

Brain Injury Alliance Annual Report 2023



For Services Delivered
July 1, 2022 – June 30, 2023

www.braininjuryalliance.ca



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President's Message to Alliance Members

For Brain Injury Alliance Member Agencies, 2022-2023 began with the challenge of emerging from COVID restrictions and entering the “new normal”, post pandemic world in BC. Through the pandemic, BC brain injury societies had to work remotely with clients via Zoom or by requiring elaborate screening protocols for direct service. As a result, in 2022, Member Agency funding proposals focused on individual rather than group services to clients.

Additionally, in 2022-2023 brain injury societies saw increased referrals for clients with mental health and substance use challenges. In addition, the service needs are increasing with the current toxic drug crisis. More people who overdose survive through timely Naloxone administration but, if anoxic for too long sustain brain damage. Many of these survivors require continuing care and/or brain injury services.

Similarly, BC like other provinces, has seen increasing intimate partner violence leading suffering traumatic, anoxic and hypoxic brain injury. Many of these survivors, usually women, require continuing care and/or brain injury services.

Despite these challenges, the Brain Injury Alliance and community received some particularly good news in November, 2022 when newly installed Premier David Eby announced an increase in funding to the Brain Injury Alliance to increase services provided by the 13 brain injury societies in BC. Most importantly, this increased funding was extended for three years, enabling societies to more easily recruit and retain staff thereby increasing service continuity.

The next section of this Annual Report provides more detail on the Premier's announcement. This section of the report also summarizes actions already taken by the Brain Injury Alliance to meet our new mandate. The new mandate includes providing brain injury services to people with complex needs. i.e., brain injury, mental illness, substance use as well as histories of trauma and brain injury. The new mandate also includes increased outreach and services to Indigenous communities.

In summary, what started out as a bleak year in 2022 with Member Agencies and societies recovering from COVID became much more positive with the Premier's announcement. We now have an expanded mandate which brings its own challenges but also brings opportunities to better serve our communities and clients.

Finally, a most sincere “thank you” for the great work of Member Agencies, brain injury societies and staff over the past fiscal year. You are certainly appreciated by the Brain Injury Alliance Board, your communities and clients.

Dr. John Higenbottam
President
Brain Injury Alliance

Introduction

Things To Come for Community Brain Injury Services in British Columbia in 2023-2026

In one of his first announcements after his November 18, 2022 investiture as Premier of British Columbia, Premier Eby announced an increase in funding for the Alliance, and hence, for community Brain Injury Associations.

Expanded funding for brain injury services.

"... new funding will ensure British Columbians living with brain injuries will have increased access to important services, including life skills, behaviour coaching, support groups, and more. The province is investing \$4.5 million over three years to the Brain Injury Alliance to support delivery of these services in 13 communities throughout B.C.

The alliance, a non-profit organization comprised of 13 community brain-injury societies in B.C., helps more than 4,000 people each year learn how to live with the changes and challenges they face after injury, including those resulting from toxic drug poisoning.

Alliance members are community associations that run rehabilitative programs and services, including in BC Corrections facilities, individual support, such as life-skills assistance, and homelessness prevention and group services, such as drop-in sessions."

BC Government [Safer Communities Action Plan](#)
November 20, 2022

John Higenbottam, President, Brain Injury Alliance, Vancouver –

"People with different levels of acquired brain injuries struggle to find much-needed support services in the community. They are over-represented in the corrections system, homeless populations and people struggling with addiction. These individuals often have overlapping mental-health and substance-use challenges, requiring the highest level of support. The funding provided to the Brain Injury Alliance and brain injury associations across B.C. will go a long way to providing the specialized support that brain injury survivors require."

