

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



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**ANNUAL REPORT  
2012-2013**

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**ANNUAL REPORTS  
2012-2013**

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## INTRODUCTION TO BICR 2012-2013

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Brain Injury Community Re-entry (Niagara) Inc. (BICR) is a not-for-profit organization that provides support services and rehabilitation to individuals living with the effects of an acquired brain injury. Based in St. Catharines, BICR serves the needs of adults throughout the Niagara Region.

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

### MISSION STATEMENT

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

### VISION STATEMENT

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

### STATEMENT OF PHILOSOPHY

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

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

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

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

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

**PRESIDENT'S ANNUAL REPORT  
2012-2013**

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I am once again pleased to welcome our guests, staff and the Board of Directors of Brain Injury Community Re-entry (Niagara) Inc. (BICR) to our Annual General Meeting. This year, I am proud to announce that we are celebrating the 25<sup>th</sup> anniversary since the founding of this outstanding organization. Although it has been many years, the day we received our charter for a not-for-profit corporation remains especially vivid in my memory. This charter meant that we as an organization could accomplish our mission of caring for those in need within our community as the governing body would cover the wages of the caregivers. This has been our goal since 1983, and 25 years ago, the government finally listened to us! Since then, BICR has been continuously growing and expanding to reach the point in which we find ourselves today. May this growth continue for many years to come.

At this time last year, we found ourselves awaiting the results from Accreditation Canada. I am pleased to announce that we received Exemplary Standing for the past three years. A special thank you goes out to our front line staff, managers and executive director. This result reiterates all of the reasons we are so proud of the services we provide our clients as recognized by Accreditation Canada.

BICR held a Community Open Space Forum this past February in which community members had the opportunity to bring forward valuable ideas with regards to future organizational planning. These ideas have been presented to the Board of Directors and are now in the process of forming a Strategic Plan for the next four years.

I conclude this report by mentioning that the operations of BICR are continuing to run smoothly and efficiently due to the conscientious staff and management team.

Have a safe and healthy summer for 2013.

NICK OSTRYHON  
PRESIDENT

## **RAPPORT ANNUEL DU PRÉSIDENT 2011-2012**

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Une fois de plus, c'est avec plaisir que je souhaite la bienvenue, à notre assemblée générale annuelle, à nos invités ainsi qu'aux membres du personnel et du conseil d'administration de Réintégration communautaire des personnes ayant une lésion cérébrale (Niagara) Inc. (BICR). Cette année, je suis fier d'annoncer que nous célébrons le 25<sup>e</sup> anniversaire de notre création. Malgré toutes ces années écoulées, le jour où nous avons reçu notre charte d'organisme à but non lucratif demeure des plus vivides dans ma mémoire. Grâce à l'obtention de cette charte, nous, en tant qu'organisation, pouvions réaliser notre mission, soit de prendre soin des personnes dans notre communauté qui avaient besoin de nos services alors que le conseil d'administration assumerait le coût lié au salaire des fournisseurs de soins. C'est le but que nous visons depuis 1983 et, il y a 25 ans, le gouvernement a fini par nous écouter! Depuis, BICR a continué à prendre de l'essor pour atteindre le point où nous en sommes aujourd'hui. Puisse cette croissance se poursuivre pendant nombre d'années à venir.

Il y a un an, nous attendions les résultats d'Agrément Canada. Je suis ravi de vous annoncer que, les trois dernières années, nous avons reçu l'agrément avec mention d'honneur. Il importe de remercier sincèrement le personnel de première ligne, les gestionnaires et le directeur général. Ce résultat réaffirme pourquoi nous sommes si fiers des services que nous offrons à nos clients, comme le reconnaît Agrément Canada.

En février, BICR a organisé un forum communautaire afin de donner aux membres de la communauté la chance de proposer des éléments importants à inclure aux exercices de planification organisationnelle à venir. Ces éléments ont été présentés au conseil d'administration et contribuent à l'élaboration d'un plan stratégique visant les quatre prochaines années.

Pour conclure, je tiens à mentionner que ce sont les efforts consciencieux du personnel et de l'équipe de gestion qui assurent le bon fonctionnement de BICR.

Je vous souhaite à tous de passer un excellent été.

**NICK OSTRYHON**  
**PRÉSIDENT**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**EXECUTIVE DIRECTOR'S ANNUAL REPORT**  
**2012-2013**

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This year BICR has made significant strides in continuing to provide exceptional acquired brain injury services. I must first comment on our Accreditation Canada's report of Exemplary Standing status. This is a great achievement for all staff, management, and board members.

There is always a lot of hard work performed behind the scenes and I wish to congratulate all involved. Accreditation Canada has now allowed BICR to go up to a four year accreditation cycle which is a great opportunity for our organization.

Our Community Open Space Forum held February 2013 to gather input from our participants, families and community partners to assist with establishing our strategic directions for the next four years was well attended. The Board of Directors' have formalized the following Strategic Plan 2013-2017:

1. **Participant Safety:** BICR will provide support and leadership and create a culture of safety within the organization to individuals living with the effects of an acquired brain injury.
2. **Participant Prospective:** BICR will prioritize services to meet the needs of participants with an ABI. The organization will continue to explore: aging at home initiatives, expansion opportunities and input via participant surveys to ensure the proper services will be provided at the right time.
3. **Partnerships:** BICR will continue to nurture existing community partnerships while examining opportunity for further collaboration with other agencies. This will expand the ability and opportunities for participant options as well as staff education.
4. **Effective Organization:** BICR remains committed to be an employer of choice focusing on employee safety and engagement, technology improvements and fiscal responsibility that will provide participant centered services.

BICR was able to put forth a funding proposal to the LHIN #4 and successfully received an increase to our base funding. The funding allows a supported independent living program in Fort Erie similar to our Buckley Towers program in Niagara Falls. This initiative is in partnership with the Niagara Region Housing Authority.

During this past fiscal year we have provided Brain Injury Association Niagara with office space in our Unit 10 building. This is in hopes of allowing seamless services for individuals with an ABI in the Niagara Region.

BICR has completed participant and family satisfaction surveys once again with overall exceptional results. I continue to be impressed with the service our front line staff provides to our participants and their families. The Board is also very proud of the results of the surveys.

This past year we have been involved with the implementation of a standardized assessment tool called the RAI CHA. All case facilitators and coordinators have been trained in the use of the tool which should help with the identification of service needs for our participants. This is an encouraging process and we will provide further reports.

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I would like to thank all staff and managers for their continued efforts and support. Due to all your hard work BICR is capable of providing exceptional service to our participants. The fantastic support I receive each and every day is greatly appreciated.

Without the Board of Directors' vision and efforts in volunteering BICR would not be able to be successful.

I wish all a great 2013-214.

FRANK GRECO  
EXECUTIVE DIRECTOR



## **RAPPORT ANNUEL DU DIRECTEUR GÉNÉRAL 2012-2013**

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Cette année, BICR a réalisé d'énormes progrès dans la prestation de services hors pair aux personnes qui ont une lésion cérébrale acquise. Permettez-moi d'abord de souligner le fait qu'Agrément Canada nous a attribué une mention d'honneur. C'est une grande réussite pour tous les membres du personnel, de la direction et du conseil.

Il y a toujours beaucoup de travail qui s'accomplit dans les coulisses et je tiens à féliciter toutes les personnes concernées. Agrément Canada a maintenant permis à BICR de passer à un cycle d'agrément de quatre ans, ce qui s'avère une occasion en or pour notre organisme.

Par ailleurs, de nombreuses personnes ont assisté au forum communautaire que nous avons organisé en février dernier pour obtenir l'apport des participants, de leur famille et de nos partenaires communautaires afin de faciliter l'établissement de nos orientations stratégiques pour les quatre prochaines années. Le conseil d'administration a officialisé le plan stratégique suivant pour 2013-2017 :

1. **La sécurité des participants** : BICR fournira soutien et leadership et créera une culture de sécurité pour les personnes qui vivent avec les effets d'une lésion cérébrale acquise.
2. **La perspective des participants** : BICR établira l'ordre de priorité des services afin de répondre aux besoins des participants ayant une lésion cérébrale acquise. L'organisme continuera à explorer les éléments suivants : les initiatives Vieillir chez soi, les possibilités d'expansion et les commentaires obtenus au moyen de sondages pour s'assurer de fournir les bons services au bon moment.
3. **Les partenariats** : BICR continuera à entretenir les partenariats communautaires existants tout en examinant les occasions de collaboration avec d'autres organismes. Il vise ainsi à accroître ses capacités et les possibilités pour ce qui est des choix offerts aux participants et de la formation du personnel.
4. **L'efficacité organisationnelle** : BICR demeure engagé à être un employeur de choix qui privilégie la sécurité et l'engagement des employés, les améliorations technologiques et la responsabilité financière à l'appui de la prestation de services axés sur les participants.

BICR a réussi à présenter au RLISS n° 4 une proposition de financement et à obtenir une augmentation de son financement de base. Ces fonds nous permettront d'offrir, à Fort Érié, un programme d'aide à la vie autonome semblable à celui offert à Buckley Towers à Niagara Falls. Ce projet est offert en partenariat avec la Niagara Region Housing Authority.

Au cours du dernier exercice, nous avons fourni des locaux au groupe Brain Injury Association Niagara dans nos bureaux de l'unité 10. Nous espérons ainsi favoriser l'harmonisation des services pour les personnes de la région de Niagara ayant une lésion cérébrale acquise.

## **RAPPORT ANNUEL DU DIRECTEUR GÉNÉRAL**

### **2012-2013**

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Encore une fois, BICR a obtenu des résultats exceptionnels à son sondage de la satisfaction des participants et des familles. Les services que notre personnel de première ligne assure aux participants et à leur famille ne cessent de m'impressionner. Le conseil d'administration est également très fier du résultat des sondages.

Au cours de la dernière année, nous avons mis en œuvre un outil d'évaluation normalisé appelé RAI CHA. Tous les gestionnaires de cas et les coordonnateurs ont reçu la formation nécessaire pour utiliser cet outil, lequel devrait nous aider à définir les besoins de nos participants en matière de services. C'est un processus encourageant sur lequel nous ferons rapport.

Enfin, je tiens à remercier tous les membres du personnel et les gestionnaires pour leurs efforts inlassables et leur appui soutenu. Grâce à leur travail acharné, BICR est en mesure de fournir des services hors pair à ses participants. De même, je suis très reconnaissant du soutien incroyable qu'on me réserve jour après jour.

Sans la vision des membres bénévoles du conseil d'administration et les efforts qu'ils déploient, BICR ne connaîtrait pas autant de succès.

Je souhaite à tous un excellent exercice 2013-2014.

FRANK GRECO  
DIRECTEUR GÉNÉRAL

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

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

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

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

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

**UPDATES FROM 2010 - 2011**

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

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

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**UPDATES FROM 2011 - 2012**

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

**UPDATES FROM 2012 - 2013**

- Participant Safety Plan was reviewed and updated on April 1, 2012.
- Participant Safety Steering Committee provided quarterly reports to the Board of Directors on participant safety related information.
- Management Team reviewed participant safety related items monthly at management meetings.
- Safety indicators were maintained and reviewed quarterly via the Balanced Scorecard and Dashboard statistics.
- Accreditation Canada survey visit in May. BICR was awarded Accreditation with Exemplary Standing. All Patient Safety goal areas and required organizational practices were met.
- BICR's disclosure policy for Adverse, Sentinel and Near Miss events was revised.
- Added an additional Type of Incident to the Incident/Accident – Participant tracking form to track Health Status Changes that result in an emergency room visit with the participant.

