



# 2020 Brain Injury Fund Annual Report

For Services Delivered August 2019 to July 31, 2020

[www.braininjuryalliance.ca](http://www.braininjuryalliance.ca)





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## President's Message to Alliance Members

Our 2019 – 2020 fiscal year concluded on March 31, 2020. This was a short two weeks after COVID-19 changed our lives, the way that we provide services and the lives of the people we serve.

We have all heard of services providers that stopped providing services in response to the pandemic. Brain injury societies in British Columbia did not miss a beat. Within days, they had made the basic changes that would allow them to safely serve and moved on from there. Services are provided by phone, outdoors using PPE's, inside with the addition of plexiglas and by ZOOM. Injury prevention and community education programming soon changed to on-line campaigns and car parades and virtual events. For those of you that have not checked the COVID-19 Stories on our website, I invite you to do so. The stories are, as always, enlightening and heart-warming.

As you review our 2019-2020 report, you will notice the increased stability of our sector. We hope that this report will make you as proud as it makes us. The Alliance is proud to be working for such committed professionals as you.

I wish that I could continue this report with more great news. The fact is however that we have had no indication from government that a decision to replenish the Brain Injury Fund has been made. We have now allocated the last of the funds provided by the province in 2015 and 2017. Member agencies will continue to receive funds from this allocation until June of 2021.

We assure you that the Alliance board remains committed to continuing our efforts for as long as it takes. We remain confident that a positive decision will be coming our way soon.

On a personal note, I have provided the Alliance board with my resignation as Board Chair and director as of this coming AGM. I have accepted a challenging and exciting new role at the University of British Columbia that makes it impossible to continue my work with the Alliance.

Thank you once again for your support of the Alliance and for the work that you do, one person at a time.

Dr. Henry Harder  
President  
Brain Injury Alliance



“Each year in Canada, over 20,000 people are hospitalized for TBI, which can range from mild to severe and include concussions. Much work has been done in recent years across governments, stakeholders, and health care professionals to improve education and awareness of TBI and, in particular, concussions.”<sup>1</sup> Dr. Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada, 2020

## Brain Injury Alliance and the Brain Injury Fund

Since 2015, the Brain Injury Alliance has addressed the funding disparity to non-profit, charitable brain injury service agencies with the assistance of two grants from the Province of BC. These two grants, totaling \$6 million, established the Brain Injury Fund (BIF) to help support brain injury societies across the province. To date, the Alliance has distributed more than \$6 million dollars to these agencies for programs and services.

In June 2021, the Brain Injury Fund will be depleted and without a renewed agreement with the Province, the ability of brain injury societies across the province to deliver services to survivors of brain injury will be jeopardized.

## Dr. Gur Singh Memorial Education Fund

In addition to direct funding of brain injury societies, the Alliance administers the Dr. Gur Singh Memorial Education Fund established by the Province in 2015 with a \$1 million endowment. This funding is available to those individuals with an acquired brain injury who want to upgrade their education and/or job readiness and are sponsored by a local brain injury society.

ALLIANCE FUNDING 2015-2020	
BRAIN INJURY FUND	PURPOSE & EXPECTATIONS
Created by government in 2015	Funding must be supplemental to funds provided by health authorities, community gaming etc.
Between 2015 and 2017 \$6,000,000 granted to the Brain Injury Alliance for distribution	Funding is to support community-led brain injury societies to provide direct services to people with acquired brain injury
Funds to be distributed at a rate of \$1,000,000 annually for 6 years	
Fund is now depleted	

<sup>1</sup> *Spotlight on traumatic Brain Injuries Across the Life Course/ c Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, 2020 Cat.: HP15-14/2019E-PDF / ISBN: 978-0-660-32574-3 / Pub.: 190347*





## Brain Injury Fund Benefits to British Columbians

In 2019-2020, the Alliance funded 41 programs operated by 13 brain injury societies.

The Alliance provides funding to charitable brain injury societies for:

- One to one service (comprehensive case management, life skills, community access, outreach, etc.)
- Service to groups of individuals with brain injury (brain injury education, facilitated support groups, drop-in supports, social events, etc.)
- Service to support family members and associates of persons with a brain injury
- Education programs to increase knowledge & awareness of brain injury among generic services providers, educators, students, employer’s and the community as a whole
- Injury prevention programs and community event services

## Community Impact of Brain Injury Societies

In 2019-2020, nearly four thousand (4000) people with acquired brain injury<sup>2</sup> were able to participate directly in programs geared to the development and retention of skills designed to assist the individual to build a life after an injury to the brain. Brain injury societies:

- Improved lives
- Increased employment
- Reduced impact on the medical system
- Reduced impact on the justice system

Families and friends of people with brain injuries also participate directly or indirectly in programming and benefit as participants become more self-aware and stable.

Social Impacts of Alliance Funding (# of Client/Incidents) 2019-2020		
Obtained Employment	Reduced Client Involvement with Medical/Hospital Services	Reduced Client Involvement with Justice System
201	1048	130

More than 200 people with brain injury secured employment in whole or in part due to their association with a brain injury society in 2019-2020.

<sup>2</sup> COVID resulted in a small decrease in the number of people served. Member agencies typically serve in excess of 4000 survivors of brain injury annually



**Interventions provided by brain injury societies in 2019-2020 prevented at least 1048 interactions with the primary care system.<sup>3</sup>**

A new, Ontario-wide study shows that rates of hospital readmission following a traumatic brain injury (TBI) are greater than other chronic diseases and injuries and are higher than previously reported .... the study found the risk of rehospitalization was lower for TBI patients involved in motor vehicle collisions.

"We know that patients with TBI resulting from motor vehicle collisions are more than 50 per cent more likely to be discharged with support services than those who sustained their injury from other causes, likely due to supplemental auto insurance," Dr. Colantonio said. "Because these patients appear to use fewer subsequent hospital services, this may suggest that additional care and rehabilitation provided earlier to all people with TBI could reduce the high costs of readmission."<sup>4</sup>

**Interventions provided by brain injury societies reduced involvement with the justice system in at least 130 instances.**

Interventions include (but are not limited to) reminders and/or accompanying individuals to court appearances, parole and probation appointments, educating RCMP and corrections workers, assistance with housing (helping people move away from high risk environments or that have significant triggers to offend etc.) and assistance to maintain medication routines.

A 2015 study showed that in 95% of cases, including both male and female populations, brain injury pre-existed criminal behavior. The study went on to recommend that reduction of the rate of brain injury should be a major public health imperative, with benefits realized in terms of reducing costs, injuries, and crime<sup>5</sup>

<b>Alliance Quick Facts 2019-2020</b>	
<b>13</b> Agencies funded	<b>\$234.00</b> Spent per client served
<b>\$977,881</b> Distributed to deliver programs and services in 2019-2020	<b>&gt;3956</b> Brain Injury Survivors supported
<b>41</b> Programs and services delivered	<b>&gt;43,554</b> Community Members Reached for Injury Prevention & Community Education

<sup>3</sup> The Alliance does not have a standardized system to count this statistic. As a result, this figure likely represents only a fraction of these incidences.

<sup>4</sup> Re-hospitalization rates for traumatic brain injury higher than previously reported (2015, May 25) retrieved 25 May 2015 / <http://medicalxpress.com/news/2015-05-re-hospitalization-traumatic-brain-injury-higher.html>

<sup>5</sup> (Peter W. Schofield, Eva Malacova, David B. Preen, Catherine D'Este, Robyn Tate, Joanne Reekie, Handan Wand, and Tony Butler, July 14, 2015 (<https://doi.org/10.1371/journal.pone.0132558>)).



## Brain Injury Fund Grant Distributions 2019 - 2020

Community brain injury organizations provide cost effective services and utilize Alliance grant funding to leverage funds from other sources.

**In 2019-2020, Alliance funding cost per client served was \$234 per client per year.**

Like brain injury societies themselves, the funding provided to brain injury societies by the Alliance is based on respect and the need to build flexibility into brain injury services.

Member agencies may apply for funds to support up to four programs, but grants are provided as a 'lump sum'. Member agencies are enabled to amend program budgets within approved programs. This practice encourages members to apply for external grants and it encourages member agencies to adapt their plans to meet client needs. Instead of continuing a program that is less popular, the agency can quickly move funding to support clients with new and emerging issues.

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*"We did not spend Alliance Funds in this category this year. We continued to seek additional funds for this so we could redirect the money to cover staff wages in the other funded categories."*  
*South Okanagan Similkameen Brain Injury Society*

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This practice has proven to be invaluable as brain injury societies adapt their services during the COVID-19 pandemic.



**AVERAGE COST PER CLIENT IN  
PROGRAMS FUNDED BY THE ALLIANCE**

**\$234/client/year**

## Response to Crisis: The Impact of COVID-19

**“The true measure of any society can be found in how it treats its most vulnerable members.”**  
**Mahatma Gandhi**

Because of the impact of the pandemic, this report features the variety of creative responses implemented by brain injury societies in BC.

The ability to adjust and adapt is one of the many strengths of the community-led non-profit sector.

COVID-19 and the restrictions that this crisis has necessitated, have resulted in dramatic changes to all services, so it is essential that services for people with brain injuries are responsive, flexible and based on client needs.

Within weeks of COVID-19 restrictions in March 2020, Alliance member agencies had changed the way they provide services.

Safety measures were put in place, as required by Public Health, government, and sound judgement.

Clients were reassured that services would continue, and many agencies quickly established systems for staff and clients to check-in by phone to ensure that physical and mental health issues were addressed as quickly as possible.