In response to this announcement, the Alliance has made the following changes to date:

- The Alliance is passing on the benefits of 3-year funding commitments to brain injury societies
- The Alliance has allocated annual funding to provide training for staff of member agencies with a focus on culturally safe and trauma Informed services
- Annual grants have been increased
- While the Alliance maintains a strong commitment to services for any person living with a brain injury, it has increased focus on the government priorities of services for people with complex needs, homelessness and substance use.
- The Alliance has increased focus on reconciliation and services in indigenous communities.
- The Alliance has a long-standing commitment to the collection of data. In the 2023-2026 period, the number of fields of data that member agencies collect has increased. This will be shared with the province and will lead to a greater awareness of both the impact of brain injury in British Columbia and the impact that community-led brain injury societies provide



For these positive changes to brain injury funding the Alliance would like to thank:

- People living with brain injury across the province for their advocacy and trust in brain injury societies
- Community-led brain injury societies for providing comprehensive and cost-effective services to people with brain injury, their families and their communities over the past 30 plus years
- Premier David Eby and The Honorable Jennifer Whiteside for including brain injury as an important component in enhanced public safety and services to people with complex needs
- [BC Heads Together Think Tanks](#) (2020) for its recommendation of increased funding for the Alliance
- Studies published in the past 20 years that have recommended increased funding and services to this population, including the [Select Standing Committee on Finance and Government Services](#) in 2023, 2021, 2020, 2019, 2018 and 2017.

“... the ministry (of Mental Health and Addictions) provided \$4.5 million to the BC Brain Injury Alliance over 3 years in response to the BC Heads Together Think Tanks recommendation to mitigate barriers and enhance access to mental health or substance use services for people living with brain injuries. This funding will ensure that British Columbians living with brain injuries due to toxic drug poisoning will have increased access to important services, including life skills, behavior coaching, support groups and more.”

Honourable Jennifer Whiteside / Minister of Mental Health and Addiction

BC Consensus Days, June 22, 2023

Alliance Quick Facts 2022-2023

12

Agencies funded

\$930,217

Distributed to deliver programs and services in 2022-2023

39

Programs and services delivered

\$243

Spent per client served

>3885

Brain Injury Survivors supported

>18,787

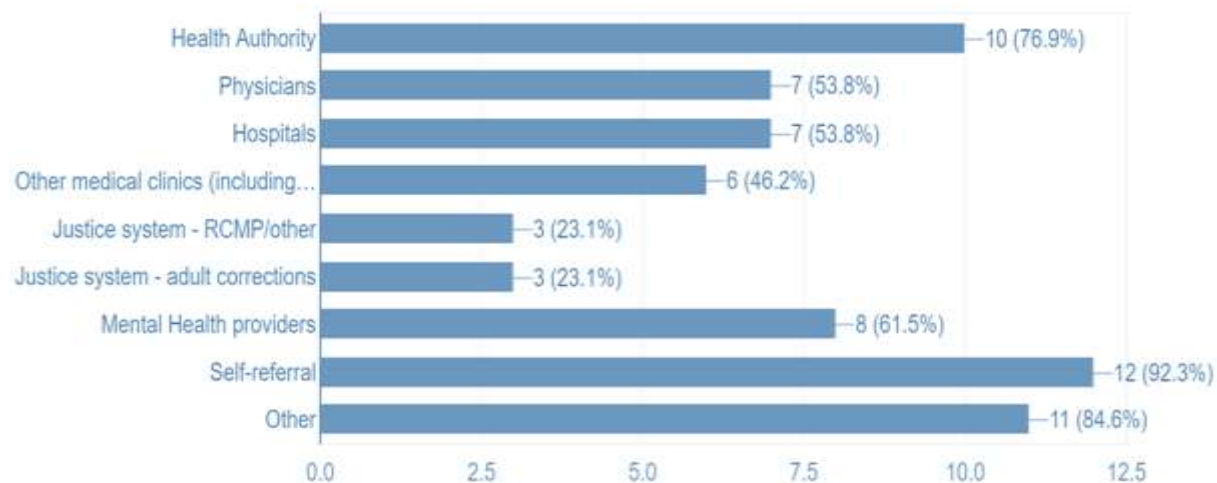
Community Members Reached for Injury Prevention & Community Education

Reporting to Government

The Alliance is reporting more often to government with additional Quarterly Reports, along with regular monthly updates. The following information was gathered from 13 brain injury associations across BC for the July 1, 2023 to September 30, 2023 report period.

