ten years and seven employees were acknowledged for five years with BICR.
- BICR participated in community recruitment activities including "Employers in the Hall" at Niagara College and a Career Fair at Brock University.
- The Wellness Committee once again received the Gold Award from Healthy Living Niagara in recognition of its efforts to provide BICR employees with a healthy workplace.
- BICR was able to secure funding through the Summer Career Placement program to employ two summer students.
- There was an increase of potential candidates applying on-line through the company website. Many identified that the information on the website was very professional and useful.

**CHALLENGES**

- Several individuals were on leave of absence this past year, which generated a lot of recruitment activity to ensure shift coverage.
- Recruitment and retention of Night Rehabilitation Counsellors continues to be a challenge.
- New recruitment and promotional materials are necessary in order to remain current and competitive (i.e. revised company logo, professional promotional materials).

**PAULA CUTLER, CHRP**  
**HUMAN RESOURCES COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
EDUCATION COORDINATOR ANNUAL REPORT  
2006-2007

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**GENERAL OVERVIEW**

The focus in the education department during the past year remained on delivering the most effective and efficient training possible. Attendance at mandatory core training increased to an average of 95% of staff. This builds on last year's increase to make an 80% increase at mandatory training over the past two years. Greater communication and easier tracking contributed to this jump. The fact that 95% of staff attend the training lowers our exposure to risk and liability. The pre and post tests introduced last year have gained acceptance and the results continue to provide important information regarding the effectiveness and retention of the topics covered.

In February, BICR once again won the Niagara Training and Adjustment Board and the Business Education Council of Niagara award for Training Excellence and in recognition of our previous wins, the award was named the Training Excellence Recognition Award Wall of Excellence. The award was presented to Jacqueline Buchanan at the Business Education Council partners' breakfast, which was attended by over 700 people and televised on Cogeco.

WHMIS has been deemed necessary on a bi-annual basis for front-line, clinical staff going forward and one-time only for support staff. Other topics covered over and above the mandatory core curriculum included:

- Conflict Resolution
- Transitioning to long-term care
- Suicide intervention
- Information Session on ODSP
- Sign Language
- Various wellness initiatives

The sign language session was presented in the hopes that this will become the cornerstone of a long-term relationship with the Applied Linguistics Department at Brock University. Various participants have challenges with expressive language and the gestures learned through that session could open up a wealth of possibilities. The Education Co-ordinator continued building partnerships in the community by facilitating external sessions at the Red Cross, Fletchers & Associates, Information Niagara.

Orientation sessions occurred at numerous times throughout the year prompting the process to be streamlined with the result that for smaller groups the same content can be delivered in fewer days. An addition to the orientation program has been a session on Participant Safety.

**CHALLENGES & RECOMMENDATIONS**

- Finding CIM and WHMIS facilitators, the possibility exists that more train-the-trainer sessions will have to occur
- Establishment of an education library, at least partly online
- Expanding the Brain Basics course to assist with family members newly dealing with a diagnosis
- Continue to build community partnerships
- Maintain the high attendance rate and continue to find relevant and effective training sessions.

JACQUELINE BUCHANAN, MBA, CHRP  
EDUCATION COORDINATOR

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

It may be for personal gain or due to a truly altruistic nature; the reasons vary, but, for the over 12 million Canadians who donated their time over the past year the end result was the same. Volunteers made a positive difference in the lives of other people. Brain Injury Community Re-Entry (Niagara) Inc. (BICR) was one of the agencies that benefited greatly from this donation of time and knowledge.

The year ended on a note of change for this position. The incumbent Volunteer Coordinator accepted another position within the agency in February of 2007. Other staffing changes led to the position being incorporated, on a temporary basis, into the Education Coordinator position and then into the HR Coordinator position, until the end of the calendar year.

The number of active volunteers was on average 25 per month with the average number of hours being 271. While this represents a slight drop in numbers of volunteers over last year, it represents an increase in the number of hours volunteered each month. BICR continues to have volunteers active in BINGO, fundraising, public relations, friendly visiting and on the Board of Directors. A highlight is that two volunteers have reached the 10-year service length this year and one volunteer was recognized for 5 years of service last year. Dr. David Jordan, a board member was recognized for his 10 years of service to the agency at the City of St. Catharines Volunteer Recognition Night. Mr. Dick Wendel has assisted with BINGO since 1997 and will be recognized at the Agency's 2007 Annual General Meeting for his contributions.

BICR continues to partner with local post-secondary institutions to place students in work situations. These students have been active in the residences as well as in the COSS and Modular Services programs. This partnership is especially valuable as many of the volunteers express interest in future employment with the agency. For recruiting purposes, we have also participated in volunteer fairs at Brock University, Niagara College and at the Pen Centre. The affiliation with the Regional Association of Volunteer Administrators (RAVA) continues to provide useful information.

**CHALLENGES AND RECOMMENDATIONS**

- Since the provincial non-smoking ban has been enacted the revenues from BINGO have decreased significantly, leading to a decrease in the number of bingos run. It is now held once a month.
- The reliability of student volunteers continues to be a challenge
- Not all staff are willing to supervise students, which presents some challenges as students need a resource to go to with questions or concerns.
- Maintaining accurate records due to the transient nature of students is also a challenge for record keeping and tracking.
- Efforts will be made to increase the use of volunteers in more clinical / front line positions, which could assist our staff move forward on other programming initiatives.
- Partnering with community resources to a higher degree to assist in recruiting and retaining volunteers.

**JACQUELINE BUCHANAN, MBA, CHRP**  
**VOLUNTEER COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
ADMINISTRATION DEPARTMENT ANNUAL REPORT  
2006-2007

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It has been a year of transition for the Administration team as the agency restructured the department in 2006. As of September, two of the agency's Office Secretary's were re-assigned and now report to the Executive Director and the Modular Services Program Manager respectively. The remaining Office Secretary, Records Secretary, Scheduler and Administrative Assistant continue to report to the writer, now in a new role as Project Manager. As well during this time, there were hiring challenges to find secretarial candidates to cover a maternity leave vacancy and there was staff turnover within the department and in various departments throughout the agency. During these changes, administrative support staff did a fine job of supporting and meeting the needs of participants and staff.

BICR once again successfully received a Three-Year Accreditation Award from the Canadian Council on Health Services Accreditation (CCHSA). Preparations for the CCHSA survey visit consumed a significant amount of project time early in the fiscal year. Two CCHSA surveyors conducted intensive on and off-site reviews from May 14 to May 17, 2006. The surveyors met with staff, board members, community partners, participants and their family members to discuss their experiences with BICR. The surveyors also interviewed the five BICR accreditation teams that had met over a period of several months to complete a comprehensive self-assessment questionnaire.

Later in the year, CCHSA invited the agency to participate in a Patient Safety Performance Measures Pilot Project. One of the very few agencies in Canada to participate in the process, it allowed BICR to have the opportunity to provide feedback on the following question: "Can organizations accurately calculate and provide data to CCHSA on a regular basis?" The five focus areas for the assessment were Patient Safety Culture Survey, Medication Reconciliation at Admission, Patient Safety Education, Health Care Associated Infection and Surgical Site Infection (not applicable to BICR). In 2007, the agency will receive the results of this study from CCHSA.

It was also an exciting year for development of Strategic Information Systems initiatives.