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*“Funds we received from BIA (Alliance) has made a significant difference ... especially because of COVID-19. With many of our programs having to be modified to accommodate the One-on-One Support, the grant from BIA has helped make it possible as One-on-One Support was vital for many of our members wellbeing both for their physical and mental health...”*

*Campbell River Head Injury Support Society*

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Simply moving everything to an online format doesn't meet the needs of those individuals that can't access technology (financially or cognitively), so brain injury societies and the people they serve stepped up to make the changes from COVID-19 as seamless as possible for their clients.

Judy, a person with acquired brain injury with Fraser Valley Brain Injury Association said it well:

**“Be safe, be well and be the person that stepped up and made a difference.”**

Judy isn't just 'good with words'. She made more than two hundred (200) masks and has donated them to the Sterilization Unit at the hospital, to her veterinarian's office, Fraser Valley Brain Injury Association and to a person that works with seniors.



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### ***Covid resulted in fewer (new) clients but an increase in need***

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Alliance member agencies report that 18 out of 33 client services programs have seen slight reductions in the number of clients served.

*“With COVID-19, the numbers are down ... however, with the (Alliance) funding we were able to have an extra staff (to COVID-19 clean) to allow for programming to start up in house again. This allowed clients who were having a more challenging time with technology, to still participate in the program.” Campbell River Brain Injury Society*

The fact that some agencies saw slight reductions in overall client numbers allowed agencies to increase service to individuals that needed more service at this time. As many of the group programs were no longer running, more one to one support was required, which is more labour intensive and time consuming.



## One to One Support

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### *One to one services continued through COVID-19 as a primary service*

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*“Although overall (client) numbers are lower than projected, we found that some clients needed more and different types of support during this time. Referrals from the hospital were down significantly as well due to COVID-19”. Nanaimo Brain Injury Society*

Case management was provided over the phone and most agencies were able to institute safety policies and continue with some more limited face to face service.

The need for one to one service remained as the most important service delivery option for many survivors:

*“PG BIG was able to provide a total of 251 session of various health/health professional supports during this time. The quarterly rate of this increased from March-June as we were assisting individuals to navigate our healthcare system & seek additional supports due to the COVID-19 pandemic. This support was critical in ensuring individuals at risk received appropriate testing & care as well as alleviated stress on our health care systems. PG BIG also assisted with 97 sessions regarding housing -whether it be acquiring or maintaining suitable housing”. Prince George Brain Injured Group*

Some agencies started additional services including food delivery, with food donated by foodbanks, supplying phones or internet access, courtesy of Telus, to clients to facilitate them to remain at home and to ensure safety calls were possible.

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*“We delivered mail and created engaging weekly newsletters to stay connected to clients advise of constant changes, offered wellness activities such as remote counselling sessions, mindfulness and journaling and delivered hot meals to clients in need”.*

*Comox Valley Brain Injury Society*

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*“One extremely critical piece these Alliance funds provide is the ability of the Community Outreach Worker to mobilize and transport individuals to foods banks and soup kitchens. Having funded hours to do this, for those not covered by a health authority, is absolutely essential to their health and well-being.”*

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*Kootenay Brain Injury Association*

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Group Programs

*Classes & group programs remained a priority*

For most brain injury societies, classes and group programs were initially postponed but it wasn't long before they resumed again via ZOOM, for those able to benefit from that function. Facebook Live became a great way to deliver short classes on brain injury effects and strategies.

Due to the public nature of this medium, interaction was reduced, but numbers of participants exceeded actual active clients.

Due to the distance between communities in the north, Northern Brain Injury Association has always done a good part of their work by phone and over the internet.

They found that their COVID-19 transition for group services didn't change very much from their normal activities and they were able to share some of their experience with remote programming with other brain injury societies..



*Screenshot of one of the on-line programs offered by Nanaimo Brain Injury Society*

*“Intro to Brain Injury was presented to over 70 individuals in 7 different communities. Virtual presentations were offered to those clients in remote areas and to communities impacted by COVID-19. Professionals in several communities also accessed services that assist in educating and bringing awareness to ABI causes and prevention.” Northern Brain Injury Association*



*“Zoom” with Victoria Brain Injury Society*

People with Brain injuries who rely on brain injury society services also stepped up to help with COVID-19 related changes.

*“The importance of social connection and self-care strategies for our clients became more evident during COVID-19. In response to the increase in mental health challenges and social isolation, we pivoted to offer remote (Zoom) and socially distanced group programs that helped decrease social isolation and mental health challenges for our clients, brought on by the pandemic.” Braintrust*



## In This Together

During the early days of the pandemic long term care facilities were completely shut down across the country for the safety of residents. One of the people served by the Northern Brain Injury Association had recently been moved into long term care. His friends gathered on the facility lawn for his 72<sup>nd</sup> birthday

*“...we showed up with banners, balloons, a 2-foot (pretend) cake, and a poster-sized Greeting Card. Then with guitars and ukuleles in hand we all stood six feet apart on the grass and sang Happy Birthday, along with a couple other favourite golden oldies to cheer him up as he watched from his balcony. Other residents came out on their balconies too, and staff also joined in on the occasion. There were a few tears from Hubert when he said, “Thank-you. This is the best birthday I have ever had!”*”



The garden program is an important component of service for people living in Powell River. The therapeutic value of shared activity, skill development and supplemental food resources are even more important in crisis times.

*“The garden was deemed as an essential service by the board of directors...Being able to provide this food for our clients, who for the most part are all living on small incomes so extra food is always welcome.” Powell River Brain Injury Society*



## Injury Prevention and Community Education

The reinvention of these important services was addressed once brain injury societies had dealt with the immediate changes needed to serve clients. But soon, COVID-19 Friendly initiatives emerged:

The new COVID-19 phenomenon, the Car Parade.

*“This year due to COVID-19 and related school closures during the time period where we typically run our classroom programs, we did not meet our projected numbers. However, NBIS created and shared a number of on-line educational programs with clients and the public”. Nanaimo Brain Injury Association*

The Fraser Valley Brain Injury Association reached out to a large audience with their Kids Colouring Contest in seven (7) local newspapers and wide distribution through social media. Choosing the winners from the 75 submissions was such a challenge, they chose seven (7) of them.

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*“This spring we were challenged with COVID-19 restrictions. We are now presenting online and attending farmer’s markets”. Kamloops Brain Injury Association*

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In Penticton, South Okanagan Similkameen Brain Injury Society increased their social media content and experienced 25,000 views on social media. Similarly, Victoria Brain Injury Society increased their social media reach by 48%.



*“We also facilitated bike rodeos (distanced) and information booths, we participated in car parades which was a great way to bring awareness to our community - we actually held our own Brain Injury Awareness Car Parade. It was a huge success. There were 30 vehicles (2-3 participants in each), that were police escorted around the city. Each vehicle was decorated with various brain injury facts, decorations and causes of injury.” Prince George Brain Injured Group.*



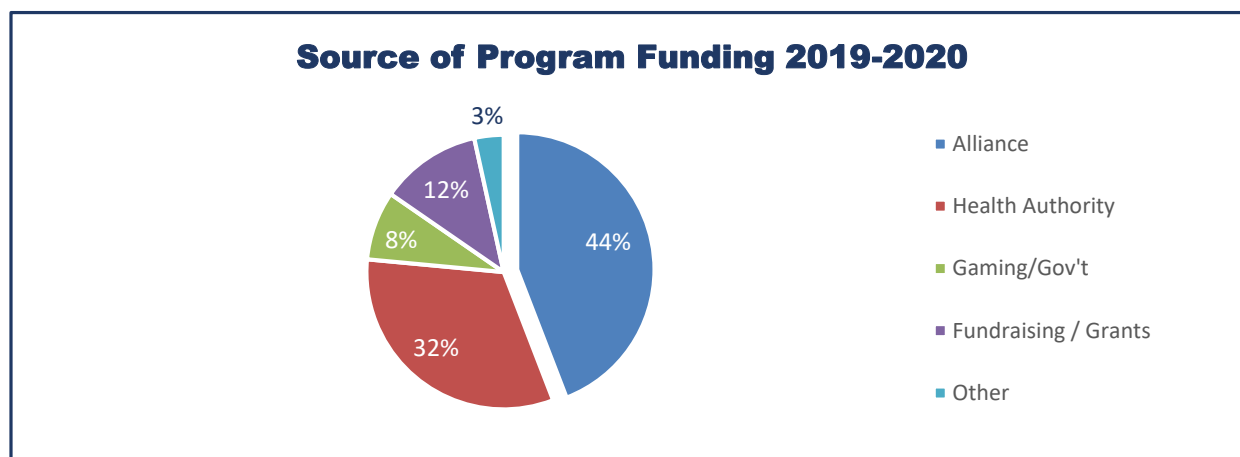
*“Although many of the events we normally attend had to cancel due to COVID-19, we were able to create some new awareness opportunities including a Brain Injury Awareness colouring contest through seven (7) local papers. Readership throughout those communities is listed as 101,000 people with online exposure and home delivery.” Fraser Valley Brain Injury Association*



## 2019-2020 Funding for Brain Injury Programs

British Columbia brain injury associations are currently funded through a fragile patchwork of donations, grants, fees for services, Health Authorities, charitable gaming, fundraising and for the past 6-year period, from 2015 to 2021, through the Brain Injury Alliance.

The Alliance funding has increased the stability of community brain injury organizations and supports the growth of programs and services by leveraging of other grants, and fundraising dollars. Data collected from brain injury organizations illustrate the importance of the Brain Injury Fund to the provision of services to individuals with acquired brain injuries throughout BC.