Brain Injury Alliance Quarterly Report July - Sept 2023	
New Individuals Screened for Services	367
New Individuals Accepted for Services	293
New clients living with concurrent mental health, substance use and/or justice system involvement	151
New clients currently unhoused or inadequately housed	98

- **367 new individuals** were screened for brain injury services
- **293 (80%) new individuals** were accepted for brain injury services
- Referral sources for new referrals:



- Main reason(s) new referrals were not accepted
 1. Primary disability is not ABI
 2. Home community not in agency's service region
 3. Requires the type of services only available through the Health Authority
 4. No diagnosis of ABI
 5. Other (not specified)
 6. Age (under 18)
 7. Acute behaviour that agency is not staffed to manage

- **151 (41%) of the new clients** accepted (#2 above) live with concurrent mental health, substance use and/or justice system involvement
- **98 (27%) of the new clients** accepted (#2 above) are currently unhoused or inadequately housed (living in a vehicle, tent, encampment, couch surfing etc.
- **39 clients (new & existing)** were charged with a crime
- **112 clients (new & existing)** were seen in the hospital emergency department
- **45 clients (new & existing)** were admitted to the hospital.

Communities that brain injury organization staff travelled to provide service to clients:

Peachland, West Kelowna, Westbank First Nation, Okanagan Nation, Central Okanagan, North Okanagan, Shuswap and Splataskin Band, Port McNeil, Cowichan Tribes, Duncan, North Cowichan, Shawnigan Lake, Lake Cowichan, Texada Island, Powell River, Tla'amin Nation, Penticton, Kitimat, Houston, Fraser Lake, Burns Lake, Vanderhoof, Ft St James, McBride, MacKenzie, Chetwynd, Pouce Coupe, Taylor, Witset, Langley, Abbotsford, Chilliwack, Hope, Cultus Lake, Rosedale, Prince George, Oak Bay, Victoria, Sooke, Courtenay, Comox, Cumberland, Black Creek, Merville, Komoks First Nation, Kamloops, Ashcroft, Barriere, Trail and Castlegar

Communities that brain injury agency staff travelled to provide community education and/or injury prevention services:

Port McNeil, Duncan, North Cowichan, Cowichan Tribes, Penticton, Summerland, Keremeos, OK Falls, Kitimat, Kitimat Village, Kitsumkalum, Port Edward, New Hazelton, Moricetown, Telkwa, Houston, Fraser Lake, Burns Lake, Vanderhoof, Ft St James, McBride, MacKenzie, Chetwynd, Pouce Coupe, Moberly Lake, Taylor, Witset, Topley, Chilliwack, Abbotsford, Langley, Hope, Prince George, Parksville, Sooke, Metchosin, Esquimalt, Victoria, Oak Bay, Saanich, Sidney, Central Saanich, Highlands, Colwood, Langford, Gulf Islands, Courtenay, Comox, Kamloops, Barriere, Vavenby, Clearwater, Trail and Castlegar

Sources approached to reach out to indigenous communities & peoples:

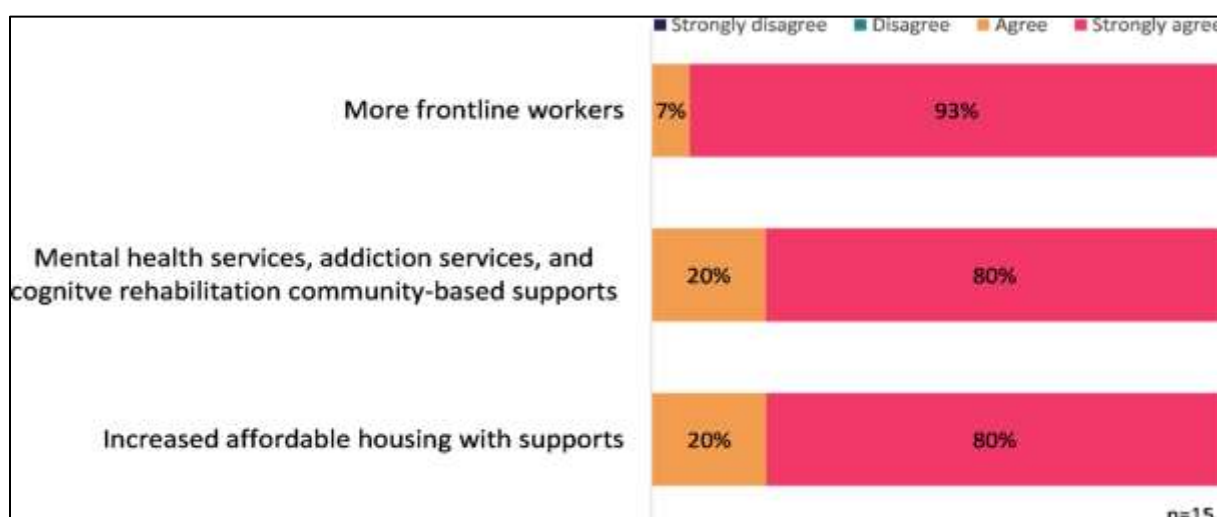
Friendship Centres, Indigenous service providers, Indigenous Communities (reserves), Tribal Councils, Specialized education facilities (such as Indigenous schools etc.), Social groups, Other

- **7 (54%) of brain injury organizations** assisted a community where dedicated brain injury service are not locally available to establish services or supports
- **32 front-line staff** participated in cultural sensitivity training
- **7 front-line staff** participated in training in trauma-informed service provision

Intersection of Mental Health, Addiction and Brain Injury

In 2020, the Constable Gerald Breese Centre for Traumatic Life Losses (CGB Centre) hosted a series of Think Tanks in response to growing concerns about the intersection of mental health, addiction, and brain injury. The purpose of the BC Heads Together Think Tank initiative was to collaborate with brain injury survivors, family members, service providers, decision-makers, and other stakeholders on how to improve and expand brain injury services in British Columbia, with a special focus on mental health and/or substance use services.

Think Tank participants strongly agreed that communities need more frontline workers, mental health services, addiction services, cognitive rehabilitation, community-based supports, and increased affordable housing to reduce the number of people with brain injury who become homeless.¹



Access to Substance Use and Mental Health Services

About 20% of people who survive a traumatic brain injury will develop a new problem with substance use (Brain Injury Canada)

Depression and anxiety are common among brain injury survivors. The criteria to access brain injury, mental health, and substance use services can be a barrier for individuals who may not have medical documentation, e.g., victims of domestic violence.

More education and cross-training of professionals is needed regarding the intersections of brain injury, mental health, and substance use.

¹ <https://headstogetherthinktank.com/wp-content/uploads/2023/01/heads-together-report-full.pdf>

Homelessness and Brain Injury

<https://www.bchousing.org/research-centre/housing-data/homeless-counts>

Based on the recent Homeless Counts from BC Housing that took place in the 20 communities listed below:

- On average, 35% (range of 19%-54%) of the homeless population has an acquired brain injury (946 people just among these 20 mostly smaller communities).
- The 2020/21 Report on Homeless Counts identified 8,665 individuals in BC experiencing homelessness - 35% of that would be approximately 2600 people. This number is likely higher in 2023.