- In the Spring, BICR's new web site, [www.bicr.org](http://www.bicr.org) was launched with a fresh, new look and enhanced content. The updated web site now contains extensive information on the agency's services and the intake process, information for participants and families such as the Learning and Leisure Guide and Recreation Calendar, information for staff, career opportunities and information on events such as the agency's Annual Golf Tournament. It also provides links to other organizations and links to information on acquired brain injury.
- By Summer, much energy was diverted to preparing and coordinating the purchase and implementation of new computers, a new network server and software, a new back-up system, remote access technology and other systems. The purchase and rollout of new computers once again establishes the agency's commitment to being at the forefront with technological resources. Providing the agency's off-site locations with computer linkages to the main office via remote access allows all areas of the organization to join, interact and forward information in a timely manner. Two staff members are now able to work from their home. Not surprisingly, a project of this magnitude brought with it many challenges and transitional issues for users, which almost all have stabilized by the year-end.
- Throughout the year, refinements continued for the support and access of participant records housed on DocuShare. Staff also examined the supporting file management processes in order to ensure that there is collaboration between technology and record keeping processes.

As co-facilitator for the agency's strategic planning forum, held in March 2007, the writer was also involved in the preparations for this event. When developing the agency's three-year strategic plan, the board of directors will utilize the information obtained from this day.

Health and safety related initiatives continued to be a focus in the year. This writer is a member of the Participant Safety Steering Committee that met and reported to the board of directors on a quarterly basis. The committee

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**ADMINISTRATION DEPARTMENT ANNUAL REPORT**  
**2006-2007**

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reviewed Incident – Accident reports classified as a Near Miss, Error, Adverse and Sentinel Event to monitor trends and identify areas of concern. In another area, the agency's Emergency Response Plan was maintained and tested, with refinements made along the way.

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

**INITIATIVES FOR THE UPCOMING YEAR**

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With the agency's ongoing development and reliance on technology, this area will continue to be a major focus for resources in 2007/2008. Specifically, the following areas are to be considered:

- Create new custom Employee Scheduling System to replace the old software.
- Continue to integrate DocuShare to the remaining Modular Service areas and Residential sites.
- Explore and integrate electronic signature technology.
- Prepare a new Strategic Information Systems Plan.
- Providing ongoing technical and systems support to all users.

In other areas:

- Incorporate pandemic planning into the agency's Emergency Response Plan.
- Review and develop project plans to operationalize the agency's Strategic Directions.
- Continue CCHSA activity such as completing the annual Errors and Omissions Analysis, and responding to CCHSA's recommendations and suggested areas to improve.
- Review scheduling Standards and Givens.
- Participate in the coordination of BICR's 10<sup>th</sup> Annual Golf Tournament Fundraiser, to be held on September 10, 2007.

HEATHER OLSZEWSKI  
PROJECT MANAGER

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**RESIDENTIAL SERVICES ANNUAL REPORT**  
**2006-2007**

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**GENERAL OVERVIEW**

This report covers the period from April 1, 2006 – March 31, 2007. Our Residential Program currently comprises of three residential sites, Richardson Court, St. Lawrence and Parkdale Place (including a transitional Training Centre and Respite bed at St. Lawrence).

During the 2006-2007 fiscal year the agency continued with a three clinical manager model.

**RESIDENTIAL SERVICES**

The residential department provided 24-hour support to 16 participants, utilizing two Team Coordinators, five Case Facilitators and 40 Rehabilitation Counsellors.

The residential team provides daily support to the participants in order to complete all activities of daily living as well as working collaboratively with participants to meet their individual goals.

Residential services provided educational opportunities to 8 Niagara College students and 2 Med Plus students. During this fiscal year the residential program, through third party funding, provided support to one individual from Nova Scotia for a one-year contract, providing comprehensive rehabilitation, teaching lifeskills and increasing his independence.

The residential program continued to be committed to the agency's strategic goals dealing with the specific needs of our aging population and the continuing commitment to participant safety.

In keeping with the new age of advancing technology we were able to install remote access at all of the residential sites. Remote access allows the staff at each site to access the agency network increasing the efficiency at these locations.

The Team Coordinator position became vacant at St. Lawrence. Beth Neufeld was hired to fill this position. Beth is a long-term employee at BICR and provides strong leadership and dedication. Beth is a welcomed addition to the St. Lawrence team.

The basement of 116 St. Lawrence was redesigned to incorporate office space for both Case Facilitators along with the Team Coordinator. Another workspace was also integrated into this office to provide a work area in Welland for COSS Case Facilitators decreasing travel expenses.

I wish to extend my gratitude and appreciation to the dedicated staff within the residential program. The staff continues to demonstrate compassion and professionalism while providing participants with a safe and rewarding place to live.

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

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
COMMUNITY OUTREACH SUPPORT SERVICES ANNUAL REPORT  
2006-2007

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**GENERAL OVERVIEW**

The Outreach department provides variable services to approximately 124 participants. The primary role of the Outreach team is to provide rehabilitation support to individuals with an acquired brain injury based on identified goals that are mutually developed. Generally, the focus is on increasing independence and skill development. The hours of support provided vary depending on the needs of the individual. A goal attainment scale is used to assist in measuring any gains made. Therefore, our support is goal oriented, individualized and measurable to the extent possible. We also assist with many other issues as they arise thus the focus can often be on maintaining an individual within the community.

**PROGRAM INITIATIVES AND HIGHLIGHTS:**

- When BICR moved to a three manager model this past year a Team Coordinator was needed at the St. Lawrence residence. The most efficient solution was to move one of the two Team Coordinators from Outreach to Residential services. Thus Outreach has been operating with one Team Coordinator and, although it has been busy, the Manager and Team Coordinator are sharing the supervisory responsibilities of the Rehabilitation Counsellors as well as their other assigned duties. Scheduling has become an integral part of the Team Coordinator's job responsibilities and tends to provide challenges when staffing levels fluctuate and creative solutions need to be implemented.
- BICR received funding for a new Case Facilitator position responsible for providing education and support to individuals with an acquired brain injury who are currently placed in a long term care residence. This position is very active with approximately 15 individuals who are much younger than the average age of the residents. The Case Facilitator assesses the individual to determine what the needs are and how BICR might be of service. The support could be in the form of advocacy, education of the long term care staff, family support, referrals to other agencies, or community integration with BICR rehabilitation counsellors. Developing this role is challenging and exciting, as we are pioneers attempting to ensure that Niagara residents with an acquired brain injury are receiving the best service possible. It is highly likely that certain participants may transition out of the long term care facility as they can manage with less intense support. This will provide a higher quality of life and greater independence. BICR will continue to provide ongoing rehabilitation as needed.
- We have been able to add a new Case Facilitator position recently to continue addressing the wait list for Outreach support services.
- The Outreach Rehabilitation Counsellors have assumed responsibility for coordinating and co-facilitating groups in the community. Fun in the Sun will resume this summer and was well received by participants last summer. The Horticulture program is supported with Rehabilitation Counsellors and so is the PET program.
- A variety of staff including Case Facilitators and Rehabilitation Counsellors are now presenting some of the annual and bi-annual training. This provides a valuable opportunity for staff to share their knowledge and acquire additional important group facilitation and presentation skills.
- The annual Outreach/ Modular Services Christmas party was held in St Catharines and was a success due to the hard work of the many BICR staff and participants who assisted in this event.
- Several Outreach staff were involved in the accreditation process with CCHSA this past year and found that they learned a lot about various aspects of the organization as well as offering valuable contributions and expertise to the self survey.
- The annual audit of all COSS files was completed last April.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
COMMUNITY OUTREACH SUPPORT SERVICES ANNUAL REPORT  
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- Student placements continue to benefit both the program and the student. Employment opportunities can result once the students meet our academic qualifications.
- Ongoing collaboration continues with community agencies regarding transportation issues.
- Staff meetings are held monthly and community agencies are invited to present to the staff. We continue to add to our resource binder to ensure that the appropriate referrals and resources are available to our participants and family members.

**OBJECTIVES AND GOALS**

- Ongoing review and revisions to the Case Facilitator manual. The goal is to ensure consistency and to streamline our processes.
- An inservice by the Office of the Public Guardian and Trustee to all staff to provide accurate information to assist staff when working with individuals who may not be their own decision makers. Many questions arise when there is a designated Power of Attorney for individuals within the Outreach program.
- The development of a service agreement when working with participants living within a long-term care facility.
- Continued focus on health and safety when working in the community. Provide information and access to protective equipment for infection control as needed. Safety of workers as well as participants is given a high priority at BICR.
- Maintain an open door policy to receive any ideas that may further enhance the Outreach department's effectiveness and accountability.