When brain injury organizations were asked whether they would be able to offer their current programs without Alliance funding, 46.3% of the programs would no longer be offered. **Closure of these programs would leave more than 1831 clients without services.**<sup>6</sup>

Others reported that existing programs would be significantly impacted by reducing client intakes/stricter client screening (68%), reducing some service components (95%), reducing staff availability/hours (91%) or reducing program frequency (95%).

Impact on programs that could continue without Alliance funding			
Stricter Client Screening	Eliminate Some Service Components	Reduce Staff Availability (hours)	Reduce Program Frequency
15	21	20	21
68%	95%	91%	95%

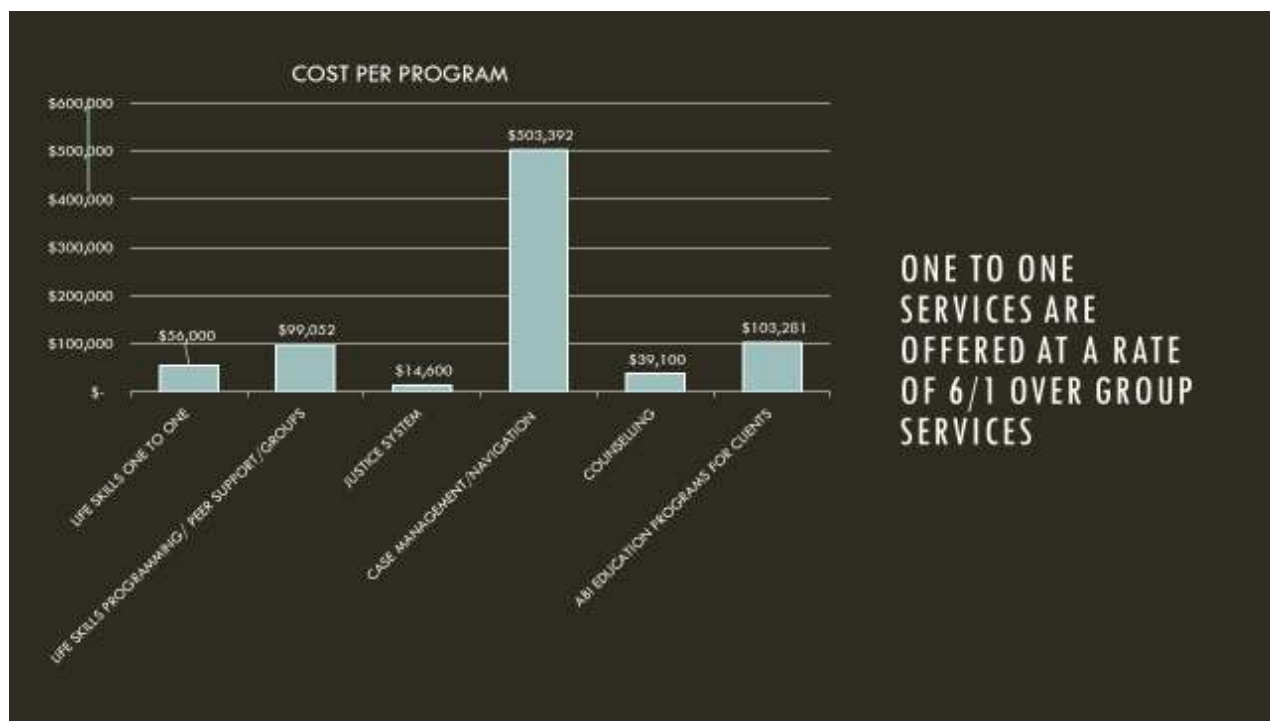
<sup>6</sup> figures extrapolated from data received from the Alliance September 2020 Final Program Reports

## Breakdown of Service Domains Funded by the Alliance

### Costs per Program in 2019-2020

- Individual Support (Life Skills One to One)
- Life Skills Programming / Peer Support / Groups
- Justice System
- Case Management / Navigation
- Professional Counselling
- ABI Education for Clients

*“The (Alliance) funding allowed for the Northern Brain Injury Association (NBIA) to provide case management services to over 25 communities in northern BC. Over 223 clients accessed our case management program.” Northern Brain Injury Association*



### One to One Services

One to one programming is the primary service model used by societies, utilizing 62% of all Alliance funding.

*“The Community ABI Navigator Program helps people affected by ABI by developing a personalized recovery and action plan with strategies to set goals, access community resources, fill information gaps and help build community and social networks. The Navigator program continues to fill a much-needed gap in the community.” Nanaimo Brain Injury Society*

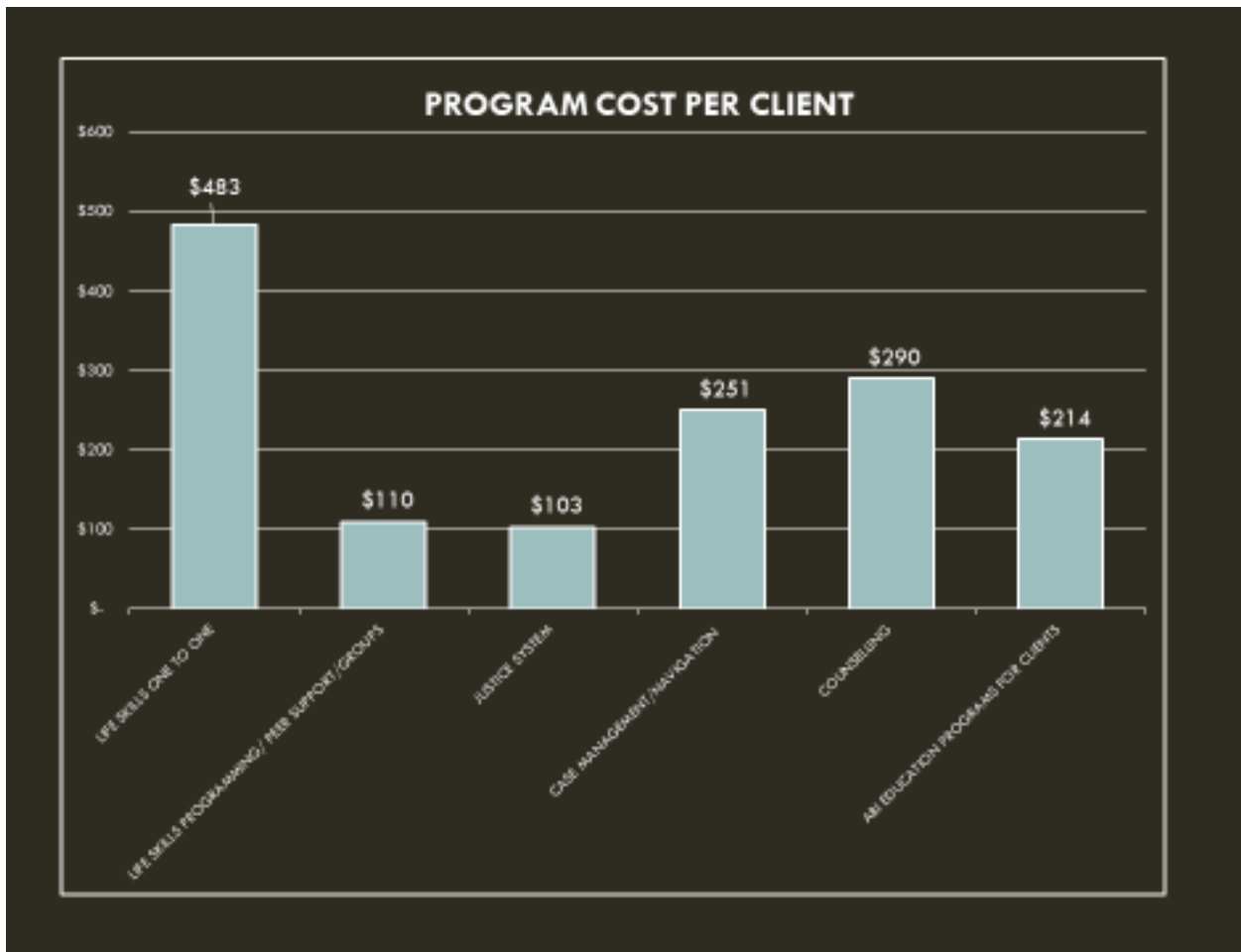


“Case managers assisted individuals with housing needs, financial supports, back to work instruction, tenancy advocacy, intervention, disability forms, new funding for COVID-19 related benefits.”

Victoria Brain Injury Society

One to one includes life skills one to one, case management / navigation and counselling programs for a total of \$598,492 or \$483.00 per client per year.

Life skills	\$483 /per client/ annually
Case Management / Navigation Services	\$251 /per client / annually
Counselling	\$290 /per client / annually
Justice system	\$92 /per client / annually





## Employment

Prior to injury, most survivors of brain injury were employed and were financially independent. Reentering the world of work is often a priority for the individual.

The one to one programming statistics above includes Employment Services. Several brain injury societies have discrete programs that focus on employment.

For other societies, providing clients with supports related to accessing and maintaining employment is part of regular one to one programming.

Many clients also access generic employment services (typically WorkBC), however they are more likely to be successful with obtaining and maintaining employment with the support of a brain injury society case manager.

Brain injury society staff have an in-depth understanding of the client and can help problem solve issues related to brain injury.