Homeless Count 2023	# of people that are homeless	% with ABI	# of People with ABI
Campbell River	197	31%	61
Comox Valley	272	44%	120
Cranbrook	116	32%	37
Dawson Creek	52	19%	10
Ft. St. John	102	30%	31
Kitimat	55	19%	10
Merritt	67	48%	32
Parksville and Qualicum	103	41%	42
Penticton	166	54%	90
Port Alberni	163	35%	57
Powell River	126	31%	39
Prince Rupert	146	27%	39
Quesnel	127	49%	62
Salmon Arm	69	31%	21
Sechelt & Gibson	97	36%	35
Smithers	57	26%	15
Squamish	119	22%	26
Terrace	156	43%	67
Vernon	279	45%	126
Williams Lake	77	33%	25
Total/Average	2546	35%	946

What are the Social Impacts of Alliance Funding?

In 2022-2023, over 3828 people with acquired brain injury accessed programs funded in part by the Brain Injury Alliance.

Overall, 4556 people received support from the 12 community brain injury societies that were members of the Alliance from July 1, 2022 to June 30, 2023. In May, 2023, one more community brain injury society became a member of the Alliance and one new brain injury society was formed in BC's Central Interior.

Cariboo Brain Injury Support is a peer-led support group for survivors of brain injury and stroke in BC's central interior. Survivors and their loved ones may attend this meeting every second Wednesday at 100 Mile United Church. The group has an open-door policy and welcomes anyone in 100 Mile House, Lac la Hache, Clinton, Ashcroft, Williams Lake, or passing through. It is a safe place for survivors to share their experience and offer support to each other.

Cariboo Brain Injury Support was founded by a survivor in collaboration with the Brain Injury Alliance, Canadian Mental Health Association, Fraser Valley Brain Injury Association Kamloops Brain Injury Association, and the 100 Mile United Church.

<https://www.100milefreepress.net/community/new-support-group-founded-for-those-with-brain-injuries/>

Kamloops Brain Injury Association

These programs are geared to the development and retention of skills designed to assist the individual to build a life after an injury to the brain. 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.

IMPACT	# interventions that reduced justice system involvement	# interventions that reduced health system involvement	# obtained employment	# maintained employment
2022-2023	277	3374	107	130

Brain injury societies:

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

Crisis management was up 25% this year with more individuals struggling financially and with their mental well-being.

Campbell River Head Injury Support Society

Alliance Funding Reduced Health System Involvement

Interventions provided by brain injury societies in 2022-2023 prevented at least 3374 interactions with the primary care system²

Services provided by brain injury societies reduce the use of generic services such as primary health care systems (physicians, hospitals, allied professionals etc.) and justice systems (police, the courts, probation and parole services, corrections facilities etc.), thereby reducing costs and other direct impacts on these public systems.

Brain injury societies are able to accomplish these benefits by:

- Assisting clients to research health related issues and/or prepare for appointments,
- Accompanying clients to appointments when appropriate in order to take notes for later discussions etc.,
- Providing the health or justice worker with relevant information about the individual's areas of strength and weakness and about brain injury in general,
- Providing case management and/or counseling services to clients,
- Intervening when a client is experiencing a personal crisis without resorting to police or other community crisis service.

An 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."³

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.⁴

² 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.

³ 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>

⁴ 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>).

Alliance Funding Reduces Justice System Involvement

Brain Injury Societies responded that they were involved in at least 277 instances where they supported individuals at risk of involvement with the justice system in 2022-2023.

People with acquired and traumatic brain injuries are also overrepresented in Canadian prisons. Resources are woefully inadequate to meet the needs of this population and an urgent response is required, including enhanced screening and community-based outpatient, and residential treatment options for people with acquired brain injuries. (Page 9)

While our focus is on people who interact with the justice system, expanding crisis care and tertiary care options has the potential to reduce and prevent justice contacts. People should not be forced to interact with the justice system before getting access to high-quality, publicly funded mental health care. (Page 10)

A Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia

September 2022

Amanda Butler, PhD | Doug LePard, O.O.M., M.A.