The COSS team of Case Facilitators and Rehabilitation Counsellors continue to demonstrate commitment, dedication and a willingness to provide the best possible support to the participants with whom we work. The Outreach staff continue to grow and develop their skills by participating in team meetings, supervision, and training opportunities both on site and in the community. Having the availability of a highly skilled psychologist and on site social worker for consultation and referral is an added benefit to the staff, our participants, and their family. Thank you for the opportunity to work with such a talented and special group of people.

LINDA RAPLEY  
COSS PROGRAM MANAGER

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**MODULAR SERVICES ANNUAL REPORT**  
**2006-2007**

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**GENERAL OVERVIEW:**

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

- Case Management (2 full time Coordinator positions)
- Fee For Service (securing and overseeing 3<sup>rd</sup> party funded contracts)
- Long Term Case Facilitation (1 Case Facilitator position)
- Personal Effectiveness Training Program (1 Coordinator and 1 Rehabilitation Counsellor position)
- Recreation Services (1 Coordinator position)
- Transitional Living, Buckley Towers Apartment Program; (1 Coordinator position, 1 Case Facilitator position and 5 part time/relief rehabilitation counsellors)
- Vocational Services (1 Coordinator, 1 full time Case Facilitator Position)

**PROGRAM INITIATIVES AND HIGHLIGHTS:**

- The 2005 - 2006 fiscal year was met with a number of staffing changes, the majority of these being internal or lateral position changes that affected the Case Coordination, PET and Vocational programs. As a group, the modular services staff continue to worked together to ensure that these transitions were as seamless as possible for the participants we serve.
- While planning and review meetings vary in format and frequency with each program they continue to be an invaluable tool that allows staff to reflect and refocus on their role and direction within their individual program and within the agency as a collective whole. In the fall of 2006 a day long breakaway was planned for all of the staff working within the Buckley Towers transitional living program. The breakaway day focused on the completion of the Strength Deployment Inventory (SDI), communication and conflict patterns within teams.
- Fee for Service contracts within the agency continue to be managed by the Modular Services Manager. The role of the modular services manager within these contracts is to prepare initial assessments, complete proposals and secure funding while working collaboratively with the BICR program that the individual will be accessing. Once the individual is in service the modular services manager continues to oversee the file from an administrative standpoint, ensuring that billing that is completed, monitoring progress, forwarding reports, updating contracts etc. During the 2006 - 2007 fiscal year FFS contracts were secured through WSIB, Seriously Injured Worker Program, various automobile insurers, the Insurance Commission of British Columbia (ICBC), and the Nova Scotia department of Health. These contracts have included providing support on an outreach basis, in a hospital setting, the Buckley Towers apartment program, residential services and counselling and assessment services through BICR's Clinical Director and Social Worker.
- Initial negotiations and design discussion for BICR's marketing board took place with Skyline, the firm who is completing this project.
- The annual bowlathon was placed on a one-year hiatus. The bowlathon will be reorganized and offered in the upcoming year under the direction of the Program Manager.
- Remote access was introduced to Buckley Towers, Vocational and PET programs in the summer of 2006. The remote access has allowed these programs to be more closely connected with the day to day operation at the main administrative offices. The introduction of Docushare to these programs has either taken place or is

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**MODULAR SERVICES ANNUAL REPORT**  
**2006-2007**

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underway and will further increase the efficiency and decrease the need for paper duplication within these programs.

- Case Coordinators and their office space was looked at beginning in the summer of 2006. By late fall, early winter one Case Coordinator and the Long Term Case Facilitator began setting up offices in their homes. One Case Coordinator decided to remain at the main office at this time.
- The PET program began providing services out of the Head Injury Association of Fort Erie's offices in September 2006. This has been a successful endeavour to date and highlighted further in the PET Coordinator's annual report which follows
- Changes were made to the physical setting at Buckley Towers. The bedroom area was reorganized with modular office furniture and now houses both desks. The living area has been reverted to a lounge area. The whole apartment received a much needed paint job. A few staff from COSS have utilized the apartment to complete work when in the Niagara Falls area
- Student placements continued to provide benefits to the PET program, the Buckley Towers apartment program and Recreation Services.
- In January 2007, the writer attended a training course on becoming a certified facilitator for the Strength Deployment Inventory, which brings BICR's trained facilitators up to two with Sara Costantini being the other trainer.
- Internal Committee involvement included the Admissions Committee, Acute Education in the Hospital Setting, CCHSA Client Services (Co-Chair with Linda Rapley) and the Bowl-a-thon committee.

**OBJECTIVES FOR THE UPCOMING YEAR:**

- As the agency continues to move towards updated technology, DocuShare will become used with greater frequency and reduce duplication of records.
- Planning and development days will continue to occur with the individual program within Modular Services. One of the areas being considered are termination of therapeutic relationships to continue to assist staff and participants make the transitions from one program to another as their needs change.
- The PET program will be transferred from Modular Services to Community Outreach Support Services (COSS).
- In conjunction with Sara Costantini, Case Coordinator, SDI training will be provided to Social Service Worker students attending Niagara College.
- In conjunction with the Team Coordinator and Case Facilitator at Buckley Towers, it is anticipated that 2 – 3 participants will transition to their own apartment with less intensive COSS supports as they have reached a level of independence that supports this.
- The design of the marketing and promotion board will be completed.
- Each of the Coordinators or Case Facilitator's have completed a summary report of their program's activities and accomplishments. Case Coordination, Long-term Case Facilitation, PET, Recreation and Vocational

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**MODULAR SERVICES ANNUAL REPORT**  
**2006-2007**

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Services have submitted annual reports on their respective department's activities and accomplishments in the 2006 – 2007 fiscal year. Please refer to these reports for additional information.

Their dedication and leadership that continues to be demonstrated by the staff working at all levels throughout the organization remains an inspiration. I look forward to another rewarding year.

Respectfully submitted,

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

BUCKLEY TOWERS ANNUAL REPORT  
2006-2007

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**GENERAL OVERVIEW**

The Buckley Towers apartment program supported 7 individuals in the 2006-2007 fiscal year. Staff support was available to these individuals from 8 a.m. – 9:30 p.m. 7 days per week. It was the first full year that the Buckley program had a team coordinator. The overall focus of the past year has been reinforcing the philosophy of a transitional level of support for participants by empowering them to make informed choices and creating a more independent environment. Some noted events that took place during the last fiscal year include:

- There were 3 participants that attended the very popular Boundless Adventures trip with BICR. This event truly was an adventure for them as they continue to talk about how it has changed their lives.
- In July of 2007, 1 participant transferred out of the program to a long-term care facility due to a decrease in their health status. A seamless transition was achieved with the participant and their family members with the assistance of the new Long Term Care Case Facilitator.
- Two individuals reached a level of independence where they are ready to move into their own apartment in the community. Both individuals are on waitlists for subsidized units through the Niagara Housing Authority and actively searching for private rentals as well. The most common barrier they have identified in transitioning is locating an affordable apartment in keeping with their income. At this time the 2 individuals involvement with staff is minimal. They are both fairly independent in their day to day activities and are ready for the next step of independence.
- BICR hosted a BBQ in September 2007 at the Buckley Towers Building for all tenants of the building. The annual BBQ went very well with a cross-section of the Buckley tenants in attendance. The event was put together by the participants and staff. This event is one that has been well attended by Buckley Towers residents and is a great opportunity for BICR to provide insight and education to the community about ABI.
- The participants' participated in the annual Cheap Sleeps Charity event that is run by the city of Niagara Falls. Several Participants stayed over night at a local hotel and the money generated from this event was donated to local charities. There were 4 participants that chose to participate in this event. They spent the evening at the Casino had dinner at a local restaurant and stayed overnight in a hotel. They had regular staffing hours during the evening and morning but were independent throughout the night. No concerns or issues were noted and they all enjoyed this event. This is the second year that that the participants participated in the event.