### Employment

#### In 2019 – 2020:

- 11 of 13 Alliance member agencies provided support to an employer of a client
- 12 out of 13 Alliance member agencies provided brain injury education to employers in their community
- **201 individuals secured employment**



**“WORK IS MAN’S PRINCIPAL TIE TO REALITY”**  
**SIGMUND FREUD**

## Group Services

Group Services include also include one to one interactions with both staff and peers. Group programs include:

- group Life Skills
- peer Supports
- ABI education programs for survivors, and
- justice programs

*“ .. groups provide education, social connections, life skill development and a safe welcoming environment to learn and practice new skills”.*  
*South Okanagan Similkameen Brain Injury Society*

**In 2019-2020 the Alliance provided funding for group services totaling \$216,933, which is 23% of Alliance grants.**

<b>Life skills groups</b>	<b>\$218 /per client/ annually</b>
<b>Peer Support groups (facilitated)</b>	<b>\$99 / client / annually</b>
<b>ABI Education classes for survivors/families</b>	<b>\$214 / client / annually</b>

*“Coping Strategies Program allows individuals to attend a course that teaches strategies and skills to empower themselves throughout their recovery journey. Individuals learn how to accept themselves, progress, and advocate for what they need.” Victoria Brain Injury Society*



Comox Valley Head Injury Society 2019

### Injury Prevention & Community Education Programs

Alliance grants for these programs accounted for less than 10% of Alliance grant distribution.

**Injury Prevention and Community Education Programs facilitated by brain injury societies impacted more than 43,500 participants in 2019-2020.**

This is the only category of service where numbers of participants increased. Facebook Live and other social media account for some of the impact data.

Injury prevention programs for most agencies run in the April to June period so COVID-19 had a major influence on services. For more information on these programs see the COVID-19 section of this report.

Injury Prevention & Community Education 2019-2020		
# Community Members	Total Cost	Cost/Participant
43,554	\$93,279	\$2.14



*“FVBIA booths attract children with a prize wheel that they can spin to answer questions relating to bike safety, helmet wear and brain injury/prevention...”*

*Numbers actually exceeded expectations as we were able to participate in a BC-wide event for the Girl Guides of Canada in partnership with Safer Cities and a traffic control company.” Fraser Valley Brain Injury Association*

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*The Concussion 101 school program delivery typically runs from February - June as the program is aligned with Science 6 curriculum, the nervous system unit, which is taught during this time period in the schools, as well as relevant physical education curriculum that runs during this time. The program delivery timing allows teachers to tie it to required learning outcomes. This program is facilitated by an NBIS staff member along with fourth-year science/psychology university student volunteers.” Nanaimo Brain Injury Society*

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### Community Engagement

This is an increasingly complex world that can be challenging even for professionals to traverse. For people with an acquired brain injury, it can be impossible.

Brain injury societies are part of a complex network of health and social services. Brain Injury societies partner with dozens or more community organizations and community professionals to ensure the best services that they can for the people served.

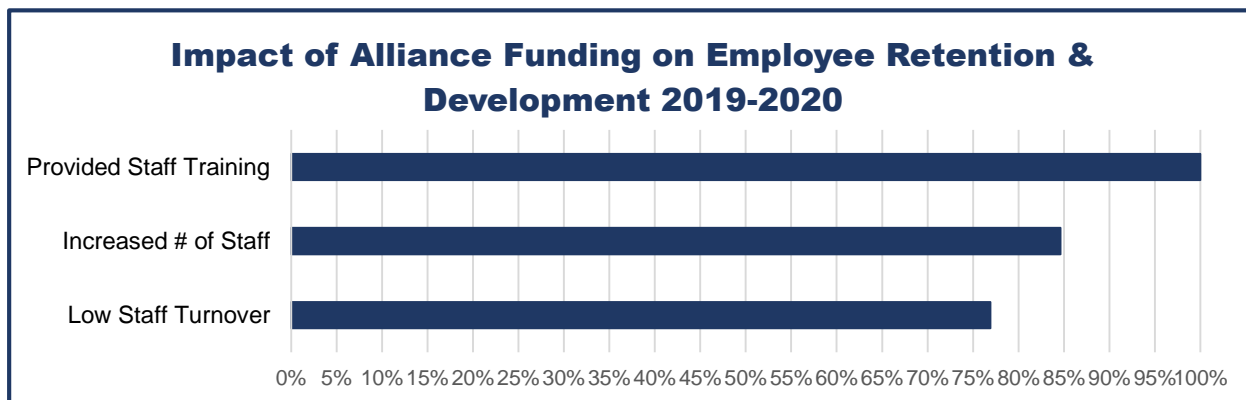


### Brain Injury Society Stability

Alliance funding in 2019-2020 continued to positively influence society stability and capacity.

**A loss of Alliance funding would result in the layoff of 13 to 16 full time equivalent staff, with the consequent erosion of services to clients.**

Alliance funding allows for staff training, increasing staff numbers. In some instances, it also results in a lowered staff turnover however the low wages often associated with employment in this field, the sector continues to have higher than desirable turnover.





## Recommendations

### 1. Increased Funding to Brain Injury Societies

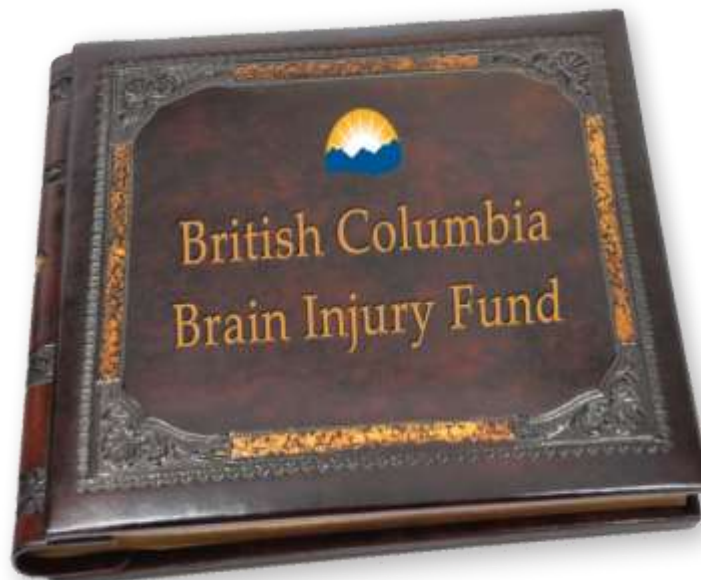
- Brain injury is a distinct disability with distinct service needs geared to rebuilding a life after injury.
- Even when there are concurrent disorders, treatment for the brain injury is often the primary need.
- Brain injury societies are motivated to provide service &/or liaise with mental health and/or addictions specialists but are often challenged financially.
- Brain injury societies are the primary and most cost-effective service delivery option for people with brain injury in BC.
- Services are provided at no cost to the person.
- Brain injury services are chronically underfunded on a per capita basis.

### 2. The Brain Injury Fund continues to be managed by the Brain Injury Alliance.

- The Brain Injury Alliance has a 6-year track record of distributing funding to brain injury societies.

### 3. Brain Injury Societies be included in any changes to current systems

- Community-led brain injury societies need to be part of any plan for ongoing services.



## Appendix A: Benefits of Community Brain Injury Societies

### BrainTrust Canada

Gordon had always been into highly physical contact sports including hockey, MMA and boxing. Playing these sports meant his brain was continually sustaining trauma from repeated hits. Throughout his life, Gordon was involved in 2 major car accidents which added to his brain trauma. Doctors suspected that Gordon was suffering from persistent concussion symptoms and potentially had chronic traumatic encephalopathy. This news was devastating to Gordon and left him with feelings of extreme anxiety about the future. No one in his life truly understood what he was going through which made him feel alone and unsupported. Gordon tried to find support services in the community but was continually turned away until he found BrainTrust. Gordon did not qualify for funding through the health care system but, BrainTrust was able to utilize Brain Injury Alliance funding to support Gordon through this trying time in his life.

BrainTrust has helped Gordon come to terms with his brain injury diagnoses and this helped relieve a lot of anxiety Gordon was facing around his injury and the future. One of Gordon's main goals was to have access to affordable housing. This year BrainTrust was able to assist Gordon to successfully apply for and receive a BC Housing subsidy and access housing. Gordon wants to mentor to others managing brain injuries in the future to help people as BrainTrust has helped him.

### Kamloops Brain Injury Association



After he left home at 15, Dennis moved between Williams Lake and Cloverdale. It was while he was on the road that Dennis learned to ride bulls. He turned pro soon after and had an official rodeo card to ride the rodeo circuits in Canada and U.S.A. His cowboy ring name was Wyatt Earp after the legendary gambler, investor, and law enforcement officer. Dennis won six buckles from his rodeo days in the U.S.A. and Canada, as well as six saddles and endless trophies. Dennis also garnered 17 concussions.

Dennis does not recall when he finally realised that he had a brain injury, but he did hang up his bull riding saddle once he turned 30. Dennis then raced stock cars and rode his motorbike often, despite the blurred vision, headaches, and memory loss that persisted. He also found it more and more difficult to control his emotions and became very angry quite easily. It was later on that he found KBIA.

"Coming to KBIA taught me a lot" said Dennis in an interview. "It is all coming back slowly" he says. "Too slowly really", sighs Dennis, but he keeps at it.

KBIA has assisted Dennis with memory strategies and emotional management, which helped him flourish in KBIA's facilitated groups and events over the years. Oftentimes, KBIA helps Dennis with simpler things, like grocery shopping and recycling. Recently, KBIA guided Dennis to life-saving medical care and continues to advocate for him during his doctor visits and tussles with CPP paperwork.

Dennis will always be a cowboy, so bureaucracy is not his forte. But, KBIA can help him with that!

### Nanaimo Brain Injury Society

At the time had “Norm” had connected with the Nanaimo Brain Injury Society he had just recently suffered a stroke and was living in a motel with recurring seizures, difficulties with managing the symptoms of his brain injury, and rapidly declining financial means leading to him facing homelessness.