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

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- Introduced new participant incident classification called “Critical Incident” to capture large participant safety events that do not fall under an Adverse or Sentinel Event category.
- Brainwaves Safety Corner – Article topics were *Protect yourself against Ticks* and *Did you wash your hands?*
- Evaluated effectiveness of communication to participants and families about safety related topics including Falls Prevention, Hand Washing, Fire Safety and Flu, via the Participant and Family Satisfaction surveys.
- Mandatory participant safety related training provided to all staff at orientation and annually at refreshers (E.g.: CIM, H&S, Medication, Fire Safety, WHMIS)
- Annual review of assistive devices and equipment completed.
- Ongoing equipment cleaning program to ensure proper reprocessing of participant equipment and devices in residences.
- Annual review and test of the agency’s Emergency Response Plan with specific focus on responding to a severe weather related emergency.

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

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

**ADDITIONAL INFORMATION/INITIATIVES**

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

COMMITTEE LEAD (S): Heather Olszewski, Sandra Harding

**UPDATES FROM 2010 - 2011**

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

**UPDATES FROM 2011 - 2012**

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

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

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

**UPDATES FROM 2012 - 2013**

- Started reviewing the AODA requirements and changes that will be necessary in making BICR’s website AODA compliant. A proposal to fund these changes has been submitted to HRSDC. At the time of writing, the agency is waiting to hear if this has been approved. Whether or not these funds are approved, the changes will need to be completed by January 2014.
- The topic “Technology” was brought forward at the Staff Open Space forum and a focus group was established to review Availability of E-mail for all Staff, Expansion of the agency’s Website Functionality,

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**STRATEGIC DIRECTION PROGRESS REPORT:**  
**COMMUNICATION & TECHNOLOGY**

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and the Use of Laptops in the Community. At this time, each of these ideas is being investigated and will most likely be implemented in the long term.

- Employee's earning statements, previously available in paper form, became available online for all staff in January 2013. It's expected that BICR will cease printing paper earning statements in June 2013.
- BICR started reporting financial projections and statistics through the self-reporting initiative as part of the Ontario Healthcare Reporting Standards (OHRS).
- The Integrated Assessment Record (IAR) software became available for BICR. Subsequently, software training in IAR was provided to all staff conducting RAI CHA assessments at BICR in order that they can access the IAR system.
- Start up cabling and setup of systems at Bowden Street program.
- Registration and qualification with TechSoup Canada, a provider of software to non-profit organizations at reduced pricing. Application to purchase software through TechSoup resulted in substantial financial savings for the agency.
- Replacement of Exchange Server.
- Purchase of six new computer systems to replace computers in the 8 – 10 year old range. This created a domino effect whereby from the six replaced systems, four of the systems were in turn given to other staff and three of their systems were also redistributed (the rest being retired and/or donated.) At the end of the fiscal year, there were 53 systems less than five years old, 21 systems in the five to seven year range and 5 systems between eight to ten years old.



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

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

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

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

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

**UPDATES FROM 2010 - 2011**

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

**DROP-IN GROUPS RECOMMENDATIONS:**

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

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

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

**UPDATES FROM 2011 - 2012**

- An Open House was held for Community Partners and Participants and family members to showcase Unit 10 and its expanded programs and services offered.
- The redesigned Learning and Leisure Guide was released. Additional changes were made throughout the fiscal year that included specific topics or activities for each date programming was offered to promote choice and attendance to activities of interest for participants. The guide was rearranged to provide groups sequentially as they occur throughout the week. The day of the week was added to top right corner as a visual aid for family and participants.
- Recreation Coordinator, PET Coordinator, Office Secretary responsible for publications and Modular Services Manager met quarterly to review group proposals/submissions and to develop the quarterly Learning and Leisure Guide.
- Month at a Glance calendars were created on 11 x 17 paper for staff that list programming for each day of the week and the times.
- Wacky Wednesday schedule was reduced to twice each month instead of weekly due to attendance. Twice per month format has worked well.
- Community partner, Brain Injury Association of Niagara moved into the computer lab space. The computers were relocated to large programming area where participants can still access them.
- In addition to Wacky Wednesday, group opportunities were added that focus on Independent living skills. The focus of these groups is to engage participants living in the community. Examples included the International Cooking classes, Baking, Jewelry Making, etc. These groups run simultaneously with traditional PET programming.
- Guest and Community speakers were invited into Unit 10, i.e. Public Health, Victim Services, Aromatherapy, Self Defense, Bus training, Pet Therapy etc.
- PET Coordinator began working with Brock University Drama Department to secure volunteers to perform the play After the Crash.
- Additional creative arts opportunities were added including Music Expressions, Drumming Circles, and Art Expressions.
- Attendance is taken at each group to monitor demand for an activity. In groups where attendance is capped i.e. International Cooking Series, waitlists are created once the group is full and a second group is then offered. Group stats were used to evaluate continuation of programs. For example, initially Jewelry Making was offered as a one-time group, however, due to popularity it is one that is now offered at least twice each year.

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

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**UPDATES FROM 2012 - 2013**

- During the 2012/2013 fiscal year, Unit 10 continued to be utilized for scheduled activities that are open to participants across all BICR programs. Activities and programs continued to be offered in the day and in the evening. The majority of the activities offered are overseen by either the Recreation Coordinator or the Personal Effectiveness Training (PET) Program. However, there has been an increase in staff coming forward with talents that they would like to share and these are being incorporated into programming and the Learning and Leisure Guide. For example, one staff coordinated a group to make an anniversary quilt with participants commemorating BICR's upcoming 25<sup>th</sup> year of service delivery. Another staff who plays the guitar has a music session provides an open session once a month for participants.
- Group offerings in the Learning and Leisure Guide continued to be monitored and altered based on program numbers and feedback. New groups were introduced such as music trivia.
- A multimedia projection player was purchased for Unit 10 along with a new DVD player to provide large screen movie, trivia and karaoke experiences for our participants.
- A focus on educational sessions for participants continued with topics such as First Aid and Bed Bugs provided.
- Wacky Wednesday continued with a Potluck theme on the first Wednesday of each month and a Casino theme on the third Wednesday of each month.
- The play After the Crash performed by Brock University students was a success and plans are under way to have another performance in the 2013-14 fiscal year.

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

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

ADDITIONAL INFORMATION: N/A

COMMITTEE LEAD (S): Frank Greco

**UPDATES FROM 2010 - 2011**

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

**UPDATES FROM 2011 - 2012**

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

**UPDATES FROM 2012 - 2013**

- BICR was successful in obtaining a SIL program and funding through LHIN #4 to provide services in the Fort Erie area. This will provide subsidized housing for up to seven individuals and programming similar to Buckley Towers program.

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

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

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

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

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

**UPDATES FROM 2010 - 2011**

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

**UPDATES FROM 2011 - 2012**

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

**UPDATES FROM 2012 - 2013**

- Continue to offer respite services to participants who are being supported by an aging caregiver through Respite program and through increased COSS hours.
- Services for individuals who are experiencing medical complications due to aging continue to be monitored and specific support for these individuals are considered and additional hours are applied where needed.
- Received funding from the Aging at Home Initiative to provide additional supported housing to individuals living in Fort Erie who have an acquired brain injury. We opened the new Bowden Site in January 2013.
- Information sessions for staff on the process of transitioning participants into a LTCF have been coordinated at departmental staff meetings. This information has been facilitated by the Case Facilitator for Long Term Care.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**24<sup>TH</sup> ANNUAL GENERAL MEETING MINUTES**  
**JUNE 13<sup>TH</sup>, 2012**

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Present: Nick Ostryhon, David Shapiro, Frank Greco, Jacqui Graham, Doug Kane, Brenda Yeandle, Dr. Linda Cudmore, John TeBrake, Luc Savoie, Steve Murphy, Sharon Cochrane, Jackie Lynch, Brian Minard

Regrets: Leslie Warriner

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1. Meeting called to order at 5:10 p.m.  
Nick Ostryhon thanked everyone for attending the evening's event. He introduced the Board of Directors and proceeded to mention that Brenda Yeandle and John TeBrake have completed their term of office.

2. Adoption of the Agenda

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

Moved: Jacqui Graham

Seconded: Steve Murphy

Carried.

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

Motion: To approve the minutes of the 23<sup>rd</sup> Annual General Meeting held on June 15<sup>th</sup>, 2011 with no errors or omissions.

Moved: Luc Savoie

Seconded: Dr. Linda Cudmore

Carried.

4. Financial Report & Investment Review

Larry Iggulden presented BICR's Financial Statements for the year ending March 31<sup>st</sup>, 2012. He referred to page 57 of BICR's Annual Report entitled Statement of Revenue and Expenses. Revenue is made up of 89% Ministry of Health funding, 9% fee for service dollars and 2% other. The largest expense during the reporting period is employee salaries at 84% and the agency reported an overall surplus of \$22,072 of which \$14,225 was returned to the Ministry of Health and the remaining \$7,847 surplus was allocated between Richardson Court the agency's reserve funds. Larry mentioned the agency assets have increased due to the building of the Promenade Richelieu residence. The total cost to build the new residence was \$685,171 from cash balances and mortgage proceeds of \$340,000. Liabilities have also increased by approximately \$332,000 and the agency's net asset position has increased by approximately \$20,000.

Larry mentioned it is the Auditors' responsibility to express an opinion on the financial statements based on the audit. The audit was conducted in accordance with Canadian auditing standards. The standards require that the Auditors' comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. Larry mentioned the agency records were found to be accurate and the audit evidence obtained was sufficient and appropriate to provide a basis for a qualified audit opinion. Larry opened up to questions.

Nick thanked Larry and the agency's accounting department and made a motion to accept the annual financial report as presented.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**24<sup>TH</sup> ANNUAL GENERAL MEETING MINUTES**  
**JUNE 13<sup>TH</sup>, 2012**

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Motion: To approve the Annual Financial Report ending March 31<sup>st</sup>, 2012, as presented.

Moved: John TeBrake

Seconded: Jacqui Graham

Carried.

5. Other Business:

1. Nick Ostryhon presented the President's Report

2. Frank Greco presented the Executive Director's Report and announced he received notification today that the agency has received accreditation with exemplary stranding from Accreditation Canada. He mentioned this result is a testament to the hard work of staff, the Board of Directors, managers and volunteers.

Frank welcomed Jackie Lynch, Sharon Cochrane and Brian Minard the three newest Board of Directors and said goodbye to Brenda Yeandle and John TeBrake whom have completed their tenure and Leslie Warriner who resigned to pursue family commitments. He thanked the community partners for attending the evening's event, the celebrating staff and volunteers, the Board of Directors and Sharon Coulson for organizing the staff recognition plaques and gifts.

3. Appointment of Auditors

Motion: To appoint the accounting firm of Partridge Iggulden for the operating year of 2012-2013.

Moved: John TeBrake

Seconded: Jacqui Graham

Carried.

4. Recognition of the 2011-2012 Directors.

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

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

5. Appointment of Vice President and Treasurer for a period for one year.

Motion: To appoint Steve Murphy the position of Vice President for a period of one year.

Moved: Doug Kane

Seconded: Jacqui Graham

Carried.

Motion: To appoint Luc Savoie the position of Treasurer for a period for one year.

Moved: Dr. Linda Cudmore

Seconded: David Shapiro

Carried.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**24<sup>TH</sup> ANNUAL GENERAL MEETING MINUTES**  
**JUNE 13<sup>TH</sup>, 2012**

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

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

Motion: To adjourn the 24<sup>th</sup> Annual General Meeting.

Moved: Luc Savoie

Seconded: Doug Kane

Carried.



BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**INTAKE DEPARTMENT ANNUAL REPORT**  
**2012-2013**

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As the agency's Intake Coordinator I participate in several committees as well as facilitate educational and training workshops for staff. Over the past fiscal year most of my training focus continued to be the RAI CHA initial training. Although most of the staff received training in the previous fiscal year, several staff either returned to work or were recently hired and required the training. The RAI CHA facilitation is a mandatory task that benefits the participant as they begin to build a pathway through BICR services.