Overall the true philosophy of Buckley Towers appears to be a common focus for staff and participants. Staff and participants look forward to the coming year for more exciting changes to occur.

JOE TALARICO  
TEAM COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**CASE CO-ORDINATION ANNUAL REPORT**  
**2006-2007**

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**GENERAL OVERVIEW**

The Case Management program is responsible for addressing all referrals deemed eligible via the intake process. It is a time-limited service that provides initial service coordination to individuals on BICR's waitlist. Case Management is a collaborative service that aims to support individuals in their efforts to achieve personal well being and independence. Core functions of Case Management include individual assessment, goal setting/service planning, accessing resources, service implementation, coordination and monitoring, advocacy, evaluation of outcomes, and transfer/discharge planning.

**HIGHLIGHTS FROM 2006-2007**

During this past year from April 1, 2006 to March 31, 2007, there were staffing changes within the Case Management team. There was a restructuring within the agency and the Intake Coordinator was moved to another program within the agency. For a few months, both Case Coordinators were responsible for their regular caseloads as well as completing intakes. In July of 2006, one of the Case Coordinators took on the role of Intake Coordinator. Subsequently, that Case Coordinator position was filled internally by the Vocational Coordinator.

At the beginning of 2007 changes occurred in the workspace of the Intake Department. One of the Case Coordinators established a home office using the Internet to establish remote access with the main BICR office. The Intake Coordinator moved to another office within the main office and the other Case Coordinator started working from a workstation. There were minor technical issues that were overcome, as well as adjustments in how communication would occur.

**STATISTICS**

The following is an outline of current averages within the past year. It combines the numbers from both Case Coordinators currently working within the program.

TOTAL FILES SERVED	CURRENT ACTIVE	FILE CLOSURES/DISCHARGES	TRANSFERS TO OTHER BICR PROGRAMS
58	32	13	13

The closure / discharge statistic reflects participants who were receiving Case Management support and are no longer receiving any service from BICR. The statistic also reflects applicant files that were closed where minimal support was provided and applicants were referred to other community programs and services.

Transfers to other BICR programs have included primarily COSS with a smaller percentage being transferred to Long Term Case Management, as well as Recreation Therapy and the new position in COSS, Long Term Care Case Facilitator.

The average number of participants on each Case Coordinators caseload per month is 17. This number reflects the changes in staffing during the summer of 2006.

**CHALLENGES/TRENDS**

Both Case Coordinators within the team are utilized as resources in other areas of the agency. Both Coordinators on a regular basis complete presentations, workshops, committee work, and training facilitation. Although valuable to the agency as a whole, this external involvement creates more juggling within the program and inherently creates pressure to ensure caseload sizes are maintained.

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**CASE CO-ORDINATION ANNUAL REPORT**  
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The change in office space and work locations has altered the communication patterns between the Intake and Case Coordinators. The team is adjusting through an increased use of formalized meetings and usage of e-mails and voice mail as a primary method of communication.

**OPPORTUNITIES FOR THE UPCOMING YEAR**

The Case Management team has identified several opportunities for the upcoming year. The team will continue to fine-tune structures and systems currently in place particularly in the area of waitlists for participants accessing COSS, Vocational, and Social Work services. The team believes that communication with the Intake Coordinator must take place so that waitlists are consistently revised and updated. Both Coordinators have agreed that the bi-monthly Case Management meetings serve as an excellent forum to review the waitlist and discuss upcoming referrals.

The team concurs that partnerships with various community agencies remain key to best support participants. These partnerships will also be regularly shared with one another at Case Management meetings.

**CONCLUSION**

In summary, the 2006 / 2007 fiscal year has been busy and the Case Management team has adjusted to numerous changes and challenges. The team has continued to provide service to a number of individuals and their families living with the effects of an acquired brain injury. The upcoming year holds much promise for the Case Management team to grow, improve, and provide excellence of service for the agency as a whole.

**JONATHAN WILLIAMS**  
CASE COORDINATOR

**SARA COSTANTINI**  
CASE COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**LONG TERM CASE MANAGEMENT ANNUAL REPORT**  
**2006-2007**

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**OVERVIEW**

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

In January, 2007 office space was reallocated and writer established a home office base. This opportunity was made possible with the use of internet through remote access from the main office.

**STATISTICAL INFORMATION APRIL 2006-MARCH 2007**

Caseload- April 2006	Admissions	Discharge s	Transfers	Caseload- March2007	Waitlist- March 2007
31 participants	8	5	1	33	2
	2COSS., 3Voc. 3Case Management		COSS.		

The above statistical information provides an overview of the Long-term Case Facilitators caseload from April 2006 to March 2007. This writer started the fiscal year with 31 participants and ended the year with 33 participants, two participants were on the waitlist.

**REFERRALS/ADMISSIONS**

Six individuals were admitted to the program during the course of the year. Two from Community Outreach Support Services. These individuals requested continued support on an as needed basis. Three referrals came from Vocational Services as they no longer required vocational supports but needed assistance in other areas. Three additional referrals were processed from the Case Management Department. These individuals met or exceeded the maximum timeline criteria for case management services but still required case management supports.

**AREAS OF SUPPORT**

The writer advocated with the participant regarding their immediate concerns, such as housing, transportation, finances etc. As a result contacts were made with various service providers. Such as ODSP, CPP, WSIB, CCAC etc. Writer provided emotional support and assisted with problem solving by providing information, education, and assistance with linking individuals with both internal services and external services. Writer addressed participant housing concerns. Writer communicated with Niagara Housing and was able to secure two additional rent supplements. Writer supported participants during medical appointments, and informed participants when physicians were taking on new patients. The Long-term Case facilitator worked closely with the participants significant others. In addition, support was provided to participants in crisis situations. A crisis is defined as any significant internal or external environmental change that overwhelms the participant and exceeds their ability to cope (21 crisis were tracked during the aforementioned fiscal year that is a reduction of 1 from the previous fiscal year)

**TRANSFERS**

One participant was transferred to COSS during this fiscal year, as a result of additional support requirements.

**DISCHARGES**

Five discharges took place from April 2006 to March 2007. Four of these participants had not accessed supports for an extended period of time and agreed that continued support was no longer necessary. The other individual moved out of B.I.C.R catchment area.

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

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**PERSONAL EFFECTIVENESS TRAINING ANNUAL REPORT**  
**2006-2007**

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**STATISTICS**

PET program participant numbers have fluctuated between 33 and 47 participants in the past year. This total participant number includes 13 Ontario March of Dimes participants, 10 BICR participants who attend PET in Fort Erie and 24 BICR participants who attend program in St. Catharines/Thorold. The fluctuation in program participant numbers is due to short term group initiatives offered throughout the year. Participation in the PET program is based on participant need or interest in the activities offered. The wait time for the program ranges from immediate to five months. This is due to the nature of the request or transportation challenges. Currently there is one participant on the wait list scheduled to begin PET in April 2007. Attendance varies for each person from a half day to five days per week. The average participant attends PET one and a half to two days per week.

**HIGHLIGHTS & INITIATIVES**

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

**SKILL TRAINING**

Skill training activities throughout the fiscal year have been offered both individually and within a group setting. Topics have included self awareness, Internet & computer training, cooking and nutrition, healthy lifestyles, money management, basic literacy skills, effective communication, social skills, current events, cooking safety and basic accounting.