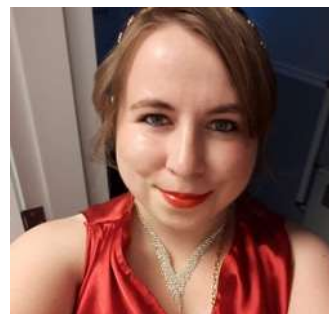
Through the support of the Navigator Program Norm was able to meet with him and his caregiver to assist in addressing the emotional stress of his situation and provide information regarding strategies for healthy recovery from brain injury.

The Navigator was also able to connect him with a supported living facility with a brain injury specific scope to assist in providing “Norm” with a stable living conditions and support to foster recovery with regard to his brain injury.

### Fraser Valley Brain Injury Association

At the age of 12, Alex was walking in the community of Logan Lake when she was struck by a truck, sustaining a serious brain injury and multiple body fractures.

As an FVBIA case manager, I first met Alex in August of 2016 at a local coffee shop. It was a very hot summer day. I had no idea about Alex’s story, but she showed up for our appointment after walking in the afternoon heat for 45 minutes. That was the first indication of just how strong and motivated she was to get on with her life.



She shared a very complicated story about her life including the death of both parents and some learning struggles although she was able to graduate from high school. In addition to a brain injury and chronic pain from the accident, Alex also struggled with significant mental health issues.

Given a different set of cards to play, she would likely have been a missionary traveling the world and helping people. She enrolled at Summit Pacific College and travelled to Southern Brazil as part of a ministry.

Upon her return, she stayed in the dorms at Summit as she was essentially homeless. There, she found a wonderful, strong support system and worked hard to graduate in 2019. One of her main goals was to gain independence and live on her own despite the significant brain injury and mental health struggles.

Four years later, Alex shares that she now lives in her own apartment with her cat, Minx, learning to cook, manage money and practice healthy habits. Alex is an active member in FVBIA and enjoys painting, playing guitar, reading and as a regular contributor to FVBIA’s Writer’s Bullpen.

With funding from The Alliance through the Dr. Gur Singh fund, Alex completed an online course in creative writing and a community Food Safe course (scoring 94/100!). She volunteers at The Reach Art Gallery in Abbotsford and remains excited, positive and strong.

### Campbell River Head Injury Support Society



Joy Nash has been with the Campbell River Head Injury Support Society for over a year as a client. Joy stated, "Due to recent life events, I have changed my life views and I am working on turning a new leaf being positive as you don't know if you have a tomorrow".

She looks forward to Mind Over Matter classes often getting organized and ready the night before. She really likes to come; it gives her a sense of purpose.

Joy especially enjoys watercolor class and yoga class. It feels like a safe space with lots of support, kindness and hopefulness. Joy is looking forward to trying two new classes this fall spinning with Ronna-lee and Making Headway. Joy is a very delightful person, and all our members and staff look forward to seeing her in class.

### Northern Brain Injury Association

In November of 2016, I received another traumatic brain injury while doing high risk support and outreach when I ended up being assaulted by two individuals, putting me in the hospital. I did not know what day or year it was or even my own name. I carried on with untreated Post Concussion Syndrome for over a year (May 2018), before I was put in touch with a Case Manager (CM) from NBIA in Terrace.

I was scheduled for a tribunal to defend my PWD (Persons with Disability Pension) application that had been denied. CM coordinated a team of community professionals to advise, assist and support me in reapplying for PWD. The success of that application was the beginning of hope and rebuilding of an independent life for me.

My NBIA Case Manager has stuck with me through many challenges, working by my side while I put the pieces of my life together. She has come with me to appointments, written letters, helped me figure out applications and connected me with needed services when my life was spinning out of control. For example, when I was forced out of a dangerous living situation, NBIA did crisis intervention to get me off the street during the extreme winter weather, and quickly helped me secure an affordable place to rent that welcomes my service dog. NBIA helped me to access emergency funding to meet my immediate needs for a bed, food, clothes, storage, and legal services.

NBIA has given me tools for self help, and support for my effects I still currently suffer with, and coping skills I need while I fight to find myself and gain control of my life again. My CM encourages me to seek medical help and to engage in the support group sessions to support others and get ideas and encouragement from them. The group helps me to face my challenges, inspiring hope that one day I may have some form of manageable independent life.

The work and knowledge NBIA brings to not just myself but to the community and its medical practices, is a very important need that is missing in our communities and medical fields, with so many individuals suffering undiagnosed and untreated ABI's. NBIA, along with the other people my CM put in place, are offering ongoing help that has saved my hope in myself for having a healthier, and more fulfilling life living with brain injury.





## North Okanagan/Shuswap Brain Injury Society

An individual who has benefited from Alliance-funded services is Audrey, a renowned award-winning stone sculptor. Audrey suffered her first ABI as the result of an equestrian accident, from which she recovered. Her second ABI occurred when her vehicle was struck from behind by a semi-trailer truck, resulting in catastrophic brain injury and debilitating physical injuries. Until the second injury, Audrey was living her dream life as an accomplished artist. The accident robbed her of her physical health, her successful life and much of her memory.

Audrey discovered NOSBIS slightly more than one year ago when she was desperately searching for relief from excruciating chronic head pain, the inability to process thoughts and the inability to speak and function in a way even remotely close to her pre-injury life.

Audrey contacted NOSBIS one evening after finding the phone number on-line. She was distraught and had suicidal thoughts after being shouted at by her doctor who discounted her physical pain and disparaged her inability to remain focused and able to function with the post-injury challenges of daily life. The doctor subsequently apologized for his behaviour when contacted by a Support Worker. A Support Worker who was working late that evening picked up the phone and provided immediate emotional support. With compassion and encouragement, the Support Worker talked with Audrey and assured her that help was available at NOSBIS.

Since then, Audrey has benefited from the Alliance-funded services provided by NOSBIS Support Workers in numerous practical ways, including assistance with home management; assistance with completing applications for Ministry benefits; assistance with food security; transportation and support for out-of-town medical appointments.

As a result of the Support Worker Program and the encouragement of her Support Worker, Audrey gained the confidence to teach charcoal-portrait painting art classes to adults. With support from NOSBIS' Support Workers, Audrey continues to make insightful and difficult decisions in her effort to regain greater control of her life.

This isn't a typical "success story". Audrey struggles every day. This is the story of one woman's resilience and "never give up" attitude in the face of constant pain, loss of her soul-satisfying career as a stone sculptor, loss of the happy and successful life she had established. It's also the story of how the Alliance Support Worker Program has allowed qualified and compassionate Support Workers to connect with Audrey and provide the practical supports, emotional supports and outside agency advocacy to assist her as she strives to meet the challenges of her "new normal".

## South Okanagan Similkameen Brain Injury Society



When Dan was building his own deck, on a spring day in 2019, he suddenly couldn't move the right side of his body and he fell down. The ambulance was called and he was rushed to the hospital where he awoke 8 days later to learn that he suffered from a massive stroke.

Dan said that he was unable to speak when he woke up and the things that he said made no sense. When he found out that he was paralyzed on one side of his body realization kicked in and he knew that his life had changed forever. He was told that he wouldn't get much better due to the severity of the stroke, but Dan made himself a plan. Motivated by his goal to return back home he spent the next few months in the hospital learning how to talk, move and do basic things again.

With help from family and friends Dan was able to go back home and having someone in the house gave him the opportunity to discover and experiment doing things independently.

"Every day I have to remember how to do things, how to move my leg but I have made a lot of progress over the last 9 months and I can function fairly well".

Dan was referred by the hospital to the Case Manager Program, provided by the Brain Injury Society in Penticton. Because he was no longer able to work he had to apply for other sources of income and navigating that process was a real struggle. "It was a relief having someone with knowledge of the system that helped me sorting this out and having that financial stability now has taken away a lot of stress".

With help from the Case Manager he applied for a powered wheelchair, allowing him to do his own shopping and banking again without having to rely on other people.

But Dan's biggest motivation in life is the wellbeing and future of his 3 (adult) sons. Since Dan left his ex-wife about 15 years ago, he was granted custody for his special needs son who lived with Dan up to the day that he had his stroke. When Dan returned home from the hospital, he was not able to take care of his son and it was hard on both of them to be living separately from each other. Regaining as much independence as possible has allowed him to take care of his son again who hasn't left since he came to visit about 2 months ago.

It was really important for Dan to find a new life purpose after the stroke changed his life.



## Victoria Brain Injury Society

The day that Eric M realized that something was wrong with his brain started out like any other day.

As a child growing up in Alberta, Eric was diagnosed with ADHD. Then in 2007, after he had moved to BC, he was diagnosed with a bipolar disorder. But it wasn't until the day that Eric, working for UPS at the time, parked his truck one day and freaked out.

"I didn't know what it was, but I knew something was wrong with my brain and I knew it was not bipolar."

Eric saw a doctor and for two days did a variety of brain testing. He was ready for what he discovered – that several concussions due to being thrown or dropped as a small child in addition to sports related incidents had left him with a brain injury.

In 2019 a doctor with the Cool Aid Society told him about VBIS. Out of work and living in a shelter, Eric attended ABI 101 at VBIS in November and what he learned changed his life.

"Thanks to VBIS, the biggest thing for me was learning that I'm not the only one."

After attending ABI 101 Eric started the Coping Strategies program in January 2020 and credits the group with providing him with a supportive network of like-minded people who understand what it's like to navigate the day-to-day life of a brain injury survivor.

"Brain injury is not always straight forward," he says. "VBIS taught me that my brain isn't the same and that's okay. It's what you do with that knowledge that counts."