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.⁵

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.⁶

The Pandemic had a negative impact on several agencies providing services directly to inmates in corrections facilities as staff were unable to see inmates in person due to COVID-19 restrictions. Subsequent to the pandemic there is a severe shortage of staff at correction facilities leading to challenges for these facilities to accommodate special training, supports and populations.

Brain injury societies continue to serve people with acquired brain injury who are experiencing interactions with the justice system; however, these services are typically in the community, working closely with adult corrections, probation, parole and local police forces. The data for service to these individuals is found within agency case management and other community-based programs.

Intersections between mental health, addictions and brain injury are very fluid and 90% of police case files involve all three aspects. **Consensus Days 2023**

⁵ 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

⁶ 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

Alliance Funding Assists with Return to the Workforce

Some brain injury societies provide a broad range of targeted employment services. All societies provide direct and indirect support to their clients who are experiencing challenges in finding or maintaining employment.

107 people with brain injury secured employment and 130 maintained their employment in whole or in part due to their involvement with a brain injury society in 2022-2023.

Brain injury societies continued to provide pre-employment skills development, assistance with job searches and ongoing employment support.

With FVBIA support with skills development, 9 people obtained employment/volunteer positions or are involved in some type of job training. 1 person started a consulting business. Overall, 37 people with ABI participated in either part or full-time work over the past 12 months. 31 people were able to maintain volunteer/paid work positions.

Fraser Valley Brain Injury Association

Agencies provided support and funding for people with brain injuries to obtain training in First Aid and/or Food Safe which can be very beneficial for securing jobs in a variety of fields.

Volunteering is an essential stepping stone for returning to work. Several agencies support participants as volunteers within the organization or in the community.

Brain Injury societies partnered with employers, WorkSafe BC, WorkBC, Ministry of Advanced Education, colleges and other service providers to enable their clients to return to work following their brain injury.

NBIS Peer volunteers continued to be a positive presence in the Nanaimo Regional General Hospital rehabilitation unit.

In addition, NBIS Peer Volunteers received further training from the NRGH Speech Dept to improve communication techniques between NBIS peers and patients with communication issues (such as aphasia).

Nanaimo Brain Injury Society

A group of 6 clients developed a peer-led group with our team's assistance. Their wish to give back resulted in the Brain Buddy Network, a volunteer-based telephone service, run by stroke and ABI survivors.

South Okanagan Similkameen Brain Injury Society

Brain Injury Society Experiences Post-Pandemic

The Pandemic had a negative impact on several agencies providing services directly to inmates in corrections facilities as staff were unable to see inmates in person due to COVID-19 restrictions. Subsequent to the pandemic there is a severe shortage of staff at correction facilities leading to challenges for these facilities to accommodate special training, supports and populations. Likewise, within the brain injury society systems it has become increasingly challenging to hire staff with the skills and disposition to provide service to this challenging environment.

Where-as pre-pandemic services to inmates in corrections facilities was gaining speed with seven local brain injury societies beginning a process of building toward active in-custody services by 2022 – 2023 only 2 are currently providing such services.

Brain injury societies have always served people living in community however, these services are typically in the community, working closely with adult corrections, probation, parole and local police forces. Because these services are provided within typical case management services, the data for service for these individuals and the services that are provided is found within agency case management and other community-based programs and is not currently isolated.

Alliance Grant Distributions

Alliance distributions in 2022 to 2023 was \$930,217.

Total clients with ABI served was 3828 and 760 family members were supported.

In 2022-2023, the Alliance funding cost per client served, was \$243.00 per client with ABI per year.

The Alliance recognizes 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 encourages member agencies to apply for external grants and to adapt their plans to meet client needs. Instead of continuing a program that is less popular or that has been too challenging to maintain in the current funding environment, the agency can quickly move funding to support clients with new and emerging issues.

This practice has proven to be invaluable as brain injury societies did have to adapt their services during the COVID-19 pandemic and as they have transitioned back to more in-person opportunities for participants.

The cost-effective services provided by community-led brain injury societies across the province is something to be proud of.