**PHYSICAL EXERCISE, LEISURE DEVELOPMENT & COMMUNITY SKILLS DEVELOPMENT**

Physical Exercise, leisure and community skills development has encompassed a wide variety of activities both at the Ontario March of Dimes and in the community. The activities have ranged from indoor and outdoor physical activities, community outings, games, holiday crafts; scrap booking, music and art therapy. Each year the program hosts craft sales and the proceeds are used to subsidize community outings for participants of the program. This year the PET program expanded their fundraising endeavors to include a spaghetti luncheon and a Valentines Day chocolate sale. The proceeds made from the spaghetti luncheon and the chocolate sale funded art therapy for the participants attending the program. The PET program also continues to contract the services of a music therapist to provide services two hours per week. This particular component of the PET program remains open for any BICR participant to access but is not limited to short – term involvement. Currently there are 16 participants involved with this component of the program.

**COMMUNITY CONNECTIONS**

Community Connections continues to be offered on an on-going basis to assist individuals volunteer in the community in a supported environment. This allows participants the opportunity to provide a service in the community and develop basic work skills. Within the past year, participants have volunteered their time assisting the following organizations: Community Cares of St. Catharines and Thorold, Russell Avenue Community Centre, Easter Seals, National Association for Animals and Women's Place.

**PROGRAM CHANGES & CHALLENGES**

Over the past 5 years Brain Injury Community Re-entry has provided short term services to Head Injury Association of Fort Erie participants. In September 2006 this initiative expanded to provide 2 full days of service on a weekly basis. To date 10 participants have attended PET programs in Fort Erie. This new endeavor has enhanced access to services for individuals living in Fort Erie, Ridgeway and the Crystal Beach area on a consistent basis.

Brain Injury Community Re-entry's PET Program continues to work along side the Ontario March of Dimes providing services to individuals with Acquired Brain Injuries in addition to developmental and physical disabilities. This makes for unique and flexible programming needs. At times the program will offer individualized training or two separate activities to meet the needs of all participants involved in the PET program.

**GILLIAN RODGER**  
**PET COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**THERAPEUTIC RECREATION SERVICES ANNUAL REPORT**  
**2006-2007**

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**GENERAL OVERVIEW**

Brain Injury Community Re – Entry takes pride in offering a variety of recreational services to our participants, those who are on our waitlist and many community partners throughout the Niagara Region.

**ONGOING GROUPS / DROP IN EVENTS**

<b>Drop in Programs</b>	<b>Participants Served (averages)</b>
Bowling @ Parkway Lanes Sept 06 – Mar 07	14 per week
Men's Group	7 per week
Fun in the Sun Jun – Aug 06	12 per week

<b>Registration Programs</b>	<b>Participants Served (averages)</b>
Whispering Pines (Tuesday)	9 per week
WRAP Mondays	8 per week
WRAP Fridays	8 per week
Archery	7 per week

<b>Trips</b>	<b>Participants Served (exact #'s)</b>
Boundless Adventures June 2006	10
Geneva Park August 28-31, 2006 (residential)	11
Geneva Park August 7-10, 2006	10

<b>Seasonal:</b>	<b>Participants Served (averages)</b>
Baseball Practices	11 per week
Baseball Tournament	33 attended
Canoeing x 14 wks.	4 – 6 per week
COSS / MOD Christmas Party	35-40 attended

<b>Calendar Outings</b>	<b># of events</b>	<b>#'s served</b>
April 2006	9	98
May 2006	8	98
June 2006	8	94
July 2006	8	108
August 2006	8	91
September 2006	8	94
October 2006	8	65
November 2006	8	96
December 2006	8	64
January 2007	9	80
February 2007	9	69
March 2007	9	75
<b>Totals</b>	<b>100</b>	<b>1032</b>

Over the past year, the recreation department has continued to provide a high level of programming and ongoing groups to Brain Injury Community Re-Entry participants as well as community partners within the Niagara Region. BICR has been able to offer this programming as a result of the flexibility and dedication of staff at all levels.

The utilization of post secondary co-op placement students and summer SEED student grants through Human Resource & Development Centre (HRDC) continued to be a definite asset. Summer remains the busiest time for recreational programming and having an additional staff assistance has allowed us to not only increase our numbers for activities but also offer a wider variety of programming.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
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One of the biggest challenges that the recreation department continues to experience everyday, is the limited affordable transportation options available within the Niagara Region. It is one thing to plan an event but a totally different thing to ensure that everyone is able to attend. With the purchase of a 3<sup>rd</sup> accessible van the agency has improved the opportunity for participants to attend recreation events as a result of increased wheelchair seating. It has also allowed for vans to be used on a regular basis by rehabilitation while completing an outreach shift.

The recreation department will continue to strive for the best programming available, and will do so with the support and flexibility of all of the BICR staff.

#### **Program /Development and Success**

- Completion of 2 Geneva Park trips Aug. / 06
- Maintaining maximum numbers for all ongoing groups
- Continued partnership and success with the School of Horticulture and the Children's Discovery Centre
- Completion of BICR Baseball tournament June / 06
- Completion of Boundless Adventures trip June / 06
- Continued success of the L&L guide and recreation calendar
- The continuation of and success of seasonal recreation activities
- On going contact with residential rec. reps
- The addition of a recreation rep. at Buckley Towers
- The facilitation of 1 recreation event each month by each residential site
- The on going partnership with other agencies i.e. BISH, PHABIS, HIAFE, ABION etc.
- The planning of 2 Geneva Park trips for Aug. / 07
- The planning of the BICR baseball tournament for June 07
- Van coordinator for two agency vans housed at the BICR office
- The planning of the Boundless Adventures trip June / 07
- The implementation of an Archery program
- The implementation of the Fun in the Sun program

As the Recreation Coordinator for BICR I sit on the following committees:

- Bowl-a-thon
- Golf
- Vacation Committee
- Transportation

DAVE HORTON  
RECREATION COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**VOCATIONAL SERVICES ANNUAL REPORT**  
**2006-2007**

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The past year has brought many successes and changes to the Vocational Services department.

Participants continue to be referred to the Vocational Services department requesting assistance in obtaining part-time or full-time employment, return to school programs, find meaningful volunteer experience, complete employment inventory assessments or participate in the Volunteer Ventures group. During the past year the number of active participants have fluctuated between 19 and 29, with the waitlist ranging from 19 and recently stands at one referral. Staffing changes occurred during mid year reflecting the waitlist at it's highest point. Once staffing issues were established the active list increased, in return the waitlist decreased.

At the present time Volunteer Ventures is being offered for a twelve-week period to assist individuals in volunteering at a variety of community placements. BICR has been asked to share the concept of Volunteer Ventures with other agencies and will be having three individuals from BISH join the group for the twelve-week session. We are hoping that other agencies in the Niagara Area can continue to provide a similar successful program.

In early spring, the Ontario government made improvements to the Ontario Disability Support Program (ODSP) supports services to better assist our participants in keeping more of what they have earned. Only half of their monthly income will be deducted from their ODSP cheque, plus they will receive an extra \$100 per month employment incentive. As a result, the participant will see an automatic increase in their amount of disposable income. Due to these changes there has been an increase of individuals that have requested to obtain full-time employment.

During the past year Vocational Services had the participants in the following positions:

- 8 individuals in part-time volunteer positions
- 1 individual in full-time volunteer position
- 1 individual in school full-time
- 1 individual in school part-time
- 3 individuals working full-time seasonal
- 2 individuals working part-time seasonal
- 2 individuals working part-time

We are currently assisting 5 individuals in obtaining meaningful employment. There are many barriers that hinder a successful job placement. Transportation has always been the biggest obstacle to overcome when job searching for a participant. The ideal job may be found for an individual but lack of transportation causes the individual to decline the position. Other challenges that Vocational Services have to overcome are obtaining the right job for the individual. Any job can be found but it's finding the right job that is difficult. The individual's lack of self-awareness or the work placement's environment, hours, co-workers and/or supervision techniques can cause this.