## Appendix B: History of the Alliance

### Brain Injury: A Personal Challenge – A Community Response

The Brain Injury Alliance is a non-profit organization formed in 2014 as a collaboration between four community brain injury associations to address the funding challenges faced by non-profit brain injury service agencies in the province.

In 2013-2014 alone, 3 brain injury societies in BC closed their doors permanently due to lack of funding, leaving wide gaps in services.

The Brain Injury Alliance is currently comprised of 13 charitable brain injury societies in British Columbia

In 2015, the Province of BC provided the Alliance with a grant of \$3,000,000.00 for community based, direct services for people with brain injuries. In 2017, the Province provided a further \$3,000,000.00, all of which is supplemental funding, not to replace existing funding sources.

With the assistance of these two grants from the Government of BC, the Brain Injury Fund (BIF) was established to help support brain injury societies across the province for \$1,000,000.00/year over 6 years. The Alliance has a strong track record of providing this funding effectively and efficiently over 6 funding cycles. To date, the Alliance has distributed/allocated over \$6 million dollars to these agencies.

In addition to direct funding of brain injury societies, the Alliance administers the Dr. Gur Singh Memorial Education Fund established by the Province in 2015 with a \$1 million endowment. This fund is available to those individuals with an acquired brain injury who want to upgrade their education and job readiness and are sponsored by a local brain injury society.

Programs and services delivered with the aid of Brain Injury Fund monies have had a significant impact on the wellness of survivors and their families and are delivered at no charge.

The Alliance is only able to fund about 50% of the service and program needs applied for by member organizations.

The Brain Injury Fund is making a positive difference in the lives of British Columbians. Increased funding will provide additional supportive programs and services to meet the complex needs and concerns of the injured, assisting people to reach their full potential for decades to come.

In June 2021, the Brain Injury Fund will be depleted. Without a renewed agreement with the Province, the ability of brain injury associations across the province to maintain and expand services to the survivors of brain injury will be jeopardized.





## Appendix C: What You Should Know about TBI/ABI

**Traumatic Brain Injury (TBI)** arises from traumatic insults to the brain and head (vehicle collisions, falls, sports injuries, assaults, electrocution).

**Acquired Brain Injury (ABI)** includes TBI plus non-traumatic causes (stroke, aneurysm, arterial venous malformation, tumors, anoxic events, surgical mishaps, infections).

- TBI is estimated to occur at an annual rate of 5 per 1000 persons<sup>7</sup>
- Statistically, TBI occurs at a rate 100 times that of spinal cord injury<sup>8</sup>
- When ABI and TBI are included together, estimates suggest up to 1 in 25 persons in Canada may be living with some level of ongoing disability from a brain injury<sup>9</sup>
- While awareness and diagnosis of TBI is improving, missed cases, misdiagnosis and misattribution are commonly reported in the relevant clinic literature<sup>10</sup>
- Post ABI, persons are seven times more likely to develop symptoms of mental illness<sup>11</sup>

The effect of brain injury is not limited to the health consequences for the victim. For example:

- Youth convicted of a crime are more likely to have suffered a pre-crime brain injury<sup>12</sup>
- It has been estimated that over 85% of incarcerated individuals have a brain injury<sup>13</sup>;
- A survey of Vancouver's homeless population found that 66% reported a brain injury and of those 77% were injured prior to becoming homeless<sup>14</sup>
- Estimates put the brain injury rate among indigenous persons at 4-5 times the rate in the non-indigenous population<sup>15</sup>;

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<sup>7</sup> Langois JA, Rutland-Brown W, Thomas KE, *Traumatic Brain Injury in the United States, Emergency Department Visits, Hospitalizations, and Deaths*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2006.

<sup>8</sup> Won Hyung A. Ryu, Anthony Feinstein, Angela Colantonio, David L. Streiner, Deirdre R. Dawson, *Early Identification and Incidence of Mild TBI in Ontario*, *The Canadian Journal of Neurological Sciences*, Volume 36, Number 4, 429 - 435, July 2009.

<sup>9</sup> [http://www.vistacentre.ca/\\_files/statistics.pdf](http://www.vistacentre.ca/_files/statistics.pdf) (4% figure); see also *Brain Disorders in Ontario: Prevalence, Incidence and Costs from Health Administrative Data, Ontario Brain Institute July 2015 at 148* (incidence of TBI alone approaching 2% of population in Ontario in April 2010 assessment).

<sup>10</sup> Silver, McAllister and Arcienegas, *Textbook of Traumatic Brain Injury*, 3<sup>rd</sup> ed. 2019; see also Zasler and Katz, *Brain Injury Medicine: Principles and Practice*, 2<sup>nd</sup> Ed. 2012.

<sup>11</sup> Jeffrey M. Rogers; Christina A. Read; *Psychiatric comorbidity following traumatic brain injury*. *Brain Injury*, Volume 21, Issue 13 & 14 December, pages 1321 - 1333, 2007.

<sup>12</sup> Source: Silver, McAllister and Arcienegas, *Textbook of Traumatic Brain Injury*, 3<sup>rd</sup> ed. 2019; see also Zasler and Katz, *Brain Injury Medicine: Principles and Practice*, 2<sup>nd</sup> Ed. 2012.

<sup>13</sup> Source: Jeffrey M. Rogers; Christina A. Read; *Psychiatric comorbidity following traumatic brain injury*. *Brain Injury*, Volume 21, Issue 13 & 14 December, pages 1321 - 1333, 2007.

<sup>14</sup> Williams WH, Chitsabesan P, Fazel S, et al. *Traumatic brain injury: a potential cause of violent crime? [Published correction appears in Lancet Psychiatry. 2018 Jul 17;]. Lancet Psychiatry. 2018;5(10):836–844. doi:10.1016/S2215-0366(18)30062-2.*

<sup>15</sup> Slaughter B, Fann JR, Ehde D. *Traumatic brain injury in a county jail population: prevalence, neuropsychological functioning and psychiatric disorders*. *Brain Injury* 2003;17(9):731-41.



## Appendix D: Brain Injury Alliance Member Organizations



**[BrainTrust Canada](#)**

**[Campbell Valley Head Injury Society](#)**

**[Comox Valley Head Injury Society](#)**

**[Fraser Valley Brain Injury Association](#)**

**[Kamloops Brain Injury Association](#)**

**[Kootenay Brain Injury Association](#)**

**[South Okanagan Similkameen Brain Injury Society](#)**

**[Nanaimo Brain Injury Society](#)**

**[Northern Brain Injury Association](#)**

**[North Okanagan Shuswap Brain Injury Society](#)**

**[Powell River Brain Injury Society](#)**

**[Prince George Brain Injured Group](#)**

**[Victoria Brain Injury Society](#)**



## Appendix E: What do Community Brain Injury Organizations Do?

The primary work of community brain injury associations involves assisting people with a brain injury to learn how to live with the changes and challenges faced after injury. Community brain injury associations in BC have created innovative community based rehabilitative programs and services.

Brain Injury Associations are a critical link in the continuum of care. They provide service innovation, increased public health, and reductions in demand for emergency services by persons with a brain injury.

- Assist people with learning how to live with the changes & challenges after brain injury
- Provide a critical link in the continuum of care
- Provide service innovation,
- Provide increased public health
- Reduce demand for emergency services by persons with a brain injury.

### Services Provided by Community Brain Injury Associations

#### Case Management/Individual Support

Community brain injury associations provide services to any person living with an acquired brain injury. Non-profit brain injury associations serve people from all walks of life regardless of funding sources. Services are designed to educate, improve function and independence.

Although service delivery and the range of available services change as an individual regains skills and rebuilds their life, services are not time-limited. Services are typically centered on a case management model.

These interventions may help prevent many situations from requiring emergency medical or psychiatric services incarceration, and/or homelessness.

Services include but are not limited to:

- brain injury education/ coping with the effects of injury (survivor, family, employer, community),
- help applying for pensions or other financial assistance,
- obtaining and retaining housing,
- obtaining medical care,
- exploring employment and education opportunities,
- accessing other important community supports and services

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*“Alliance funding made it possible to ensure staff were kept safe & members could access supports in a low risk way. During this period, we have noted a steady increase in our 1:1 services & estimate that it will continue to grow as this pandemic goes on.”*

*Prince George Brain Injured Group*

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Remote case management involves the use of technology to deliver flexible and adaptable services in order to meet the diverse needs of people who are geographically isolated from services.

### Professional Counselling

The research indicates that in excess of 20% of individuals who sustain a traumatic brain injury develop mental health disorders, particularly depression and PTSD<sup>16</sup>.

If people with brain injuries can be supported in the community for a relatively small cost, it reduces the much higher costs of hospital/psychiatric admissions, substance use, homelessness and/ or incarceration.

Issues dealt with included anxiety, depression and PTSD as well as life issues that are hampering recovery from the brain injury, including marital and family problems, emotional regulation, loss of identity, financial concerns and addictions. In all instances, counselling was provided in conjunction with other services provided by the society including case management and group programs.

### Group Services

In addition to one to one service, primarily case management, all of the community brain injury programs provide multiple services in a group format.

Many programs have found that the primary goal for new clients is a desire to learn about their injury, to find out if there is anything that can be done to minimize symptoms and to learn strategies to cope with the long term effects of the injury.

These programs provide the linkages that make it possible to rebuild skills to get back into the community. These programs hold people together during the hard work of rebuilding a life after a traumatic and life changing event.

Small groups provide the benefit of peer support to both the supporter and other clients, while increasing efficiency and providing cost containment. These benefits have lead several brain injury associations to establish formal peer support programs.

Group/peer support programs can also provide support for organization staff working in multiple programs with large caseloads.