As the lead trainer for the RAI CHA training it was my responsibility with the assistance of a Case Coordinator to train all eligible staff in completing the RAI CHA assessments. Once trained in the assessment staff would then attend a workshop with CCAC for the software training. In addition, I provided privacy/consent and Integrated Assessment Record (web based program) training. One full day training was completed by staff allowing them to be fully trained and able to complete and submit required assessments.

Due to the domains that the RAI CHA assessment covered, it was decided by staff and management that agency forms could be streamlined. A committee was developed and many forms were omitted or altered to minimize the duplication of information.

In order to accommodate all staff, BICR provided a Crisis Intervention Management training session on a weekend for staff that had difficulty attending during the weekday. The training was quite successful with approximately 12-14 staff attending. The response by staff was positive, illustrating the true commitment staff members have towards BICR and vice versa.

Other committees include the Participant Safety Steering committee, Admissions committee, Falls Prevention committee and Golf Tournament committee. Participating in the various agency committees allows me to see how truly multifaceted this agency is, and has a good understanding of all the different services that BICR offers to participants.

I continue to spread awareness of BICR and our services by complete presentations to community agencies. Most often these presentations highlight the services that BICR will provide to eligible participants, intake process, eligibility criteria and waitlist. CCAC and Long Term Care facilities continue to be the main audience of these presentations.

Intake was proud to participate in two participant transitions to the Buckley Towers Complex during the past fiscal year. Both participants received services from BICR in previous years and returned to the Niagara region after several years away. Staff at the Buckley Towers program accepted the challenge of the new participants and provided them with the resources needed to be successful in the community.

#### **CHALLENGES AND TRENDS**

The main challenges at intake were managing time and schedules due to the increased activity of completing the training for the RAI CHA and other facilitation. Expectations are that those demands will decrease as 90% of staff have completed the training. Since the RAI CHA has been in effect for a little over a year most demands have been met.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**INTAKE DEPARTMENT ANNUAL REPORT**  
**2012-2013**

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Over the past year the majority of acquired brain injuries have been the result of MVA. These numbers indicate the number of participants that have been deemed eligible and currently receive services by BICR staffing. Even though the "other" is identified with the highest percentage that number identifies several different causes grouped into one heading. Those numbers were too little to identify.

CAUSE OF INJURY	PERCENTAGE OF INDIVIDUALS
Stroke	13%
Motor Vehicle Accident	26.1%
Aneurism	4.3%
Act of Violence	8.7%
Anoxia	4.3%
Other	43.4%

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

AGE	PERCENTAGE OF INDIVIDUALS
20-24	21.7%
25-29	8.7%
30-34	13%
35-39	8.7%
40-44	0
45-49	8.7%
50-54	21.7%
55-59	13%
60-65	4.3%

The Intake department continues to find ways to provide a time efficient service to all referrals made. Participant needs continues to be the focus when referrals are made and a pathway through services are developed. When BICR is not the most appropriate service for applicants then the intake coordinator would make referrals and find resources that would be appropriate for the individual.

JOE TALARICO  
INTAKE COORDINATOR

## MODULAR SERVICES ANNUAL REPORT 2012-2013

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### GENERAL OVERVIEW

The Modular Services Manager position has the primary responsibility of overseeing the following services within BICR: Case Coordination; Fee for Service; Personal Effectiveness Training Program (PET); Recreation Services; Vocational Services; Rural Services along Erie Shoreline; and Long Term Case Facilitation. Additionally one COSS Case Facilitator and one Office Secretary are supported by this position.

### PROGRAM INITIATIVES AND HIGHLIGHTS

- Ethics Framework educational sessions continued to be provided to staff that were not able to attend initial training and was also incorporated into orientation for new hires. The topic of ethics became a standing item for supervisions and staff meetings throughout the agency.
- The Rural Service Coordinator continued to partner with HIAFE to provide two days of group programming each week and three days of individual support in the community. Support hours in the range of 8 – 12 per week were added to the Rural Service Coordinator to offset demand for outreach services within the service area.
- In October 2012, the Staff Open Space Forum was co-facilitated with Residential Manager Margo VanHonsberger.
- Periodic meetings were coordinated with HIAFE staff and board members to review programs and discuss opportunities for future growth.
- BICR's newest initiative, the Fort Erie SIL program, transitioned over to Modular Services at the end of this fiscal year. This program will support 7 individuals in their own apartment once fully operational. There is an additional apartment that staff utilize as an office within the building.
- The usage of the space at Unit 10 continued to evolve, in keeping with BICR's strategic direction of creating a Drop-In Center. The Recreation Coordinator and the PET Coordinator continued to meet and refine various groups and activities to reach a wide range of our participants.
- The Learning & Leisure Guide continued to be further reviewed and updated on a quarterly basis in consultation with Sharon Coulson, Office Secretary, Recreation Coordinator and PET Coordinator.
- The Long Term Case Facilitator and Modular Services Manager continued to meet, review and evaluate discharge questionnaires. While, the discharge questionnaires continued to be completed the focus was further extended to include internal transfers from one program to another or from one staff person to another.
- Vocational services continued to provide support to participants in both competitive employment and supported meaningful volunteer work. The vocational department remains dedicated to two successful partnerships with the Salvation Army Kettle Bell program and Gardening Angels.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**MODULAR SERVICES ANNUAL REPORT**  
**2012-2013**

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- One summer student was hired and shared between Vocational services and Recreational services. Niagara College Students from the Social Service Worker Program, the Education Assistance - Special Needs Support, and Recreation and Leisure completed placements within the Case Management, Recreation and PET programs. These placements continue to be successful segues into employment for many of our students.

**OBJECTIVES FOR THE UPCOMING YEAR:**

- The Long Term Case Facilitator position will transfer from Modular Services to COSS.
- Continue to transition remaining participants into the Fort Erie SIL program as it becomes fully operational.
- Plans are underway to offer another Caribbean Vacation for participants, possibly targeting January or February 2014.
- Continue to provide training to new hires on BICR's Ethical Framework.
- The focus on Community Partnerships and linkages will continue to be fostered.

While I have touched on the themes and program highlights of Modular Services in general, Case Coordination, Long-term Case Facilitation, Recreation Services, Vocational Services and PET Program have submitted annual reports on their respective department's outlining the activities and accomplishments in the 2012-2013 fiscal year. Please refer to these reports for additional information.

I am thankful to have a team that embraces flexibility and continues to embrace the "What Ever It Takes" model of supporting participants and their needs. Congratulations on another successful year!

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

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**CASE MANAGEMENT PROGRAM ANNUAL REPORT**  
**2012-2013**

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#### GENERAL OVERVIEW

The Case Management department focuses on developing programming and services for admitted participants after the process of intake. Case Coordinators integrate participants into programs and services based on their identified goals and needs while the participant awaits inclusion in further departmental programs. With a transitional focus, Case Coordinators worked across programs and integrated individuals into all support departments offered at BICR. In relation, referrals and partnerships with other community programs is ongoing in order to complete the application for identified supports and provide direct assistance with accessing such identified supports available. This has seen the department strongly involved with services including CCAC, ODSP and OW, Community Addiction Services of Niagara (CASN), CMHA, Housing Help Centre, and others. Therefore, the Case Management department continued to embrace the standard principles reflecting an approach highlighted by comprehensive assessment, direct care planning, implementation of services, evaluation of progress, and transition.

#### STATISTICS

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

TOTAL FILES SERVICED	TOTAL ADMITTED DURING REPORTING PERIOD	TOTAL TRANSFERS TO OTHER BICR PROGRAMS	TOTAL CLOSURES / DISCHARGES
68	23	15	12

#### HIGHLIGHTS/INVOLVEMENTS

Case Management continued to be involved with the integration of the interRai assessment tools into the BICR practice. In partnership with the Intake Coordinator, all record binder designates received thorough training on the tools and continued to be provided with ongoing support and guidance with their implementation. Further involvement evolved into being an active voice in restructuring documentation and communication of supports throughout the agency, with both Case Coordinators participating in the documentation focus group and revising current templates for report writing. This will have a strong influence on strengthening the communication of support needs and areas of focus between employees at points of transition, and Case Management continued to partner with the Intake department to provide further training on these revised templates for documentation.

Both Case Coordinators continued to be active participants on several committees and focus groups. This included participation in the Joint Health and Safety Committee, Accreditation Canada focus group, the Accessibility Advisory Committee of Niagara, the Behavioural Review Committee, and both Case Coordinators continued to be active seats in the Admissions Committee to assist with the assessment of eligibility and identification of initial services and referrals. Case Management also continued to be strongly involved with the supervision of Niagara College Social Services Worker program students, assisting HR with interviews and structuring placements to maximize the effectiveness of placements and directly supervising several students throughout the reporting period.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**CASE MANAGEMENT PROGRAM ANNUAL REPORT**  
**2012-2013**

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The Case Management department also continued to facilitate the Substance Use/Brain Injury (SUBI) groups offered at BICR. This included ongoing facilitation of weekly groups for participants as well as follow up support to both active participants and their designated staff. Assisting both staff and participants with the allocation of properly matched support programs and comfort with available materials, such as SUBI client and provider manuals, was ongoing throughout the reporting period.

Both Case Coordinators continued and expanded upon the facilitation of several in-services in order to provide guidance and training to staff throughout the agency. Topics included Addictions, Crisis Intervention Management, Motivational Interviewing, Community Resources, Documentation, and as previously mentioned the training for the interRAI assessment tools. In relation, attendance and participation in training opportunities were actively engaged, with both Case Coordinators attending the Case Management Standards of Practice presentation, and one Case Coordinator completing certification in Mental Health First Aid through Canadian Mental Health Association.

Finally, ongoing strengthening of BICR's relationships with community partners was emphasized through direct involvement with referrals for support services with participants and opportunities for cross-training and presentations. This included and was not limited to direct partnerships with Canadian Mental Health Association, Community Addiction Services of Niagara, Housing Help Centre, Community Care Access Centre, Hamilton Health Sciences, Court Support Services, Niagara Rehab, and the Niagara Health System. with fundraisers and attending BICR's Cuba trip for participants was a highlight of the past year.

#### CONCLUSION

Case Management proudly reflects on a year highlighted by the continued expansion and maximization of the department's role and effectiveness. Through the combination of direct support to participants and leadership through training and support to colleagues, Case Coordinators saw their roles with BICR increase in responsibility and assistance. In doing so, support trends continued to be examined including identification of correlations such as ABI in the homeless population, assault related ABIs, support services required after a significant amount of time post-injury, and ongoing increased issues related to concurrent disorders. The next year is predicted to bring more expansion and assessment, with such trends continuing to be identified and examined through the Case Management department.

JEFF SICA  
CASE COORDINATOR

JONATHAN WILLIAMS  
CASE COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**PERSONAL EFFECTIVENESS TRAINING ANNUAL REPORT**  
**2012-2013**

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#### OVERVIEW

The Personal Effectiveness Training program (PET) continued to provide programs five days per week encompassing key components of Community and Life Skill Training, Physical Exercise, and Supported Community Placements.

Throughout the 2012-2013 fiscal year, the PET department implemented a significant number of new programs to meet the needs and interests of PET participants as well as the greater population of BICR participants. Programs have been led by PET staff, and at times BICR staff from other departments that expressed interest in contributing to services provided out of Unit 10. Additionally, workshops and presentations were provided by various individuals and professionals from the Niagara community.

#### GROUPS AND PROGRAM HIGHLIGHTS

The number of individuals attending the PET program fluctuated between 21 and 24 participants throughout the fiscal year. This group is comprised of 10 to 12 BICR participants and 9 to 10, March of Dimes participants. On average, participants attend the PET program 1.5 days per week. Participants requesting service from the PET program are provided with an initial meeting to review their objectives and goals, prior to their attendance at weekly programming. The number of days a participant attends PET is determined by program assessment of need as well as the input of the individual, and/or their family and other professionals that are involved in their support.