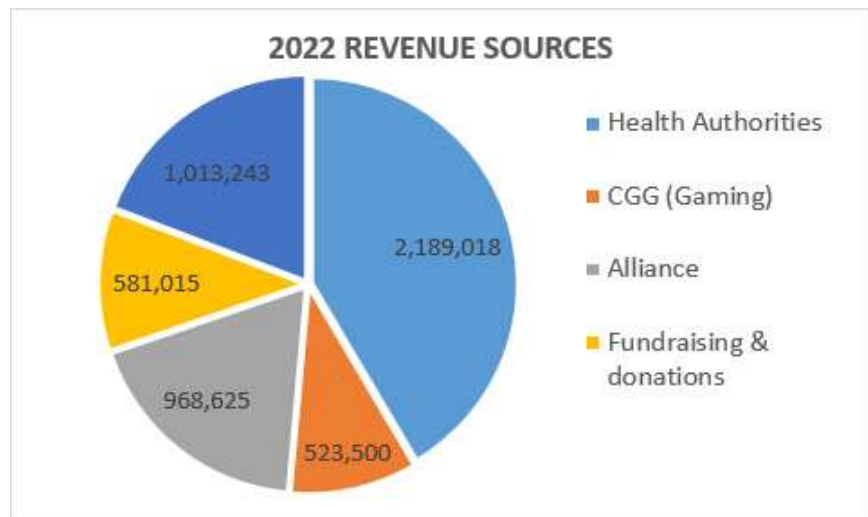
However, it is obvious from the extremely low cost per client served that the comprehensive and skilled services required by this population is woefully inadequate at the staff wages level, and the time available to coordinate services for and to serve individual clients that funding is woefully inadequate.

In many agencies a single case manager has an active client load of more than 150 individuals.

Overall Funding for Brain Injury Programs

British Columbia community brain injury agencies are currently funded through donations, grants, fees for services, Health Authorities, charitable gaming, fundraising and from 2015 to 2022, 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 the leveraging of other grants, and fundraising dollars (13.6%).



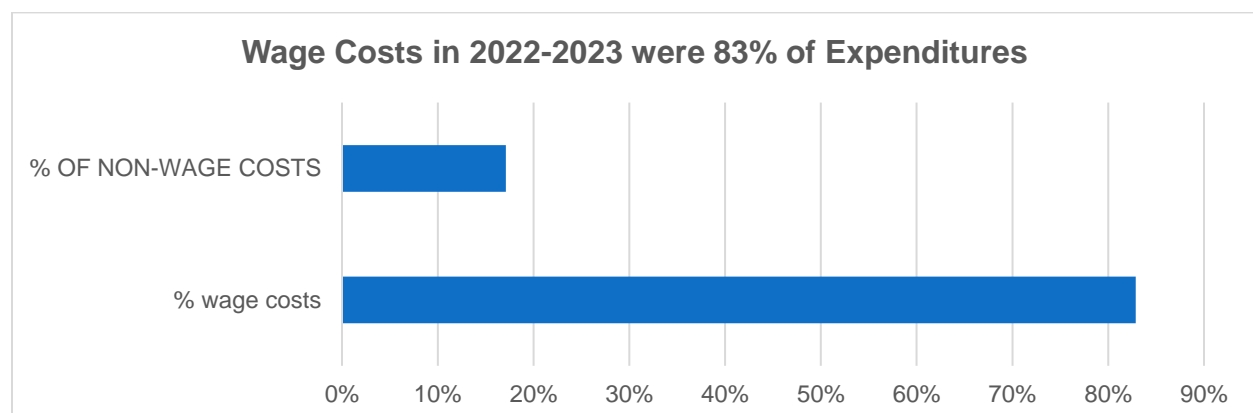
Data collected from brain injury organizations illustrate the importance of the Brain Injury Fund to the provision of services to individuals with acquired brain injuries throughout BC.