Some group programs include therapeutic yoga/karate, cooking, photography, art/ music therapy, gardening, stained glass, writing, and outings. Participation in these group programs are the first steps in building confidence, community involvement, volunteerism, and independence. These programs are well-supported by the community (artists, musicians, universities/colleges as well as local stores and businesses).

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<sup>16</sup> Nada Andelic, Solrun Sigurdardottir, Anne-Kristine Schanke, Leiv Sandvik, Unni Sveen & Cecilie Roe (2010) *Disability, physical health and mental health 1 year after traumatic brain injury*, *Disability and Rehabilitation*, 32:13, 1122-1131, DOI: [10.3109/09638280903410722](https://doi.org/10.3109/09638280903410722)



### Community Engagement

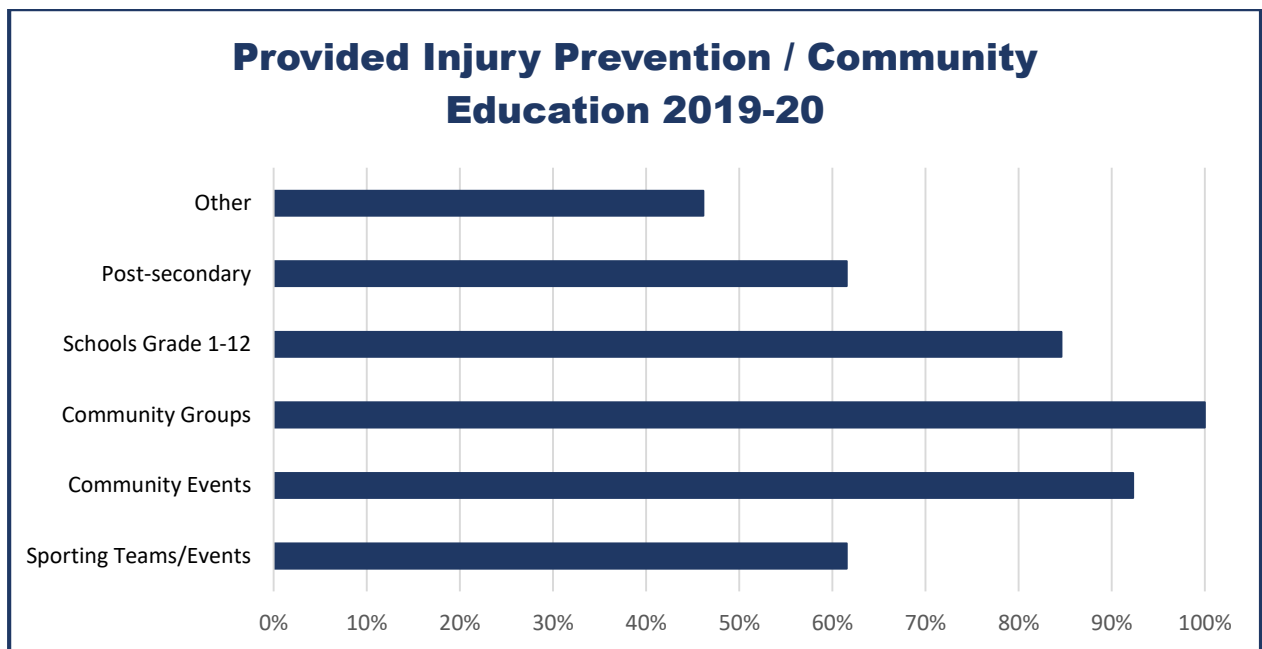
Brain injury organizations support people with system navigation to access the resources they need for complex issues such as housing, mental health, etc. through collaboration with other organizations and stakeholders.

### ABI Injury Prevention and Community Education

ABI Injury Prevention & Community Education 2019-2020		
# Community Members	Total Cost	Cost/Participant
43,554	\$93,279	\$2.14

The Alliance distributed \$93,279 for Injury Prevention and Community Education programs in 2019-2020.

Injury prevention and community education programs that received funding from the Alliance reached over 43,554 community members at \$2.14 per person.<sup>17</sup>



<sup>17</sup> figures extrapolated from data received from the September 2020 Final Program Reports





## Appendix F: Social Impacts of Alliance Funding

Social Impacts of Alliance Funding (# of Client/Incidents) 2019-2020		
Obtained Employment	Reduced Client Involvement with Medical/Hospital Services	Reduced Client Involvement with Justice System
201	1048	130

### Employment

Research indicates that of the many possible vocational rehabilitation services for people living with brain injury, the only consistent predictor of successful employment is job placement while the least effective service is counselling/guidance.<sup>18</sup>

According to a 2016 study in Toronto, Ontario, 53% of homeless individuals live with brain injury. The vast majority (77%) were injured prior to becoming homeless.<sup>19</sup>

*“The (homelessness) field has largely failed to recognize the role that the drive to achieve employment can play in the recovery process. When we talk about making work a priority, we do not mean that people should be assisted to move from the streets and shelters directly into full-time, competitive jobs. Rather, we mean that the opportunity to perform some kind of work should be offered at the soonest possible moment rather than treated as an outcome of recovery. Recognizing work as a priority in preventing or ending homelessness.”<sup>20</sup>*

**Programs that received Alliance funding supported 201+ individuals with obtaining employment opportunities including;**

- truck driver, taxi driver, gardener, maintenance worker, housekeeper, peer support worker
- construction labourer, waitress, golf course groundskeeper, furniture mover, hobby farm hand (client is completing Horticultural certificate)
- oil and gas construction industry
- youth athletic coach
- grounds keeping labourer
- janitor, personal shopper – grocery store, hardware store clerk, security guard, fitness coach<sup>21</sup>

<sup>18</sup> Journal of Rehabilitation, April -June, 2007

<sup>19</sup> Kathryn E. Mclsaac, Andrea Moser, Rahim Moineddin, Leslie Anne Keown, Geoff Wilton, Lynn A. Stewart, Angela Colantonio, Avery B. Nathens, and Flora I. Matheson, Association between traumatic brain injury and incarceration: a population-based cohort study, *cmajo* 4:E746-E753; published online December 8, 2016, doi:10.9778/cmajo.20160072

<sup>20</sup> Recognizing work as a priority in preventing or ending homelessness. Shaheen & Rio. Springer Science & Business Media 2007

<sup>21</sup> figures extrapolated from data received from the Alliance September 2020 Final Program Report



## Reduced Client Involvement with Medical/Hospital Services

Brain injury organizations reported that programs that received Alliance funding had an impact on reducing client involvement with medical/hospital services. **Member agencies reported that 1,048 clients reduced involvement with Medical/Hospital Services.**

Based on an average cost of \$500 for a visit to an Emergency Department, if even 50% of those clients were diverted from attending an emergency room, the **cost savings would have been approximately \$262,000.00 in 2019-2020.**

*"A new, Ontario-wide study shows that rates of hospital readmission following a traumatic brain injury (TBI) are greater than other chronic diseases and injuries and are higher than previously reported. The study, led by Dr. Angela Colantonio, senior scientist, Toronto Rehabilitation Institute, UHN, examined nearly 30,000 TBI patients discharged from Ontario hospitals over the span of eight years. Published in the May edition of Archives of Physical Medicine and Rehabilitation, the study found that about 36 per cent of patients with TBI had been re-hospitalized within three years of their initial injury due to a variety of factors. Previously, readmission rates had been reported at about 25 per cent. In contrast, the study found the risk of re-hospitalization was lower for TBI patients involved in motor vehicle collisions. "We know that patients with TBI resulting from motor vehicle collisions are more than 50 per cent more likely to be discharged with support services than those who sustained their injury from other causes, likely due to supplemental auto insurance," Dr. Colantonio said. "Because these patients appear to use fewer subsequent hospital services, this may suggest that additional care and rehabilitation provided earlier to all people with TBI could reduce the high costs of readmission."<sup>22</sup>*

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*"The Interior Health Community Response Team collaborates with BrainTrust to support high risk clients - to assess mental health issues and to stabilize clients. We also ensure clients are able to access medical supports (doctors)."*

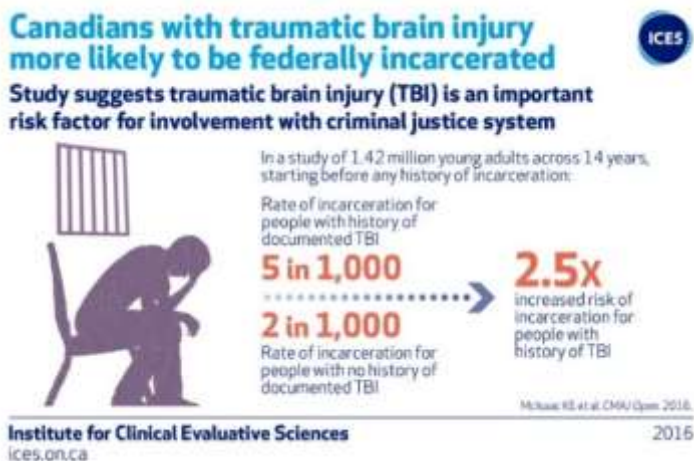
*BrainTrust*

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<sup>22</sup> Re-hospitalization rates for traumatic brain injury higher than previously reported (2015, May 25) retrieved 25 May 2015 / <http://medicalxpress.com/news/2015-05-re-hospitalization-traumatic-brain-injury-higher.html>

## Reduced Client Involvement in the Justice System



In 2013, the Prince George Brain Injured Group Society did a cross-sectional study of the prevalence of brain injury at the Prince George Regional Corrections Centre.

Of 254 inmates, 58 agreed to participate, of which 86.2% reported at least one traumatic head injury during their lifetime.<sup>23</sup>

The prevalence of possible traumatic brain injury in this same population is 74.1%.