Music therapy remains a long term program managed through PET. In addition to the 7 participants who attend PET program on Fridays, an additional 12 participants join the group for music therapy which runs on a weekly basis.

Participants attending the PET program on Thursday afternoons are involved in a weekly, YMCA Fitness Program. PET incurs the cost of a subsidized group membership which offers participants an opportunity to focus on their physical fitness rehabilitation goals in a group environment. The fitness program allows individuals to participate in various activities such as swimming, yoga, weight training, cardiovascular activity and specific exercises recommended by their physiotherapist.

#### GROUP INITIATIVES

The PET department continued to run short term group initiatives on an ongoing basis to meet the changing needs of participants. Groups are offered in the Learning and Leisure guide and are open to both PET participants as well as participants all across the organization. The group format typically coincides with the 12 week learning and leisure guide schedule. Mat and Chair Yoga remain a successful short initiative. At the end of this reporting period, 12 individuals were attending mat yoga and 35 individuals were attending chair yoga. The program runs within a 12 week schedule: 8 weeks of yoga with a 4 week break. In early 2013 Yoga re-entry was introduced as a new program initiative. The program was designed to assist BICR Niagara participants in current attendance of Mat and Chair yoga with BICR; to transition into a community yoga class. The program ran for 4 weeks duration, coinciding with the 4 week break between BICR yoga classes. Two participants attended yoga re-entry, which was held at the local YMCA of St. Catharines.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**PERSONAL EFFECTIVENESS TRAINING ANNUAL REPORT**  
**2012-2013**

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Over the past year the PET department has continued expanded their short term group initiatives. A greater number of participants now have an opportunity to take part in groups of their choosing. Learning specific skills or taking part in special interest groups, without committing to attend on a long term basis. Nearly all programs have been offered within the 12 week block. Programs such as jewelry making, art expressions and ABI relationships to name a few; were facilitated by PET staff. Some of the other short term programs such as self defense, drama club and hand hygiene; were presented by a community agency representatives or working professionals.

In addition to the greater number of short term groups offered throughout this past fiscal year. The PET department coordinated a play for BICR participants called "After the Crash", a play about brain injury by Julia Gray and the ensemble. It was performed by students from the D.A.R.T. program at Brock University at BICR's 261 Martindale Road Unit 10 location for BICR participants. It was well attended and received by all.

The Recreation and PET department collaborate on a number of program initiatives throughout the year. The Spring Fling and Halloween Dance along with ongoing bi-monthly Wacky Wednesday evening group activities. Currently, Wacky Wednesday's run on the first and third week of every month. The first week is a pot luck and games event. The third week is Casino night. Between 12 and 28 individuals attend Wacky Wednesdays on an ongoing basis.

In conclusion the PET department has been successful in maintaining the long term Personal Effectiveness Program offering new programs and initiatives to the participants. In addition to this the PET department has also been successful in the expansion of short term group initiatives offering a great number of trendy and exciting programming.

GILLIAN PAGNOTTA  
PERSONAL EFFECTIVENESS TRAINING COORDINATOR



BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**RECREATION SERVICES ANNUAL REPORT**  
**2012-2013**

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**GENERAL OVERVIEW**

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

**ONGOING GROUPS / DROP IN EVENTS**

<b>DROP IN PROGRAMS</b>	<b>PARTICIPANTS SERVED (averages)</b>
Bowling at Parkway Lanes	9
Men's Group	13
Fun in the Sun	13
Wacky Wednesday	14
<b>REGISTRATION PROGRAMS</b>	<b>PARTICIPANTS SERVED (averages)</b>
Whispering Pines	8
WRAP Mondays	8
WRAP Fridays	8
Horticulture Therapy Tuesdays	5
Horticulture Therapy Thursdays	4
Lunch Club Niagara Falls	5
Music Trivia	7
Movie Madness	5

<b>TRIPS</b>	<b>PARTICIPANTS SERVED (exact #'s)</b>
Geneva Park August 2012 (Residential)	10
Geneva Park August 2012 (COSS & Modular)	9

<b>SEASONAL</b>	<b>PARTICIPANTS SERVED (averages)</b>
Baseball Tournament	25
Canoeing x 14 weeks	12
COSS & Modular Services Christmas Party	75
BICR Bowl-a-thon	40
Spring Fling Dance April 2012	44
Halloween Dance October 2012	37

<b>CALENDAR OUTINGS</b>	<b>APR</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>TOTAL</b>
<b># OF EVENTS</b>	7	8	7	8	7	8	6	8	7	8	6	8	88
<b># ATTENDED</b>	74	74	63	69	56	62	70	84	77	92	49	84	859

**PROGRAM HIGHLIGHTS**

- All ongoing groups and activities offered by the Recreation Department continued to maintain maximum numbers.
- Changes to the application process for Caribbean trips. The change will impact future trips as it will assist in the selection process, and provide additional information to aide staff when working with vacationing individuals.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
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- The successful coordination of two summer trips to Geneva Park.
- Successful co-facilitation of Wacky Wednesday in coordination with the PET program.
- The start of a new Music Trivia group.
- BICR continues to foster a successful partnership with the School of Horticulture for the WRAP program.
- Reformatting the Learning and Leisure Guide and Recreation Calendar and utilizing these publications as a tool to communicate recreational and group programs offered to our participants.
- The continuation of ongoing contact with residential recreation representatives, and each residential site facilitating one recreation event each month.
- Continued success of seasonal recreation activities that include the Bowl-a-thon, Baseball Tournament and canoeing.
- The completion of two fundraisers, a Spring Fling dance and a Halloween dance.
- Continued input from clients and staff in regards to recreation programming.
- Van Coordinator for one agency vehicle housed at the BICR office.
- Provided day to day support to co-op students in recreational services from a variety of post secondary and high schools in the area.

As the Recreation Coordinator I am an active member of the following BICR committees: Bowl-a-thon, Golf, Vacation planning, Modular Services, Transportation, and Community Outreach Support Services/Modular Services Christmas Party.

DAVE HORTON  
RECREATION COORDINATOR

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

The Vocational Program assists participants with pre-employment education, skill enhancement learning and maintenance with all vocational goals. The program focuses on finding employment opportunities, volunteer initiatives, return to work, continuing education and accommodation planning. The Vocational Program offers individualized case planning and job coaching support to participants interested in exploring a new path and maintaining their successes.

#### COMMUNITY INVOLVEMENT AND PARTNERSHIPS

The Vocational Program has been working hard over the past several years in developing new on-going community partnerships. These partnerships have assisted many of our participants with direct employment, meaningful volunteer placements and continuing education. Through networking and advocating on our client's behalf the Vocational Program has developed strong partnerships and worked collaboratively with other community based agencies including ODSP Service Providers, WorkLink, YWCA Employment, Niagara Region, Niagara College, Cancer Society, Salvation Army, and Brock University to assist participants with their vocational goals.

A two year partnership with the Salvation Army continues to be a success. After many hours of coaching, scheduling and training from the Vocational Program, the Salvation Army hired an additional 6 participants this past Christmas season for their Kettle Bell Program, doubling the total of participants from the previous year to 12. The participants rotated between several locations in St Catharines, averaging a 2-6 hour shift, 3-5 days per week during the holiday season. After reviewing our participant's work performance, it is anticipated that again there will be an increase in hires for the next season.

An eight year partnership with a small local business called Cemetery Gardening Angels continues to provide increased opportunities for growth within BICR. This small business provides gardening care to cemetery plots at six cemeteries in the Niagara Region. Cemetery Gardening Angels have hired a total of six individuals at a competitive wage to work at Victoria Lawn Cemetery two days per week and the Fonthill and Welland cemeteries three days per week. The Vocational Program will use this coming season as a mentoring year, spending time with the owner to further learn all the responsibilities and commitments that managing this business entails.

#### STATISTICS

The statistical information below provides an overview of the Vocational Programs in-services from April 2012 to March 2013.

Active Participants fluctuated between 30 – 36.

The waitlist ranged between 0 – 3.

COMPETITIVE EMPLOYMENT	SEASONAL EMPLOYMENT	VOLUNTEER WORK	RETURN TO SCHOOL	JOB SEARCH
9-11	13	9-11	3	1-3

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**FUTURE INITIATIVES**

The Vocational Department has made great strides in building a foundation that focuses on pre-employment initiatives and retentions outcomes. Participants have the opportunity to build skills, motivation and engage in real employment situations through skill enhancement activities offered by the Vocational Department. Over the years an emphasis has been placed on offering step by step modular succession planning to each participant by creating individualized support plans.

Participants have the option to choose or identify their own needs and tailor their vocational goals by choosing from a multitude of vocational activities. Through our continued efforts in building partnerships, offering educational workshops and providing hands on learning opportunities, each participant will increase and maintain success in their life.

In aligning with BICR strategic goals and utilizing a community based approach, the Vocational Department will see a revitalization of new individualized case planning. All participants will continue to take an active role in their own vocational goals through the guidance and support of the Vocational Coordinator and Facilitator.

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

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

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

**STATISTICAL INFORMATION APRIL 2012-MARCH 2013**

CASELOAD APRIL 2012	ADMISSIONS	DISCHARGES / FILE CLOSURES	TRANSFERS	CASELOAD MARCH 2013	WAITLIST MARCH 2013
34 participants	5	6	0	33	1
	3 COSS 1 Buckley 1 Social Work				

The above statistical information provides an overview of the Long Term Case Facilitators caseload from April 2012 to March 2013. This writer started the fiscal year with 34 participants and ended with 33 participants, with one participant awaiting service.

**REFERRALS/ADMISSIONS**

Five individuals were admitted to the program during the course of the year. Three referrals were received from Community Out-reach Support Services, one from Buckley Towers and one from Social Work. One of these individuals was transitioning back into the community from the Buckley Towers Program and the other four individuals felt that minimal support on an as needed basis would be helpful.

**AREAS OF SUPPORT**

The writer assisted individuals to address their immediate concerns. Participants requested support in the following areas: obtaining housing, emotional support, problem solving, information, education, advocacy, comprehension of correspondence and form completion and linking individuals with internal and external service providers. Attendance at medical appointments to ensure medical follow through and continuity of care occurred. The Long-term Case Facilitator provides support to the participants significant others by offering guidance support and encouragement. 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 (25 crisis were tracked during the aforementioned fiscal year).

**TRANSFERS**

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

**DISCHARGES**

Six participants were discharged from April 2012 to March 2013. One of these participants moved out of the catchment area and the others had not accessed services for an extended period of time and agreed that further support was no longer required.

**SPECIAL PROJECTS**

- Participation in the Emergency Response Outbreak Committee (EROC) continued during this fiscal year.

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- Completion of a timeline summary of the steps taken during the development of the Transfer/Discharge survey and preliminary results was submitted to the Modular Service Manager in preparation for the Canadian Council on Health Services Accreditation site visit May, 2013.
- By the end of the 2012 – 2013 fiscal year, eight surveys had been completed with participants being discharged from Comprehensive and Modular Services. During this fiscal year, the completion of Transfer/Discharge surveys were piloted with participants who were being transferred to another program or staff person, which resulted in an additional thirty- four surveys being completed. Overall results were being tabulated at the time of this report.
- Attendance at the staff Open Space Forum and participated in one of the follow-up groups.