Brain Injury Services Community Re-Entry along with agencies such as Niagara Support Services, Ontario March of Dimes, Niagara Region, Employment Help Centre meet bi-monthly. This is an excellent opportunity for all agencies to exchange information on potential job placements and discuss barriers with solutions that other agencies are facing. BICR is also involved with a network of 12 community partners that once formed the Niagara Employment Alliance. They have recently tried to come together to create Community Strategies For Inclusiveness (CSI). CSI is a collaborative partnership of service providers in the Niagara Region who promote employment of persons with all types of disabilities. BICR's vocational services will continue to join together with the other partners to promote this service.

As already mentioned this has been a great year of successes in Vocational Services. An example are two individuals that obtained full-time seasonal work with the anticipation of being laid off as early as July or as late as November. This is determined by their work performance. With the assistance of a job coach, hard work and a

great work environment both individuals continued to work full-time until November being one of the last employees

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**VOCATIONAL SERVICES ANNUAL REPORT**  
**2006-2007**

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to be laid off before closing for the winter months. They were both the first employees to be called back for the next season. Another individual facing multiple barriers secured a part-time volunteer placement in his field of interest. Again, with hard work, determination, job coaching and a great attitude (by the client, job coach and employer) so when the individual requested to volunteer full-time, there was no hesitation by the employer to grant the request.

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

**TINA HORTON**  
**VOCATIONAL COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**INTAKE DEPARTMENT ANNUAL REPORT**  
**2006-2007**

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**GENERAL OVERVIEW:**

The Intake Coordinator is responsible for supporting applicants and families with the application process for obtaining services from BICR by responding to all referrals and requests for information. Core functions of the position include determining eligibility status, obtaining informed consent, identifying service needs, assisting individuals in completing the application form, providing access to information about community resources, facilitating the coordination of services, acting as a gatekeeper to more intensive supports, maintaining waitlists, advocating for applicants, educating the applicant, families and service providers around service options that are available.

**HIGHLIGHTS**

Within this fiscal year, there was a staffing change in May 2006 where the previous Intake Coordinator accepted an internal Team Coordinator position at another program site. The current Intake Coordinator started the position in July 2006 but was still managing a portion of her previous caseload in addition to handling new referrals.

During the reported year from April 2006 to March 2007, there were a total of 127 calls that were recorded. These calls were forwarded to the Intake Department for either request for information or a request for service. It is thought that the number of calls the department received is actually higher because many calls for information during the transition period were not recorded.

TOTAL RECORDED CALLS	INDIVIDUALS ADMITTED TO BICR SERVICES	FILE CLOSURES AT INTAKE LEVEL	REFERRALS THAT ARE PENDING ELIGIBILITY STATUS (AS OF MARCH 31, 2007)	INDIVIDUALS ON WAITLIST (NOT RECEIVING ANY COMPONENT OF SERVICE) – AS OF MARCH 31, 2007
127	56	33	17	24

The primary reasons for file closure at the intake level included the fact that service was no longer required, service was secured elsewhere, or applicant did not meet the eligibility criteria.

In reviewing the information requests in this fiscal year, it needs to be noted that most of the information calls were primarily for information on the description of BICR services and information on our eligibility criteria. There were sporadic calls for information about other community resources and information relating to ABI issues. Where there was uncertainty on whether a caller was eligible for service, the caller was still encouraged to complete the application. Eligibility status was determined following the receipt of information that was requested from hospitals, doctors, and/or other community providers.

**ACTIVITIES AND ACCOMPLISHMENTS**

- Intake Coordinator continued to oversee the waitlist and transition applicants to Case Coordination, Modular Services, and Comprehensive Services when vacancies became available.
  
- At the time of the current Intake Coordinator transitioning into the role, the focus was on contacting all applicants on the waitlist to better understand support needs. At this time, there were several applicant files that were closed who had information in their files that clearly indicated they did not meet the eligibility criteria. Four applicants living within a Long Term Care Facility were identified as eligible for the COSS program (specifically the "new" position that focused on Case Facilitator support for individuals with acquired brain injuries living within LTCF). The four applicants were successfully transferred into the program as of February 2007.
  
- Continued to work collaboratively with the Records Secretary to address the statistical information that is entered at an Intake Level in order to efficiently pull monthly and accumulative data from the Tracker

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**INTAKE DEPARTMENT ANNUAL REPORT**  
**2006-2007**

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database. This collaboration has been appreciated. The Intake Coordinator currently has access to the Tracker database and plans to be trained on this program in the very near future.

- Continued to facilitate sessions for staff training and development. A total of 8 sessions were facilitated and included Brain Basics II, Introduction to Areas of Rehabilitation, and Crisis Intervention and Management training.
- Participated in the opportunity to facilitate a Boundless Adventure trip (June 1 – 5, 2006). This trip included 10 BICR participants.
- Revisions to the Program and Services Guide is now underway and nearing completion.

**CHALLENGES AND TRENDS**

- Challenges have been identified and continue to be ongoing within the Intake Department. During this fiscal year there were changes within the Case Coordination department delaying the transition for some individuals waiting for available support hours. In some cases, these individuals were also requesting participation within other Modular Services and this was arranged. In other cases, the writer remained the main contact point for eligible applicants while they continued to wait for available hours.
- During this fiscal year, the Intake / Case Coordination department moved office locations contributing to some slight disruption in the flow of services. The Intake Coordinator no longer shares an office with the Case Coordinators making it critical for regular communication to occur and meetings to be consistently scheduled.
- statistics relating to service requests have been identified. In relation to demographic characteristics, most individuals receiving service are residing in St. Catharines (43%) followed by about 23% living in Welland, and about 17% residing in Niagara Falls. The remaining 17% are living in other communities within the Niagara Region.
- The breakdown of the age characteristic is based on the percentage of individuals currently receiving service within BICR.

AGE	PERCENTAGE OF INDIVIDUALS
16-19	1%
20-29	13%
30-39	16%
40-49	31%
50-59	27%
60-64	8%
65 +	4%

In summary, the 2006 / 2007 fiscal year has been a busy year with the number of changes and the staffing transition. It is anticipated that BICR will continue to develop community partnerships and referrals will continue to be forwarded. Program vacancies in both the residential program and Buckley Towers are anticipated over the upcoming fiscal year.

**MARGO VAN HONSBERGER**  
INTAKE COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**PSYCHOLOGY SERVICES ANNUAL REPORT**  
**2006-2007**

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Psychology Services continues to be made up of one full-time Psychologist, who also serves as BICR's Clinical Director. The Psychologist reports to the Executive Director, and provides clinical supervision for the Clinical Social Worker. Administrative Services supports the Psychologist with about ten hours per week of secretarial time. The types of clinical services provided by Psychology include assessment (e.g., psychological, neuropsychological, and behavioral), intervention (e.g., individual, couples, and family), consultation (to BICR and other staff), on-call and crisis management support, and supervision. The Psychologist is also available to complete reports and forms that help Participants access resources. These all represent clinical services provided to specific Participants, and total over 82 percent of the Psychologist's weekly hours. The remainder of the Psychologist's activities include administrative duties such as committee work, research, and participation in the Management Team's planning days.

During the 2006-2007 year, psychological services were provided to about 70 different Participants, and generated about \$9,800 in revenue. There were 25 new referrals, and 35 discharges. The average time that Participants waited before beginning service this year was 9.1 weeks, a 50 percent increase. For Participants who completed service this year, the average case was active for 56.4 weeks. The main recipients of psychological services continue to be Ministry of Health-funded Participants in Residential, Outreach, Case Management, and Modular Services.

The Psychologist remains involved in several BICR committees and task groups. These include the Management Team during their planning days, Behavioral Review Committee, and Admissions Committee. The Psychologist worked closely with the Management Team to develop and implement a clinical quality assurance program, and assisted with preparations for the 2006 CCHSA accreditation site visit.