A 2015 study showed that in 95% of cases, including both male and female populations, brain injury pre-existed criminal behavior. The study went on to recommend that reduction of the rate of brain injury should be a major public health imperative, with benefits realized in terms of reducing costs, injuries and crime <sup>24</sup>

According to the 2016 study, “Association between traumatic brain injury and Incarceration: a Population-based Cohort Study”, having a history of traumatic brain injury increases the risk of involvement with the criminal justice system by 2.5x.<sup>25</sup>

Community brain injury organizations supported 130+ individuals reduce their involvement with the criminal justice system. Support with decision making, cognitive impairment, budgets/planning, housing, etc. can reduce the risk of incarceration.

In 2019-2020, Alliance member agencies:

- served 142 inmates
- provided education to corrections staff (5 agencies)
- likely resulted in at least 130 fewer interactions with the justice system through direct interventions.

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*“Three clients were diverted and had involvement in the justice system reduced. Case management and crisis intervention assisted these clients to have their issues resolved by NBIA prior to having re-involvement with justice system.” Northern Brain Injury Association*

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<sup>23</sup> Traumatic Brain Injury in a Northern British Columbia Correctional Center, Prince George Brain Injured Group, 2013

<sup>24</sup> (Peter W. Schofield, Eva Malacova, David B. Preen, Catherine D'Este, Robyn Tate, Joanne Reekie, Handan Wand, and Tony Butler, July 14, 2015 (<https://doi.org/10.1371/journal.pone.0132558>).

<sup>25</sup> Kathryn E. McIsaac, Andrea Moser, Rahim Moineddin, Leslie Anne Keown, Geoff Wilton, Lynn A. Stewart, Angela Colantonio, Avery B. Nathens, and Flora I. Matheson, Association between traumatic brain injury and incarceration: a population-based cohort study, *cmajo* 4:E746-E753; published online December 8, 2016, doi:10.9778/cmajo.20160072



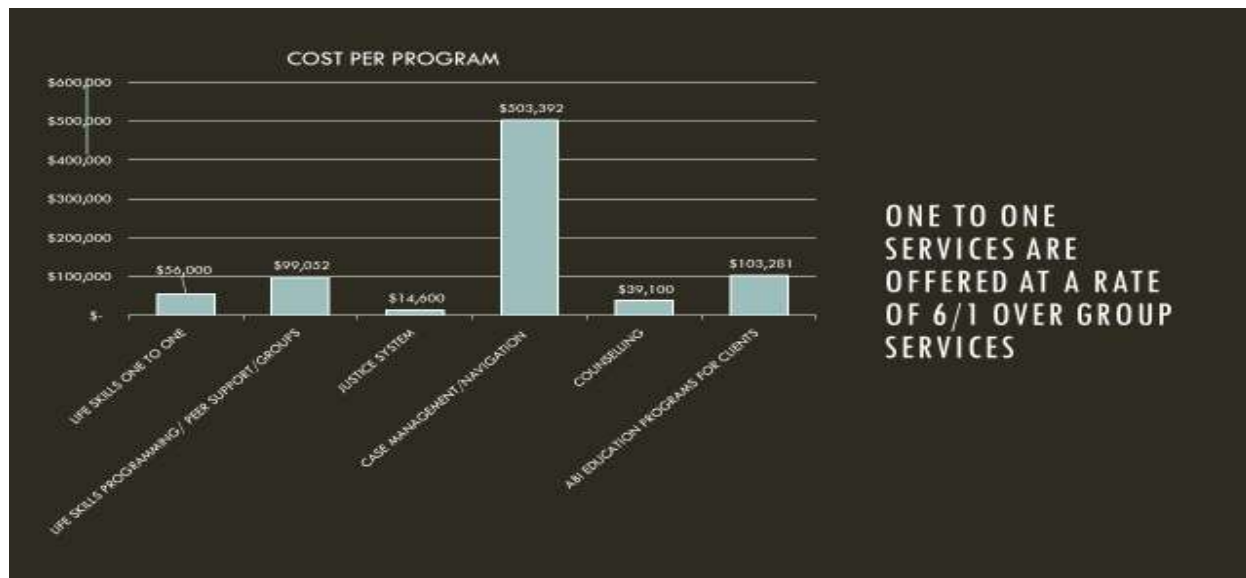
## Appendix G: Brain Injury Fund Grant Distributions

Community brain injury organizations provide cost effective services and utilize Alliance grant funding to leverage funds from other sources. In 2019-2020, Alliance funding cost per client served was \$234.00.

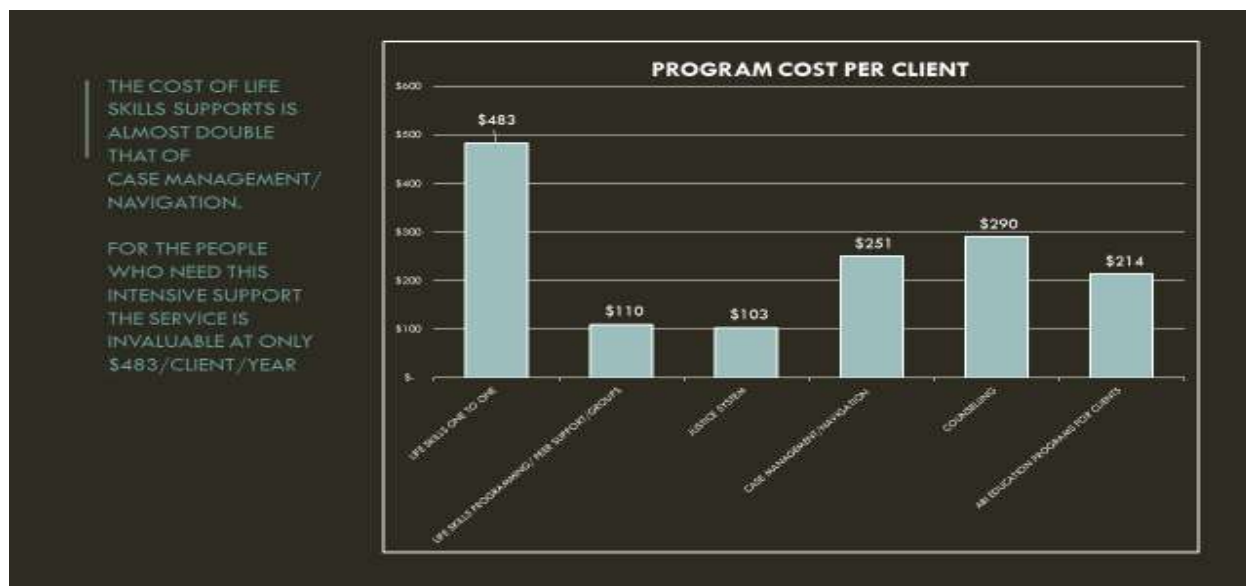
In 2019 - 2020, the Brain Injury Fund allocated \$977,881 in client services program grants for 41 unique programs.

**Alliance Funding Per Client Served**

**\$ 234.00**



The overall revenue for agencies was close to \$7.8 million. Alliance funding comprised of approximately 20% of overall funding for community brain injury organizations.







## Appendix H: Who Else Funds Brain Injury in BC?

British Columbia brain injury associations are currently funded through a fragile patchwork of donations, grants, fees for services, Health Authorities, charitable gaming, fundraising, and for the period 2015 to 2021, through the Brain Injury Alliance.

### Health Authority Brain Injury Programs

Health Authorities also provide services to people with brain injury. These services however are limited and typically focus on saving lives, on the acute stage of recovery and on the needs of individuals who require life-long and/or intensive therapies.

In some regions of the province Health Authorities also provide, or contract out, some limited community services to external contractors including brain injury societies. These services are often restricted to short term, medical or health related interventions for specified individuals. Every brain injury society receives funding from their health authority either by:

- annual contract with generalized services and expectations & with accountability based on outcomes.
- annual contract specifying the total number of service hours the agency can provide to named individuals. (Alliance funds cannot be used to subsidize these, or any fee-for-service programs)
- two or more contracts - generalized and others that are service and/or client specific.

### ICBC, WorkSafeBC

These fee payers provide direct services (WorkSafeBC) or contract with service providers for specified services for clients who they are responsible to serve. These fee-payers' policies often stipulate that they will only contract with services that are led by a registered Occupational Therapist (OT). Fee payers will occasionally contract with a brain injury society, especially on client demand and/or a shortage of OT led service in the region. Most community brain injury organizations do not have an OT on staff.

### Public Guardian & Trustee, Private Insurers, Individuals

These fee payers depend a good deal on their individual knowledge of available service providers and on the preferences of the people receiving services. Services include long term residential or personal care or short-term one to one.

### British Columbia Neurotrauma Fund

Rick Hansen Man in Motion Foundation created the British Columbia Neurotrauma Fund in 1997 for the purpose of funding services and projects for neurotrauma injury.

The BC Government then established Bill 8: The British Columbia Neurotrauma Fund act to provide the fund with a maximum of \$2 million a year to be administered by the Rick Hansen Man in Motion Foundation. Funding has primarily gone into spinal cord research.

“Brain injury is forever. In order to ensure cost-effective and efficacious, evidence-based and outcome-driven services, and considering the complex needs of persons with brain injury, a variety of sources for services and supports must exist at the local level. This will require integrated planning, and establishing and sustaining broader partnerships with other partners in the community.”

Government of British Columbia, 2002



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*In June 2021, the Brain Injury Fund will be depleted and without a renewed agreement with the Province, the ability of brain injury societies across the province to maintain and deliver services to survivors of brain injury will be jeopardized.*

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