DONNA RIX  
LONG TERM CASE FACILITATOR

## RURAL SERVICES ANNUAL REPORT 2012-2013

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### GENERAL OVERVIEW

During this year, BICR has continued to foster the ongoing partnership between HIAFE and BICR. This partnership continues to be strengthened through the provision of group programming, individual support services and ABI education for those living in the Erie Shoreline. Group programming is offered on Monday and Tuesday of each week and is comprised of BICR and HIAFE members. The partnership has provided the opportunity for many individuals in the community to become aware of the services in their community and receive the support they are greatly in need of.

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

During the last year, the Erie shore has unfortunately experienced some economics challenges, thus impacting support services, employment and affordable housing for those living in this area with a brain injury. On a positive note, in December, BICR was successful in partnering with Niagara Regional Housing in order to secure funding from the LHIN to create a Supportive Independent living environment on Bowden Street in Fort Erie. This will provide 8 units, 1 for support staff and the others for participants to access affordable living and while at the same time receive the support that they need to maintain their independence in their community. A few of the existing participants on the Rural Service caseload are transitioning into this new program.

In November 2012, YMCA in conjunction with BIAN, BICR began to offer yearly YMCA memberships to participants living in Fort Erie. The opening of the Port Colborne YMCA in February 2013 has also been beneficial for those living in the area working toward a goal of healthy lifestyle or developing programs to assist with mobility.

The opening of Bridges Community Health centre in Port Colborne and Fort Erie has been another successful community initiative. Comprised of a community health centre team, it provides educational and practical health promotion programs and services to all members in the community. A vast majority of individuals living in these areas have been able to access supports as a family doctor, psychiatrist, nurse practitioner as well attend weekly support groups and educational session offered by the health care centre.

### HIGHLIGHTS

- BICR and HIAFE continue to offer a Cooking Skills group on a weekly basis. The group is ongoing and offers the participants the opportunity to engage in planning, prepping and preparing meals. The group also focuses on shopping, health and nutrition and kitchen safety.
- In the winter, a group focused on fitness and health participated in weekly outings to the Fort Erie YMCA. HIAFE and BICR continue to offer two recreational outings per month in the community to the participants

## RURAL SERVICES ANNUAL REPORT 2012-2013

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attending groups. Recreational outings are also announced in HIAFE Sky High Review for others to register if interested.

- Another component to programming offered at HIAFE is the weekly peer support group. This afternoon program provides participants the opportunity to share experiences with one another and encourages emotional and practical support through facilitated discussion. The groups are organized by the Rural Service Coordinator; however the topics and discussion are directed by the participants.
- HIAFE hired the services of a Music Therapist to provide two hours of music therapy per month. This program remains open to all participants in the Erie Shore area.

### STATISTICS

The number of participants attending programs in the Erie Shore continues to increase. Currently, there are 31 participants accessing programming and receiving individual support in the community. The strengthened partnership with HIAFE continues to increase the amount of referrals to BICR for further supports. This again has strengthened the partnership, as many of participants receiving services are shared and supported by BICR and HIAFE, thus providing more support for those in dire need.

### CHALLENGES

Transportation remains a challenge for many of our participants. Accessible Transit is available through F.A.S.T (Fort Erie Accessible Transit). However, transit service does not cover Port Colborne areas and currently has 2 running transits available to service all clients in Fort Erie and surrounding areas.

There is a general lack of support services available in the area. Referrals are often made to the outlying areas of Welland and St. Catharines and long waits incurred.

Moving forward, with a recent change to staffing at the end of the year, the new Rural Service Coordinator has provided the opportunity for new programs such as First Aid, Pet therapy and Drumming all scheduled to begin in the 2013 out of the HIAFE offices.

I look forward to the continued development in this area.

TRACY MADDALENA  
RURAL SERVICE COORDINATOR



BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**COMMUNITY OUTREACH SUPPORT SERVICES ANNUAL REPORT**  
**2012-2013**

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**GENERAL OVERVIEW**

The Outreach department continues to provide variable support to approximately 100 participants throughout the region of Niagara, not including Modular Services, Fee for Service, Erie Shore and the new SIL in Fort Erie. The Outreach team consists of one Team Coordinator, 10 Case Facilitators and 16 Rehabilitation Counselors who provide rehabilitation support to individuals with an acquired brain injury based on identified goals that are mutually developed. Generally the focus is on increasing independence and skill development. We work with individuals living on their own, living with family members, in Long Term Care Facilities or in Supportive Living programs with OMOD (Ontario March of Dimes) support. Our support is goal oriented, individualized and measurable to the extent possible. We also assist with many other issues as they arise thus the focus can often be on maintaining an individual within the community.

**PROGRAM INITIATIVES & HIGHLIGHTS**

- One Outreach Case Facilitator completed a five (5) day Mental Health First Aid Canada Instructor training course put on by Canadian Mental Health Association (CMHA ), Hamilton Branch. This individual is now certified to provide this training to BICR staff and to partnering agencies and will be facilitating 2 – 3 sessions per year. CMHA provided this training free of charge. We are grateful to be able to benefit from this as it provides a great opportunity to build our mental health and addiction capacity within our organization and potentially other providers we partner with.
- One of our objectives last year was to have an information package and contract outlining services from BICR for participants transitioning from Residential Services to Long Term Care Facilities early on in the process. This is now available. The Long Term Care Case Facilitator has initiated meetings with Residential staff and can be available to meet families for an early introduction to this support service.
- Another objective that was identified last year and has started was to introduce more bus training to participants since the start of a Regional Niagara Transit system. During the summer an initiative was launched providing transit tickets to participant and staff interested in utilizing the public transit.
- All Case Facilitators and Coordinators have received training on completing the RAI CHA assessment with all participants. The inter RAI CHA is an assessment tool that can be shared with other health service providers thus eliminating duplication and increasing collaboration. The RAI CHA Caps and Outcomes are now integrated into Individual Support Plans and Progress Reports.
- We continue partnering with NTEC in Port Robinson where we have our Horticulture program. This program runs from May until October two days per week. The BICR participants are responsible for flower beds in the front of NTEC and for 3 vegetable gardens at the rear of the building that are donated to a charitable organization. This program is therapeutic in nature as participants are assisted to focus their attention to specific tasks, engage in meaningful activities to them, and work collaboratively with others.
- Fun in the Sun, a weekly program at Lakeside Park in Port Dalhousie, replaces bowling during the summer months. This initiative is facilitated by Outreach staff. A number of participants attend from all

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clinical departments within the organization. The program is structured with activities suitable for all and has received very good feedback over the last few years.

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

#### OBJECTIVES AND GOALS

- Continue to look at ways to reduce transportation costs to the department.
- Highlight community resources and develop partnerships by inviting guest speakers to staff meetings on a regular basis.
- Assist in updating the Participant Handbook.
- Support the agency's mandate to provide services in French by translating written material into French, by continually updating the website with translated material, by reaching out to French community partners.
- Assist in making training available to all Case Facilitators and interested Rehabilitation Counselors in mental health and addictions.

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Another year has gone by and I want to thank my dedicated staff for all of their hard work and commitment to our participants, family members and caregivers. This was a year of many staffing changes within COSS. We have welcomed new staff to our department and seen movement within the agency creating the best teams possible. Thank you for all of your support.

LINDA RAPLEY  
COSS PROGRAM MANAGER

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**RESIDENTIAL SERVICES ANNUAL REPORT**  
**2012-2013**

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**GENERAL OVERVIEW**

This report covers the period from April 1, 2012 to March 31, 2013. Residential Services is comprised of the Richardson Court, Promenade Richelieu and Parkdale residential sites inclusive of the Transitional Training Facility located in the basement of the Parkdale residence.

**RESIDENTIAL SERVICES**

During this reporting period, the Residential department provided resources and supports for 15 full-time residential placements and one shared care participant. The shared care participant accesses the residential program from Sundays to Thursday each week and spends the weekend home with family. This arrangement allows additional individuals the opportunity for weekend respite stays typically offered from Thursday evening to Sunday afternoon. Participants on a respite stay were provided with an average of 60 hours of residential support every weekend to ensure the success of their stay. Respite continues to give caregivers an opportunity to have a well needed break and to give participants a chance to experience a new environment and meet new people. Respite services also provides a great opportunity to give participants who are on the waiting list for residential services an opportunity to become more familiar with the agency and the staff prior to moving in on a full time basis.

Services for all the residential participants were achieved through the dedicated efforts of a supportive team comprised of 2 Team Coordinators, 6 Case Facilitators, 55 Rehabilitation Counselors, and students from various local schools. The residential management team continues to include 2 program managers. Staff continues to collaborate with our Director of Clinical Services, Dr John Davis on a regular basis to ensure that the participants are receiving the best quality of care to support their complex needs. The highly skilled team supports participants in all aspects of their life including activities of daily living, behavioural management, productive activities and frequent community involvement. The residential program continues to embrace participant changes relating to aspects of aging and health support. There continues to be coordination with Community Care Assess Centre for occupational services, physical therapy support and for the facilitation of transitions and referrals to Long Term Care Facilities.

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

**CHRISTINE WILLIAMS**  
PROGRAM MANAGER

**MARGO VAN HONSBERGER**  
PROGRAM MANAGER

## BUCKLEY TOWERS ANNUAL REPORT 2012-2013

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### GENERAL OVERVIEW

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

Buckley operates 7 days a week from Monday to Friday (8:00 am – 9:00 pm) and on weekends from 9:00 am – 9:00 pm) with two full time staff working during the daytime hours. A total of two part-time and two relief staff augment the full time hours and work evening and weekends.

The ongoing partnership between Buckley Towers program and Niagara Regional Housing strengthens the program and gives opportunities for participants to access subsidized housing. All rental costs for participants continue to be geared to income and participants can apply for a transfer within NRH once they are ready to transition out of the Buckley program.

### HIGHLIGHTS 2012- 2013

- In October 2012 and March 2013 two new participants joined the program while two others transitioned out into the community and are now part of the COSS program.
- In observance of Earth Day, Buckley participants completed in a clean-up around the Buckley Towers apartment area.
- Several participants continue to stay active by utilizing our local YMCA-Niagara Falls Branch. The ongoing partnership between BIAN and the YMCA makes this possible for a low membership cost of \$35 a year.
- More upgrades were completed to the apartments including new bath tubs, tiles, vanities and flooring in all the bathrooms. As a pilot project the Buckley office received a new kitchen also which eventually will be an upgrade in all apartments.
- Staff continue to be involved in training opportunities. Two of the staff will be involved in an upcoming training session on Mental Health First Aid.
- One of the challenges the program experiences continues to centre on supporting participants who are dealing with an addictions issue. A training session on Motivational Interviewing Techniques was offered to the team.
- The Niagara Region continues to offer the Wellness and Healthy Living Program. Services include a weekly exercise class, foot care, blood pressure readings, BINGO, and other social activities.

## BUCKLEY TOWERS ANNUAL REPORT 2012-2013

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- One of our participants continues to volunteer at the Niagara Historical Society where he participated in the celebration and reenactment of the War of 1812.
- Participants continue their involvement in agency programs including Men's group, WRAP, bowling, YOGA, SUBI group, and other recreational activities. In June 2012, the Buckley group enjoyed a day at Canada's Wonderland.
- Buckley continues to have a structure structured weekly activity where the focus is on the preparation of a simple meal and providing an opportunity to socialize with one another.

SHELBY BANAS  
TEAM COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**PSYCHOLOGY SERVICES ANNUAL REPORT**  
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Psychology Services has one full-time Psychologist, who also serves as BICR's Clinical Director. The Psychologist reports to the Executive Director, and provides clinical supervision for the Clinical Social Worker. Administrative Services provides excellent support to the Psychologist. The types of clinical services provided by Psychology include assessment (e.g., psychological, neuropsychological, behavioral, psychophysiological, quantitative EEG), intervention (e.g., counseling and psychotherapy, biofeedback, neurofeedback), consultation (to BICR and community staff), on-call and crisis management support, and supervision. The Psychologist is also available to complete reports and forms that help Participants access government and no-fault car insurance resources. These clinical services to specific Participants totaled about 89 percent of the Psychologist's weekly hours. About 46 percent of the Psychologist's time involved face-to-face contact with Participants or their family members. The Psychologist's other duties included administrative, research, and educational activities.