The Psychologist continues as a member of the Ontario Brain Injury Neurobehavioral Network. With members of this group, the Psychologist participated in presenting a keynote address to attendees of the annual Hamilton Health Sciences conference on acquired brain injury. Working with the chairperson of the Behavioral Review Committee, the Psychologist has updated that committee's procedures based on feedback from the CCHSA review so that results of the committee's work is easier to access.

During this past year, the research funded by the Ontario Neurotrauma Foundation to study best practices for community integration after brain injury was published in the journal Brain Injury, with the Psychologist as a co-author. The Psychologist also met with a senior official from Brock University so that BICR-sponsored research can be reviewed by the university's research ethics committee, a recommendation proposed by the CCHSA site visitors.

Educational activities have included recruiting a full-time Psychology student from Germany's University of Heidelberg who will volunteer at BICR for several months during the summer. The Psychologist also continues in an academic appointment with the Department of Psychiatry and Behavioral Neurosciences at McMaster University, and has been appointed Adjunct Professor for the Master's program in Applied Disabilities Studies at Brock University. That program admitted students in the Fall of 2006, and will begin placing students at BICR in the coming year where they will access the Psychologist for supervision.

Challenges continue to include the complexity of many cases with their needs related to careful assessment and planning, neuropsychiatric impairment, substance abuse, criminal behavior, and chronic pain. BICR has been able to develop very good collaborative relationships with local physicians and allied health professionals, housing and financial support offices, a substance abuse treatment office, and law enforcement officials. Very helpful supports continue to develop with neuropsychiatric resources in Hamilton and Toronto, and with inpatient ABI units in Hamilton. Participants continue to benefit from the enthusiastic creative supports of BICR's Managers and Staff.

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

**SOCIAL WORKER ANNUAL REPORT**  
**2006-2007**

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**GENERAL OVERVIEW**

This past year has been busy and a number of changes have occurred in Social Work Services. In August 2006 the part time Social Work position was expanded to a full time position. This led to a resignation and the hiring of a new Social Worker in November 2006. Currently, the Social Worker provides individual, couples, and family counselling both at the main office and offsite at various locations. Along with these services, the Social Worker is available to present to groups (both staff and participants) on various topics, and has done so in the past. The Social Worker also delivers clinical consultation on both a formal and informal basis to staff who are working with participants and their families. Finally, the Social Worker sits on the Admissions Committee.

Over the past year there has been 29 referrals for social work services, which is approximately 2-3 per month. The wait list is almost non-existent with most participants receiving contact within one week and service within two weeks.

Goals for the next year include the provision of information sessions to family members on topics of interest to them. This would be an opportunity to develop relationships with families and to build familiarity and trust. I also plan to facilitate an anger management group for participants.

I have had the opportunity to attend the Ontario Brain Injury Association education sessions as well as other training which have proved to be both enjoyable and informative. I continue to look for ways and opportunities to increase my knowledge base and build on my existing skills.

In summary, I have enjoyed my first few months at BICR and look forward to a busy, exciting year in my role as full time clinical social worker.

**KIMBERLEY UNDERHILL**  
**SOCIAL WORKER**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**18<sup>TH</sup> ANNUAL GENERAL MEETING MINUTES**  
**JUNE 14, 2006**

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Present: Nick Ostryhon, Brenda Yeandle, Frank Greco, Dr. David Jordan, David Shapiro, Maggie Smith, Lynne Rousseau, Jacqui Graham, Leslie Warriner

Regrets: John TeBrake, Steve Murphy

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

2. Adoption of the Agenda

Motion: To adopt the agenda for the 18<sup>th</sup> Annual General Meeting as presented.

Moved: Jacqui Graham

Seconded: David Shapiro

Carried.

3. Review and approval of the minutes from the Annual General Meeting held on June 15<sup>th</sup>, 2005

Motion: To approve the minutes of the 17<sup>th</sup> Annual General Meeting held on June 15<sup>th</sup>, 2005.

Moved: Dr. David Jordan

Seconded: Lynne Rousseau

Carried.

4. Financial Report & Investment Review

Motion: To approve the Annual Financial Report ending March 31<sup>st</sup>, 2006 as presented.

Moved: Brenda Yeandle

Seconded: Dr. David Jordan

Carried.

5. Other Business:

Presidents Report read by Nick Ostryhon

Appointment of Auditors

Motion: To appoint the accounting firm of Partridge Iggulden for the operating year of 2006-2007.

Moved: Jacqui Graham

Seconded: Lynn Rousseau

Carried.

Executive Director's Report read by Frank Greco

Recognition of 2005-2006 Officers

Nick Ostryhon – President

Brenda Yeandle – Vice-President

Lynne Rousseau – Secretary

Maggie Smith – Director

Helene Moncion – Director

Vincent FitzGibbon – Founding President Emeritus

John TeBrake – Treasurer

Dr. David Jordan – Director

David Shapiro – Director

Jacqui Graham – Director

Affirmation of the following Directors and Officers for their continued term/new term

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**18<sup>TH</sup> ANNUAL GENERAL MEETING MINUTES**  
**JUNE 14, 2006**

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Nick Ostryhon – President  
John TeBrake – Treasurer  
Dr. David Jordan – Director  
David Shapiro – Director

Brenda Yeandle – Vice-President  
Lynne Rousseau – Secretary  
Maggie Smith – Director  
Jacqui Graham – Director

**NEW APPOINTEES**

Steve Murphy – Director

Leslie Warriner – Director

Motion: To appoint Steve Murphy as Director of the Board of Directors.

Moved: Dr. David Jordan

Seconded: Lynn Rousseau

Carried.

Motion: To appoint Leslie Warriner as Director of the Board of Directors.

Moved: Dr. David Jordan

Seconded: Lynn Rousseau

Carried.

6. Next Annual General Meeting to be held on Wednesday, June 13<sup>th</sup>, 2007.

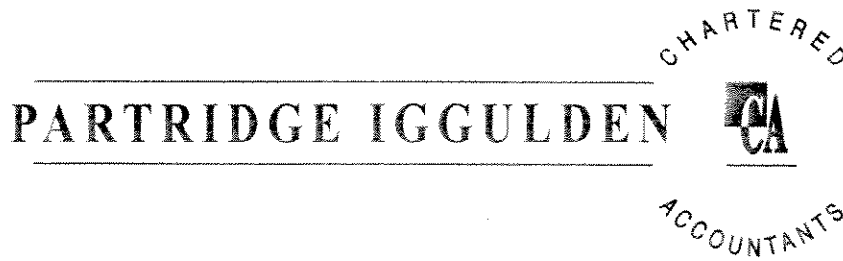
7. Adjournment

Motion: To adjourn the 18<sup>th</sup> Annual General Meeting.

Moved: Jacqui Graham

Seconded: Maggie Smith

Carried.



PARTRIDGE IGGULDEN LLP  
CHARTERED ACCOUNTANTS

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

## AUDITORS' REPORT

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

We have audited the balance sheet of Brain Injury Community Re-Entry (Niagara) Inc. as at March 31, 2007 and the statements of revenue and expenses, accumulated surplus and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

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

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to satisfy ourselves concerning the completeness of revenues referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of Brain Injury Community Re-Entry (Niagara) Inc. as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles, except as disclosed in Note 2 to the financial statements.