During the 2012-2013 year, psychological services were provided to 72 unique Participants. There were 18 new referrals and 37 closures. On average, about 40 Participants were active, with 29 unique individual Participants being seen each month. Participant waiting time for service this year was about 8 weeks. For Participants who completed service this year, the average case was active for about 102 weeks. The large majority of recipients of psychological services continue to be Ministry of Health-funded Participants in Residential, Outreach, Case Management, and Modular Services. A small number of Participants received fee-for-service care from the Psychologist.

The Psychologist remains involved in the Management Team planning days, Behavioral Review Committee, and Admissions Committee. Administrative Services supports the Psychologist in the Clinical Quality Assurance program, which shows good achievement of clinical goals by Participants (e.g., 71 percent of Participant goals in their Individual Support Plan show at least some progress). The measures used in the Clinical Quality Assurance program are being scaled back with the introduction of the RAI CHA methods which have measures to take their place.

The Psychologist collaborated with the University of Munich in brain imaging research, taught first-year medical students at McMaster University's Niagara campus, and supported research in acquired brain injury led by Brock University faculty.

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

## SOCIAL WORKER ANNUAL REPORT 2012-2013

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### GENERAL OVERVIEW

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

The social work department has serviced an average of 55 participants and family members per month. The number serviced includes individuals accessing counseling and individuals participating in group programs. The wait for service has varied depending on the identified need.

At this time the social work program provides counseling for participants and their family members at the main office and throughout the different communities in the Niagara Region. During the year there have been a variety of issues that have been predominant for the social work program. Some of the issues include building and maintaining healthy relationships, mental health issues, acquired brain injury education, and anger management. In May 2012 the social work program began offering group programs. Each group was offered for 20 weeks to provide additional learning opportunity. During this reporting period there were 2 groups offered: building and maintaining healthy relationships and building healthy self esteem. The number of group members ranged from 7 -13 each week.

The social worker has also continued to be involved in planning and facilitating staff training on the topic of Sexuality and ABI. In addition to the formal training opportunities the social work department also provides informal opportunities for staff to discuss participant issues or concerns.

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

DIANE THOMSON  
SOCIAL WORKER



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The Administration team had much to celebrate this year! The department welcomed Diana Vintila on a maternity Administrative Assistant contract position and Elaine Harvey as a new Receptionist, permanent position. At the Annual General Meeting in June, the agency acknowledged tenure and Alice LeBel, Administrative Assistant, celebrated 20 years of service, Jennifer MacLean, Scheduler, celebrated 10 years of service and Lewis Thomson, Maintenance, celebrated 5 years of service.

After participating in the on-site accreditation survey in May, BICR was awarded **Accreditation with Exemplary Standing**, the highest decision award possible. The agency received more good news when Accreditation Canada also recognized BICR's Wellness Committee as a Leading Practice. BICR introduced the Wellness Committee in 2004 to promote wellness in the organization and over the years the team has provided information on a wide variety of topics. Recently, Accreditation Canada announced that due to BICR's high performance and ongoing commitment to quality improvement, BICR's accreditation status has been extended for an additional year. This means that the next on-site survey will be 2016 instead of 2015.

**STRATEGIC INFORMATION SYSTEMS PLANNING:**

- Continued to support staff throughout the year as they completed RAI CHA assessments for the Integrated Assessment Record (IAR) initiative.
  - As Technical Lead – After BICR received the “Go Live” directive for the IAR Tool system, staff were trained on the use of the IAR software.
  - As Privacy & Security Lead – Continued to enhance the agency's privacy processes through the development of IAR Method and Practices, rollout of the Privacy and Your Assessment brochure for participants, Participant Privacy Rights Request Form, Breach of Privacy Incident Report and Participant Privacy Rights Complaint Form.
- Participated on a task group for Forms Evaluation to complete an in-depth forms review to eliminate, amalgamate and/or change forms as a result of the new RAI CHA assessment. Several forms were eliminated, and changes were made to Pathway for Transfer, Individual Support Plan and Progress Report templates to link service planning with the RAI CHA.
- Start up cabling and systems were installed at the new Bowden program in Fort Erie.
- At the Staff Open Space forum in the fall, the topic of Technology was brought forward as a focus item for the agency. The Director of Finance and this writer assisted the Information Technology group in furthering the discussions of the group. Three main topic areas were categorized as areas for the agency to consider developing in the coming years: Provide e-mail capabilities for all staff, expand the functionality of the staff area of the website and allow laptop use in the community. Currently, various options to implement e-mail for all staff are being investigated and it's anticipated that website changes will be made next year in conjunction with AODA website revisions. The use of laptops in the community will continue to be explored.
- There are a number of requirements in the Accessibility for Ontarians Disability Act (AODA) in the area of Technology and Communication. In 2012, the agency added AODA information to various areas of

## PROJECT MANAGER ANNUAL REPORT 2012-2013

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communication and added an AODA statement to the website. As well, several financial quotes were acquired to estimate the cost of making the agency's website AODA compliant. BICR applied for grant funding for this project and currently, the agency is still waiting for funding approval. Regardless, the website must be AODA compliant by January 2014 and this will be a focus for the next fiscal year.

- BICR successfully registered and qualified with TechSoup Canada, an agency that connects non-profit agencies such as BICR with technology products and solutions at reduced pricing. BICR was able to realize a significant savings in software purchases by the end of the fiscal year.
- Replaced the agency's Exchange Server due to its age and the fact that it was quickly approaching its disk and license capacity.
- Purchase of six new computer systems to replace computers in the 8 – 10 year old range. This created a domino effect whereby from the six replaced systems, four of the systems were in turn given to other staff and three of their systems were also redistributed (the rest being retired and/or donated.) At the end of the fiscal year, there were 53 systems less than five years old, 21 systems in the five to seven year range and 5 systems between eight to ten years old.

The strategic direction, Participant Safety, continued to be a focus for all agency activities. In addition to the numerous safety initiatives being maintained by the agency, the Participant Safety Steering Committee worked with management staff to introduce two new tracking areas in participant safety. BICR added an additional Type of Incident to the Incident/Accident – Participant tracking form to track Health Status Changes that result in an emergency room visit with the participant. As well, BICR introduced a new participant incident classification called "Critical Incident" to capture large participant safety events that do not fall under an Adverse or Sentinel Event category.

The work of the Emergency Response Outbreak Committee (EROC) continued, ranging from responding to surveyor inquiries during the accreditation survey to serving as a resource during minor outbreak events during the year. The EROC committee follows an annual checklist of tasks and these were completed including an annual review of the emergency, outbreak and pandemic plans, an audit of participant's level of vulnerability, an audit of emergency supplies and a test of the emergency response plan.

The year was busy in the area of Participant Privacy and Security, and as Personal Information Officer, this writer was engaged in a number of activities including updating the mandatory staff training presentation for Documentation (orientation and refresher) to incorporate RAI CHA and IAR components. A Breach/Suspected Breach Policy and Procedure was established along with supporting systems to handle a breach in privacy.

BICR hosted its tri-annual Community Open Space Strategic Planning day in February 2013. As co-facilitator, this writer had the opportunity to engage in the vibrant discussions with our participants, families, staff and community partners. The ideas brought forward on this day will provide the direction for the agency's focus in the upcoming years.

## PROJECT MANAGER ANNUAL REPORT 2012-2013

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Participant and Family Satisfaction Surveys were completed for the 2012-2013 fiscal year for participants and families, with extremely positive overall results.

It was once again a pleasure to assist in coordinating the agency's annual Golf Tournament Fundraiser. In its 15<sup>th</sup> year, the event was held at Bridgewater Country Club in Fort Erie and was well attended and enjoyed by all. The generosity and support of the community in playing golf, donating prizes and providing sponsorships ensured the day was a success.

The next year is expected to be exciting with a wide range of activities. BICR will continue to explore technology solutions with a focus in making the website AODA compliant and more functional for staff, investigating e-mail for all staff and consider other emerging trends in technology. As well, the agency will look to make the Strategic Directions operational.

Many thanks to all administration support staff, whose contributions each day are numerous, for their ongoing commitment to participants and staff.

HEATHER OLSZEWSKI  
PROJECT MANAGER

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**HUMAN RESOURCES DEPARTMENT ANNUAL REPORT**  
**2012-2013**

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

The mission of the HR department is to continually work towards innovative solutions that, attract, engage, develop and support employees, students and volunteers. By fostering open communication within the internal and external environments, a positive team atmosphere will contribute to achieving and exceeding the agency's overall mission.

#### **HIGHLIGHTS 2012- 2013**

**Employee Feedback** – The “Food for Thought Luncheons” with selected staff and members of the management team continued to be held monthly over the past year. This venue continues to provide an effective means for staff to discuss the highlights of their job as well as identify its challenges. Common positive highlights discussed during these luncheons included: flex scheduling, benefits for our part time staff, training and development, the agency's open door policy, decision making autonomy, work-life balance, participant focused initiatives, and communication with staff. Areas that staff expressed having the most challenges included: the amount/type of support our aging participants require, completing the required paperwork and maintaining stats, evidence of staff burn out, our off-site staff staying connected to the agency, juggling participant schedules with daily tasks and part time staff desiring more hours.

**Health & Safety Program** – BICR has analyzed 2012 data related to incident/accident/hazard/near misses. The results illustrate a 60% decrease in reported occupational incidents. The ‘Lost Time’ results show a decrease of over 75%! These are exceptional improvements from the past years and demonstrate that everyone at the agency is being more vigilant with a view to maintaining a safe and healthy workplace.

**Workplace Violence Risk Assessment** – In the latter part of the fiscal year, the agency completed its second Risk Assessment survey since Bill 168 was mandated. It was distributed to all staff at meetings and via personal mail files. We had a 71% response rate, which is very important to ensuring the agency receives an accurate picture of the strengths and weaknesses of our existing policies regarding Workplace Violence Prevention and Discrimination, Harassment and Sexual Harassment. The results of the survey will be communicated to staff during Health & Safety training throughout the next fiscal year.

#### **FISCAL INITIATIVES**

**Restructuring of the Human Resources Department** – Elimination of an HR Director's role; creation of an HR Manager role and streamlining the Education/Volunteer & Recruitment coordinators into one HR Coordinator role – In response to this restructuring, adjusting effectively to a shift in job responsibilities will become a primary focus for the next fiscal year. Concurrently, Human Resources will endeavour to improve its role in supporting the agency's most valuable human capital- its employees – thereby recognizing that when our employees are supported effectively, our participants will be supported more effectively.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**HUMAN RESOURCES DEPARTMENT ANNUAL REPORT**  
**2012-2013**

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Staff Satisfaction Survey – In the early part of the new fiscal year, staff will be encouraged to complete an Employee Satisfaction Survey. This survey will measure employee satisfaction in various areas of the agency including: Compensation & Benefits, Workplace Tools & Resources, Communication & Feedback, Work-life Balance and Performance & Accountability. The results of this survey will be carefully considered by the management team, and appropriate mechanisms put into place to respond to areas needing improvement. Results will be communicated to staff during the summer.

Employee Recognition (beyond pay and benefits) – This is an area the agency continues to strive improving. With assistance from HR, the management team will regularly be reminded about the importance of communicating to staff that their work is valued and appreciated. Recognizing that employee recognition cannot be a 'one size fits all approach', we will look at formal and informal ways individuals and work teams can be acknowledged for their contributions.

Updating the Performance Review System – In coordination with the recent update of the Agency's Strategic Plan for 2013-2017, the employee Performance Review system will be updated to reflect the connection between individual performance and achieving the agency's revised strategic goals.

ERICA LAPLANTE  
HUMAN RESOURCES MANAGER

## HUMAN RESOURCES COORDINATOR ANNUAL REPORT 2012-2013

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Brain Injury Community Re-entry (Niagara) Inc. continues to promote flexibility and overall wellness for its staff. The organization is focused on growth for its employees and participants. The announcement, and opening, of a supported independent living site in Fort Erie has created new opportunities for staff which is reflected in the rise of permanent internal promotions from previous years.

CHANGES	NUMBERS
New Hires (External)	18 (2 full-time contract, 2 part-time, 14 relief) (2 administrative positions, 16 front-line positions)
Resignations/Terminations/End of Contract	16 (3 COSS, 10 Residential, 2 Supported Independent Living, 1 reporting to the ED)
Internal Promotions	20 (including 15 permanent promotions)

### STAFFING

BICR saw a decrease in turnover from the past few years and we would like this trend to continue in the upcoming fiscal year. Retaining part-time and relief staff has continued to prove challenging and many outgoing employees have stated their inability to attain full-time work at BICR was a factor in leaving the organization. Attracting employees who are seeking less than full-time hours will be a priority in the next fiscal year. The difficulty retaining relief and part-time staff has led to a low tenured employee base, as most current staff have less than 5 years tenure with BICR. Supporting its current group of staff while attracting qualified candidates who are able to move up within the organization will be a large focus in the coming year. If employees are able to stay with the organization, they build stronger rapport with our participants and reduce the organizations recruitment and training costs.

### PERFORMANCE MANAGEMENT

A new performance appraisal system was introduced in January of 2013. The new system has been streamlined to make it more user-friendly and extract more pertinent information. The performance appraisal has been designed for computer input and all employees are being offered a soft-copy of the performance appraisal materials (guide and form). Performance management is an integral part of employee relations and development, which can help employees grow within the organization. The Performance Appraisal system is a good tool that should be used in conjunction with regular supervisory meetings to consistently coach staff members. Similar to the previous performance appraisal, this form is designed to create dialogue and growth opportunities for staff. Management and staff have been encouraged to provide feedback on the new system.

### HIGHLIGHTS

- Current and former employees continue to encourage friends and family to apply for positions with BICR.
- New Performance Management system should make it easier for managers and staff to set realistic future growth goals.
- BICR is increasing the number of paperless resources which will reduce our carbon footprint and decrease unnecessary spending.
- The volunteer program and partnerships with local educational institutions has brought qualified job candidates who are familiar with the organization.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**HUMAN RESOURCES COORDINATOR ANNUAL REPORT**  
**2012-2013**

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**CHALLENGES**

- Retaining staff who are classified as less than full-time.
- Many of the qualified external job seekers are searching for full-time employment that BICR is often unable to provide.
- Large number of overdue performance appraisals.

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

## EDUCATION/HUMAN RESOURCES COORDINATOR ANNUAL REPORT 2012-2013

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The Education and Human Resources Coordinator continues to actively highlight the importance of taking advantage of continuous education and training opportunities that BICR may provide internally or make available externally. Additionally, as staff continue to provide positive feedback about the amount and quality of training available to BICR employees, the agency is able to define itself as a Learning Organization, which is a reputable qualification of an Employer of Choice.

### HIGHLIGHTS

We identified several “future initiatives” in the 2011-2012 fiscal year that were successfully accomplished:

- Expand the existing pool of internal facilitators: The Agency has created a solid base of qualified internal facilitators to draw upon in order to provide various internal education opportunities for our staff. This reliable and varied based of Subject Matter Experts allows the Education Department to coordinate staff mandatory training with greater ease and flexibility.
- In an effort to expand our pool of external facilitators, establish partnerships with agencies and other organizations that can provide our staff with information of value to their positions: In working with community partners, the Education Department was able to provide staff with several non-compulsory training workshops on site- some with a professional focus, others with a personal focus. Various topics were highlighted including: Bed Bugs, Homelessness, Addictions and ABI, Communication Skills, Bullies & Doormats, Stress Busters, Retirement Savings Plans, Disability Benefits and Suicide Intervention.
- Stream line the process for staff to sign up for in-services, in order to accurately forecast and maintain a suitable amount of attendees at each in-service: The manner in which staff sign up to attend in-services was successfully streamlined in September 2012. As the process is now confined to the oversight of the scheduler, the attendance for in-services is more consistent, supplies are forecasted more accurately and general preparations are executed with greater efficiency.
- Take a proactive approach to a new by-law that has been passed in the Niagara region, requiring mandatory food handling certification for staff supporting individuals in long-term care facilities. This will require arranging training for our residential staff prior to the by-law coming into full effect by 2014: The Agency was able to arrange for Niagara Region Public Health to deliver this training to staff on-site over a period of three half days. Thirty three staff from both Outreach and Residential programs received full Safe Food Handling certification as a result of this training.
- This year’s Facilitator’s Appreciation Luncheon was introduced with a number of statistical training accomplishments as a result of the dedication our internal Facilitator’s. Offering over 40 mandatory training in-services equated to over 150 direct training hours for our internal facilitators. The direct training hours would double- even triple- if we accounted for the time spent preparing/creating presentations, researching and collecting information, set up/tear down, coordinating attendance and other administrative tasks.

### CHALLENGES

- Available and conducive training space continues to pose a challenge when arranging staff in-services.



BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**EDUCATION/HUMAN RESOURCES COORDINATOR ANNUAL REPORT**  
**2012-2013**

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- Communicating to staff the importance of maintaining their annual/bi-annual mandatory training. This includes the in-services arranged on the Education Calendar and the WHMIS e-learning. While achieving 100% compliance is not a realistic goal at this time, increasing the percentage of staff up to date with their mandatory training is going to be a focus during the next fiscal year.
- Ensuring new staff, students and volunteers receive the appropriate amount and quality of Orientation as per agency policy and legislative requirements.

**FUTURE INITIATIVES**

- Revamp the Orientation process for new staff, students and volunteers: To ensure time and resources are being maximized most efficiently, especially when there is a condensed recruitment of only one or two individuals.
- Prepare and circulate the Education Calendar earlier in advance: To better assist staff with arranging their schedules to attend and to secure more favorable training space and time.
- Continue to arrange elective in-services that appeal to staff professionally and personally.

ERICA LAPLANTE  
HUMAN RESOURCES/EDUCATION COORDINATOR

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**VOLUNTEER COORDINATOR ANNUAL REPORT**  
**2012-2013**

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Brain Injury Community Re-Entry continues to maintain strong relationships with local post-secondary institutions, who supply the organization with a large number of its volunteers and student placements. In total, 60+ outstanding individuals have volunteered more than 4500 hours of their time for BICR over the past year.

The majority of those 4500 hours were from student placements with Niagara College's Social Service Work, Education Assistant- Special Needs Support and Recreation & Leisure Program. Each program has their own set of guidelines and regulations that fall within the school's policies, which has caused some concern for the organization at times. The variance in regulations by program changes the experience BICR is able to provide, based on the duties the student can perform while on placement. BICR has taken the information from each program and informed placement supervisors at the agency of each program's restrictions.

The large number of student placements leads to a drop-off in volunteer activity during the summer months. For the upcoming fiscal year, BICR will look to attract more friendly visiting volunteers who are able to volunteer for the full-year and encourage students who have completed their placement to stay with the organization in a less time consuming volunteer role.

There has been a recent trend of local post-secondary students who are not in a co-op program showing interest in BICR's volunteer opportunities in an attempt to learn more about acquired brain injuries while giving back to the community. Many of these volunteers are hesitant to work one-on-one with a participant, leading most of them to be placed in PET and Recreation programs to build confidence in their skills and develop rapport with participants.

In the coming months BICR will look to become more visible in the community, which should increase the number of friendly visiting volunteers. It is imperative for the organization to continue making a strong impression with its students and participants, as both will spread the word of the excellent work BICR is doing. The agency will also look to attract volunteers in the more rural area it offers services, which has been challenging to this point with the high number of student volunteers who do not have access to a vehicle.

#### HIGHLIGHTS

- Students continuing to volunteer their time above, beyond and after the completion of placement.
- A large number of volunteer supervisors allow for varied experiences from front-line to administrative duties.
- Participants giving back to the organization through volunteering.
- Increasing interest from student volunteers who are not in a co-op program, but want to increase their knowledge of acquired brain injuries.
- Volunteer and student placements continue to be useful for volunteers seeking employment.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**VOLUNTEER COORDINATOR ANNUAL REPORT**  
**2012-2013**

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**CHALLENGES**

- Many potential volunteers do not have access to a vehicle and are limited to participants who are easily accessible through public transit.
- The turnaround time from initial interview to completion of criminal reference checks can deter potential volunteers.
- Receiving monthly hours and updates from volunteers continues to be challenging.
- Attracting volunteers outside of the St. Catharines/Welland area.

The past 12 months has been an exciting time for BICR with many successes and many new challenges. I have enjoyed seeing the organization grow and look forward to seeing what the next fiscal year brings.

**BEN GALLAGHER**

**HUMAN RESOURCES/VOLUNTEER COORDINATOR**

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**ACCOUNTING & FINANCE ANNUAL REPORT**  
**2012-2013**

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The 2012-2013 fiscal year proved to be another noteworthy year in the accounting office. As an agency wide support, this department continues to strive to meet the needs of staff, participants and other agency stakeholders as well as requirements of our funders in the most effective and efficient manner.

In May 2012, Accreditation Canada surveyed BICR. As part of the Effective Organization committee, the management group was evaluated on how well BICR adapted to the changing needs in the Niagara Region, collaborated with community partners and developed the infrastructure to achieve positive outcomes. While we received a very favourable report (Accreditation with Distinction), we were again encouraged to review our Integrated Quality Improvement Program and focus this more specifically on Participant Safety. This has come at an opportune time as this is also a focus of the Local Health Integration Network and Ministry of Health and will be a required component to the upcoming three year M-SAA (multi-sector accountability agreement) for the 2014-2017 fiscal periods.

Shortly after the AC survey, time was spent reviewing and responding to the AODA (Accessibility for Ontarians with Disabilities Act) requirements. The main areas of this Act to be addressed by the writer and Project Manager include Customer Service, Information and Communication, Transportation as well as Built Environment. Operationally, this will mean that improvements to things such as the web site will make it more user friendly to people who have visual impairments, all written and electronic documents produced by BICR staff will be available in various formats such larger print or in French, based on the needs of the user. In addition, in-house resources for emergency situations will include additional safety features for those with visual or hearing impairments. By ensuring compliance, this will position BICR to best meet the needs of all the people we serve in the Niagara Region.

Near the mid-year point, BICR was informed of new funding being offered by HRSDC through the Enabling Accessibility Fund. Through this initiative, we applied for funding to update the agency website to meet the AODA requirements. As well, we applied to receive funding for a fully updated & accessible washroom on the main floor at Parkdale Place. An application was also made for funding to the HRSDC for a three year contract to resource a Clubhouse at the Martindale office site. At the time of writing, we are still waiting to hear if any of these submissions have been approved for funding.

In addition to these funding requests, in the fall BICR applied for and was successful in securing dollars through the LHIN's, Aging at Home Initiative, to support seven people in their own homes in an apartment complex in Fort Erie. The Bowden Street apartment complex commenced operations and started offering services to the first resident in early December 2012. Other units have been identified and will be used to support BICR participants as they become available.

As the agency continues to adopt all of the changes required to meet the Ontario Health Care Reporting standards, we started using the Self Reporting Initiative (SRI) which went live in September 2012. This series of reports, submitted quarterly to the Local Health Integrated Networks (LHIN) and Ministry of Health (MMP) (a replacement to the Web Enabled Reporting System (WERS)), includes a year-to-date revenue and expense component, forecast component as well as a section to report statistics.