St. Catharines, Ontario  
May 10, 2007


*Partridge Iggulden LLP*  
**PARTRIDGE IGGULDEN LLP**  
Chartered Accountants  
Licensed Public Accountants

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.BALANCE SHEETMARCH 31, 2007

	<u>2007</u>	<u>2006</u>
<u>ASSETS</u>		
<b>CURRENT ASSETS</b>		
Cash	\$ 276,302	\$ 163,123
Cash - Funds held for residents	13,841	4,434
Accounts receivable (Note 3)	110,362	88,939
Prepaid expenses	<u>18,709</u>	<u>14,636</u>
	<u>419,214</u>	<u>271,132</u>
<b>RESTRICTED CASH</b>		
Reserve Fund	626,174	521,572
Richardson Court Facility Reserve (Note 4)	<u>26,113</u>	<u>24,387</u>
	<u>652,287</u>	<u>545,959</u>
<b>FIXED ASSETS (Note 5)</b>		
	<u>485,436</u>	<u>459,226</u>
	<u>\$ 1,556,937</u>	<u>\$ 1,276,317</u>
<u>LIABILITIES</u>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued charges (Note 6)	\$ 441,568	\$ 303,407
Liability for resident funds	13,841	4,434
Current portion of long-term debt (Note 7)	<u>14,660</u>	<u>12,782</u>
	470,069	320,623
<b>LONG-TERM DEBT (Note 7)</b>		
	355,159	370,584
<b>LEASE COMMITMENTS (Note 10)</b>		
	<u>825,228</u>	<u>691,207</u>
<u>SURPLUS</u>		
<b>ACCUMULATED SURPLUS</b>		
	-	-
<b>RICHARDSON COURT FACILITY RESERVE (Note 4)</b>		
	26,113	24,387
<b>RESERVE FUND (Note 8)</b>		
	<u>705,596</u>	<u>560,723</u>
	<u>731,709</u>	<u>585,110</u>
	<u>\$ 1,556,937</u>	<u>\$ 1,276,317</u>

Approved on behalf of the Board:


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


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

St. Catharines, Ontario

May 10, 2007

**BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.****STATEMENT OF REVENUE AND EXPENSES****YEAR ENDED MARCH 31, 2007**

	<u>2007</u>		<u>2006</u>	
<b>REVENUE</b>				
Ministry of Health	\$ 4,252,621	81.8 %	\$ 4,097,701	86.4 %
Ministry of Health - Richardson Court Facility	63,367	1.2	61,600	1.3
Ministry of Health - Pay equity	-	-	24,800	0.5
Ministry of Health - Funding flow through	144,917	2.8	82,747	1.7
Fee for service	714,873	13.7	459,589	9.7
Rental income	15,705	0.3	13,201	0.3
S.E.E.D. grants	8,521	0.2	4,172	0.1
	<u>5,200,004</u>	<u>100.0</u>	<u>4,743,810</u>	<u>100.0</u>
<b>EXPENSES</b>				
Advertising, insurance, bank charges and program supplies	80,404	1.6	81,895	1.7
Amortization - vehicles	513	-	732	-
- Richardson Court Facility	7,235	0.1	6,796	0.1
- Parkdale Place Facility	6,313	0.1	5,151	0.1
Building occupancy	208,077	4.0	196,036	4.2
Flow through expenditures	144,917	2.8	82,747	1.8
Interest on long-term debt	23,571	0.5	25,172	0.5
Office and telephone	167,183	3.2	144,593	3.0
One-time costs	58,853	1.1	-	-
Purchased administrative and professional services	48,775	0.9	54,864	1.2
Training and related costs	31,272	0.6	28,996	0.6
Transfer to reserve fund	3,925	0.1	3,874	0.1
Travel	109,248	2.1	102,364	2.2
Wages and benefits	4,127,368	79.4	3,933,578	82.9
	<u>5,017,654</u>	<u>96.5</u>	<u>4,666,798</u>	<u>98.4</u>
<b>OPERATING SURPLUS</b>	182,350	3.5 %	77,012	1.6 %
<b>MINISTRY OF HEALTH FUNDING REPAYMENT</b>	<u>(55,881)</u>	<u>(1.1)%</u>	<u>-</u>	<u>- %</u>
<b>NET OPERATING SURPLUS</b>	<u>\$ 126,469</u>	<u>2.4 %</u>	<u>\$ 77,012</u>	<u>1.6 %</u>

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.

DONATIONS AND SPONSORSHIP

2006-2007

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Antipasto's  
Aqua Blue Pools, Spas & Bathroom Fixtures  
Armando Leo & Family Enterprises Ltd.  
Automotive Warehouse  
Baylis and Associates  
Beatties Basics  
Beechwood Golf and Country Club  
Beef Baron Restaurant  
Best Western Rose City Suites  
Bestway Bedding Ontario Inc.  
Blue Star Restaurant  
BMO Fountain Of Hope  
Boston Pizza  
Bowl-O-Rama Lanes  
Brian Cullen Motors Ltd.  
Brown, James, Tizzard Travel Services  
Burkholder Auto Network Ltd.  
Canadian Linen and Uniform Service  
Canal City Savings And Credit Union  
Carpaccio's Restaurant & Wine Bar  
Casa Leone  
Cascade International  
Chambers Crane Rental Ltd.  
Cheers Restaurant  
Club Richelieu Welland  
Cogeco Cable Canada Inc  
Commercial Air Services  
Commissso's  
Creative Imports  
Cupolo Sports  
Dairy Queen  
Daniel & Partners LLP  
David I. Shapiro Barrister & Solicitor  
Don Coyote's  
Durward Jones Barkwell & Company LLP  
Echoes  
F.I.R.E. Incorporated  
First Niagara Insurance  
Flowers Niagara  
Food Basics  
Foster Conselling & Rehabilitation Associates  
Gallardi Esso  
Giant Tiger - St. Catharines  
Giant Tiger - Welland  
Graves Richard Harris LLP  
Grenville Inspection Services Inc.  
Henry of Pelham

Hicks Lumber & Builder Supplies  
Home Hardware  
Hydro Electric Commission of Niagara Falls  
Inniskillin Wines  
Jackson Trigg's Niagara Estate  
Jiffy Lube  
KEW Steel Fabricators Ltd  
King Street Car Wash  
Lancaster Brooks & Welch LLP  
Lear Communication Inc.  
Lewis and Krall  
Liquidation World - Ontario Street  
Liquidation World - Bunting Road  
Lori's Hair Design  
Mama Mia's  
Mario's Place  
Marlin Travel  
Marriott Niagara Fallsview & Spa  
Meridian  
Meyers Fruit Farms & Greenhouses  
Micro Tech Niagara Inc.  
Milliken Steel Sales Limited  
Molson  
Mountainview Properties  
MT Bellies Tap & Grillhouse  
National Bank of Canada  
Niagara 21st Group Inc.  
Niagara Battery and Tire  
Niagara Clifton Group  
Niagara Helicopters  
Niagara Osteopathic & Rehabilitation  
Niagara Soft Cloth Car Wash  
Niagara Structural Steel  
No Frills  
Northend Mobility  
Olsen-Sottile  
Pelham Hills Golf & Country Club  
Pen Financial Credit Union  
Pet Valu  
Pharma Plus  
Pirie Appliances Ltd  
Partridge Iggulden  
Prince of Wales  
Pupo's Super Market  
Real Canadian Superstore  
Richmond Metal Service  
Ricochet Water

Riverview Golf Course  
Rum Jungle  
Shoppers Drug Mart  
Skyline Toronto  
Slo-Pitch  
St. Catharines Downtown Association  
St. Catharines Mazda 1993  
Star Collision  
TD Canada Trust  
The Artful Cookie  
The Garden Path  
The Purple Pumpkin  
The Village Gallery  
The Wedding Company of Niagara  
Tim Hortons  
Toronto Maple Leafs  
Transportation Safety Training  
Van Houtte Coffee  
Welland Hydro-Electric Corporation  
Welland Nissan  
White Oaks Conference Resort & Spa  
World Kitchen Canada Inc  
Yellow Stitch  
Zack's

**DONATIONS RECEIVED IN MEMORY OF:**

Vance MacLean  
Robert Braun  
Steven Rapley  
Karl Stunt  
Shirley Disher  
Carmine Moccia