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.  
**ACCOUNTING & FINANCE ANNUAL REPORT**  
**2012-2013**

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In January, this department started offering employee earnings statements on-line by way of the integrated payroll & human resources software application - Quadrant HR. Through this secure site, employees are now able to view their current and historical pay statements as well as some personal information BICR has on file for them. By June 2013, BICR will no longer print pay statements. This will be a small step towards reducing our carbon footprint.

This past year, the agency also hosted the tri-annual Staff Open Space (fall) and Community Open Space (winter) forums. The discussions which received the majority of the votes in the Staff Open Space included a Coffee House for family members and caregivers, increasing resources/partnerships with community addiction & mental health providers, reviewing the wage grid and expanding Information Technology resources for staff. The Project Manager and writer assisted the Information Technology group in furthering the discussions of the group in meeting the work needs of staff in conjunction with agency operations. The main focus of the group was to make e-mail available to all staff, expand the website functions for staff and allow laptop use in the community. At the time of writing, various types of e-mail for all staff is still being investigated, with upcoming changes to the website later this year, additional functionality will be added for staff use. It is likely that laptop use in the community will be an evolving process with a fine balance between staff being able to access resources in the community to write notes, communicate with their manager and/or other staff and ensuring best practices while documenting participant information.

More recently, the Board of Directors met to consider the results of the Community Open Space forum. Many of the discussions mirrored that of the Staff Open Space and included various groups, activities & resources for participants and increased agency partnerships. This review is still in process and yet to be formalized.

Externally, the writer continued involvement with LHIN 4 Community Support Services Network that continues to provide updates and information sessions to other community support services in LHIN 4.

The next year will be another period of growth and development. In addition to revamping our Quality Improvement Plan to have a Participant Safety focus, reviewing and reducing various administrative overhead expenses and enhancing the various statistics being collected, it is expected that the focus of the new Strategic Directions will provide a renewed energy to agency operations.

Many thanks are extended to Jamie Bird and Sue Keus for their ongoing commitment to BICR and the functions that they perform every day in meeting the needs of staff, participants and all other agency stakeholders.

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

## **INDEPENDENT AUDITOR'S REPORT**

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

We have audited the accompanying financial statements of Brain Injury Community Re-Entry (Niagara) Inc. which comprise the statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011, the statements of revenue and expenses, accumulated surplus and cash flows for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

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

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

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

### Basis for Qualified Opinion

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

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

### Qualified Opinion

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraphs, these financial statements present fairly, in all material respects, the financial position of Brain Injury Community Re-Entry (Niagara) Inc. as at March 31, 2013, March 31, 2012 and April 1, 2011, and its financial performance and its cash flows for the years ended March 31, 2013 and March 31, 2012, in accordance with Canadian accounting standards for not-for-profit organizations.

St. Catharines, Ontario  
June 3, 2013



**PARTRIDGE IGGULDEN LLP**

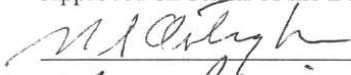
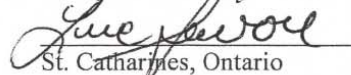
Chartered Accountants  
Licensed Public Accountants



**BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.****STATEMENTS OF FINANCIAL POSITION**

	<u>March 31,</u>		<u>April 1,</u>
	<u>2013</u>	<u>2012</u>	<u>2011</u>
			(Note 3)
<b><u>ASSETS</u></b>			
<b>CURRENT ASSETS</b>			
Cash	\$ 142,797	\$ 200,988	\$ 231,188
Cash - Funds held for residents	25,791	30,687	29,709
Accounts receivable (Note 4)	132,557	181,614	147,695
Prepaid expenses	24,126	27,757	19,665
	<u>325,271</u>	<u>441,046</u>	<u>428,257</u>
<b>RESTRICTED CASH</b>			
Richardson Court Facility Reserve (Note 5)	56,889	50,195	41,715
Reserve Fund (Note 6)	648,938	655,560	968,892
	<u>705,827</u>	<u>705,755</u>	<u>1,010,607</u>
<b>FIXED ASSETS (Note 7)</b>	<u>1,042,957</u>	<u>1,046,285</u>	<u>402,666</u>
	<u>\$ 2,074,055</u>	<u>\$ 2,193,086</u>	<u>\$ 1,841,530</u>
<b><u>LIABILITIES</u></b>			
<b>CURRENT LIABILITIES</b>			
Accounts payable and accrued charges (Note 9)	\$ 334,480	\$ 445,359	\$ 439,829
Liability for resident funds	25,791	30,687	29,709
Current portion of long-term debt (Note 10)	27,974	30,060	21,474
	<u>388,245</u>	<u>506,106</u>	<u>491,012</u>
<b>LONG-TERM DEBT (Note 10)</b>	572,048	600,008	283,103
<b>COMMITMENTS (Note 11)</b>			
	<u>960,293</u>	<u>1,106,114</u>	<u>774,115</u>
<b><u>NET ASSETS</u></b>			
<b>UNRESTRICTED ACCUMULATED SURPLUS</b>			
PROMENADE RICHELIEU	380,099	341,452	-
<b>EXTERNALLY RESTRICTED - RICHARDSON COURT</b>			
FACILITY RESERVE (Note 5)	56,889	50,195	41,715
<b>INTERNALLY RESTRICTED - RESERVE FUND (Note 6)</b>	<u>676,774</u>	<u>695,325</u>	<u>1,025,700</u>
	<u>1,113,762</u>	<u>1,086,972</u>	<u>1,067,415</u>
	<u>\$ 2,074,055</u>	<u>\$ 2,193,086</u>	<u>\$ 1,841,530</u>

Approved on behalf of the Board:

 , Director  
 , Director  
 St. Catharines, Ontario  
 June 3, 2013



**BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.****STATEMENTS OF REVENUE AND EXPENSES****YEARS ENDED MARCH 31, 2013 AND 2012**

	<u>2013</u>		<u>2012</u>	
<b>REVENUE</b>				
Ministry of Health	\$ 4,862,395	88.0 %	\$ 4,748,062	87.8 %
Ministry of Health - Richardson Court Facility	65,874	1.2	67,528	1.2
Ministry of Health - Funding flow through	38,500	0.7	-	-
Ministry of Health - RAI CHA	10,120	0.2	15,180	0.3
Fee for service	470,747	8.5	496,379	9.2
Rental income	70,477	1.3	68,023	1.3
S.E.E.D. grants	5,097	0.1	10,193	0.2
	<u>5,523,210</u>	<u>100.0</u>	<u>5,405,365</u>	<u>100.0</u>
<b>EXPENSES</b>				
Building and grounds				
Amortization	30,046	0.4	24,509	0.5
Occupancy costs	162,954	3.0	196,266	3.6
Interest on long-term debt	24,504	0.4	10,225	0.2
Utilities	37,662	0.7	41,500	0.8
Building maintenance	82,382	1.5	85,701	1.6
Contracted out	22,221	0.4	33,228	0.6
Employee benefits	595,175	10.8	563,730	10.4
Equipment	24,168	0.4	53,291	1.0
Insurance	43,999	0.8	40,220	0.7
Office and general expenses	93,374	1.7	93,485	1.7
Participant costs	121,482	2.2	120,458	2.2
Professional fees	13,920	0.3	15,533	0.3
Telephone	39,047	0.7	39,296	0.7
Training	35,785	0.6	46,685	0.9
Transfer to facility reserve fund	3,493	0.1	3,593	0.1
Travel	157,670	2.9	166,256	3.1
Wages	4,136,933	74.9	3,956,984	73.2
	<u>5,624,815</u>	<u>101.8</u>	<u>5,490,960</u>	<u>101.6</u>
Expense recoveries	<u>(112,411)</u>	<u>(2.0)</u>	<u>(107,667)</u>	<u>(2.0)</u>
	<u>5,512,404</u>	<u>99.8</u>	<u>5,383,293</u>	<u>99.6</u>
<b>OPERATING SURPLUS</b>	10,806	0.2	22,072	0.4
<b>MINISTRY OF HEALTH FUNDING REPAYMENT</b>	<u>(120)</u>	<u>-</u>	<u>(14,225)</u>	<u>(0.3)</u>
<b>NET OPERATING SURPLUS</b>	<u>\$ 10,686</u>	<u>0.2 %</u>	<u>\$ 7,847</u>	<u>0.1 %</u>

BRAIN INJURY COMMUNITY RE-ENTRY (NIAGARA) INC.

DONATIONS AND SPONSORSHIP  
2012-2013

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Applebee's	Guy Rizzo	Peter Aiello
Antipastos di Roma	Hallmark Cards	Pirie Appliances Ltd.
Barclay and Todd's	Harvey Moving & Storage	Pita Pit
Beatties Basics	Hernder Estate Wines	Professional Hockey Players Association
Bestway Bedding	Highland Trail Lodge	Queen's Guard Pub
Bird Kingdom	Hollywood Hair	Regency Athletic Resort
Blue Star	Horseplay Niagara	Rev Publishing
Booster Juice	Horton Automatics	Rexall Pharma Plus
Boston Pizza	In Touch Technologies (Bell Canada)	Ricochet Water
Brewer's Paradise	Investor's Group	Rob Nicholson Office
Brian Cullen Motors	Joey's Restaurant	Royal Botanical Gardens
Café Amore	Johnny Rocco's Italian Grill	Royal LePage
Canadian Customs Consulting Inc.	Kittling Ridge	Score Golf
Canadian Linen	Lancaster, Brooks & Welch	Service Master
CIBC Imperial Service	Leone's Painting	Shoppers Drug Mart
Club Italia Lodge No. 5	Licia's Boutique	Simply Delicious Fruit
Coffee Culture	Lori's Hairdressing	Star Collision
Costco	Luc Savoie	Starbucks
Counselling Niagara, Ian Robertson	M&M Meat Shops	Steed & Evans
Curves	Mama Mia's Casino	Stewart McGuinness Insurance Brokers Ltd.
Dairy Queen	Maple Leaf Sports & Entertainment	Sub Plus
Dave & Buster's	Marlin Travel	Sun Country Leisure Products
David Chevrolet Corvette Buick GMC Ltd.	Marr's Thorold Foodland	Taps Brewhouse and Grill
David Shapiro Barrister & Solicitor	McGee Marketing	The Artful Cookie
Diana Marshall	Medi Massage	The Keg Restaurants
Dollarama	Meridian Credit Union	The Lions Club of Merriton
Dr. John Davis	Micro Tech Niagara Inc.	Thundering Waters Golf Club
Dumont Security	Midridge Renovations	Tim Horton's
Durward Jones Barkwell & Co.	Minute Man Press	Transportation Safety Training
Edward Jones	Molson Canada	Verge Insurance
FIRE Incorporated	Mountainview Properties	Walmart Supercenter
Fallsview Casino Resort	Ms. Ruth Volpato	Welbridge Fire Protection
First Choice	Niagara Go-Karts and Mini-Putt	White Oaks Resort
Frado's	Niagara Helicopters	Youngs Insurance
Framing & Art Center	Niagara Ice Dogs	
Frank's Feather and Fin Ltd.	Niagara Parks Commission	DONATIONS RECEIVED IN MEMORY OF:
Frito Lay Canada	Niagara Supplies	Adam Braniff
Garden City Golf	No Frills	James Himes
Giant Tiger	Omer's Pension	Helen Lumsden
Golf Town	Ontario Science Center	Karl Stunt
Gord's Place	Partridge Iggulden Inc.	Michael Widdicombe
Great West Life	Patricia Fryer Associates Inc.	Gerald Phelan

We would also like to recognize the many individuals who have contributed to our agency during the 2012-2013 fiscal year. A special thank you to all!