The Brain Injury Alliance funding was 22.7% of overall community brain injury organization funding (not including fee-for service) in 2022-2023.

Wages are a Priority

The costs of staff are a priority for brain injury societies that work on the principle that it takes people, not stuff, to help people. The bulk of Alliance funding that agencies use is for wages and benefits (+ 80%). The balance of funding was used to contract some services to community professionals such as counselors, for administration, facility costs and program supplies.

Please note that counseling costs for contracted counselors will be shown as a separate line item in the 2023-2024 reports which will result in an even lower non-wage costs compared to direct client service costs.

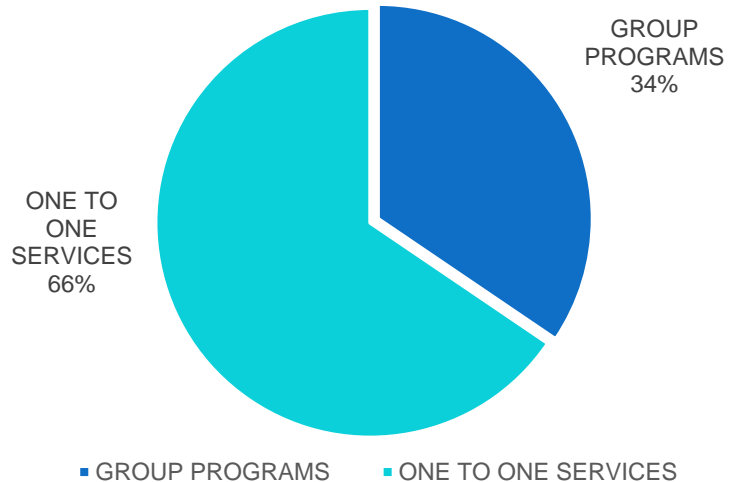


Breakdown of Service Domains Funded by the Alliance

Group services were reduced during the pandemic, which in this instance includes the 2022-2023 granting year as proposals were prepared and submitted when provincial restrictions were still in place.

For the 2023-2024 granting year, targets among the thirteen (an expansion from 2022-2023) community brain injury societies show a 13% increase to group programs with a subsequent decline in one-to-one services.

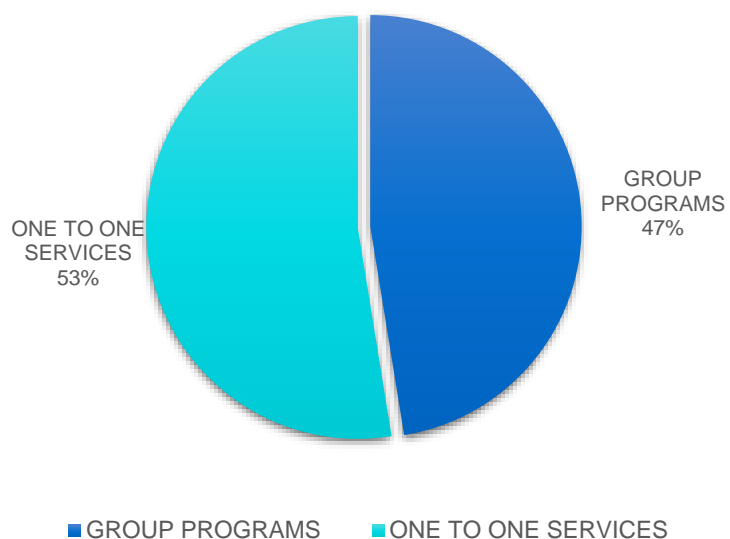
**CLIENT SERVICE CATEGORIES
FUNDED BY THE ALLIANCE 2022-2023**



Serving clients in a group format provides several benefits including:

- Cost containment
- Relationship development
- Peer to peer problem solving and peer support
- Time savings for staff with extensive client loads

**CLIENT SERVICE TARGET CATEGORIES
IN 2023-2024 GRANTING YEAR**

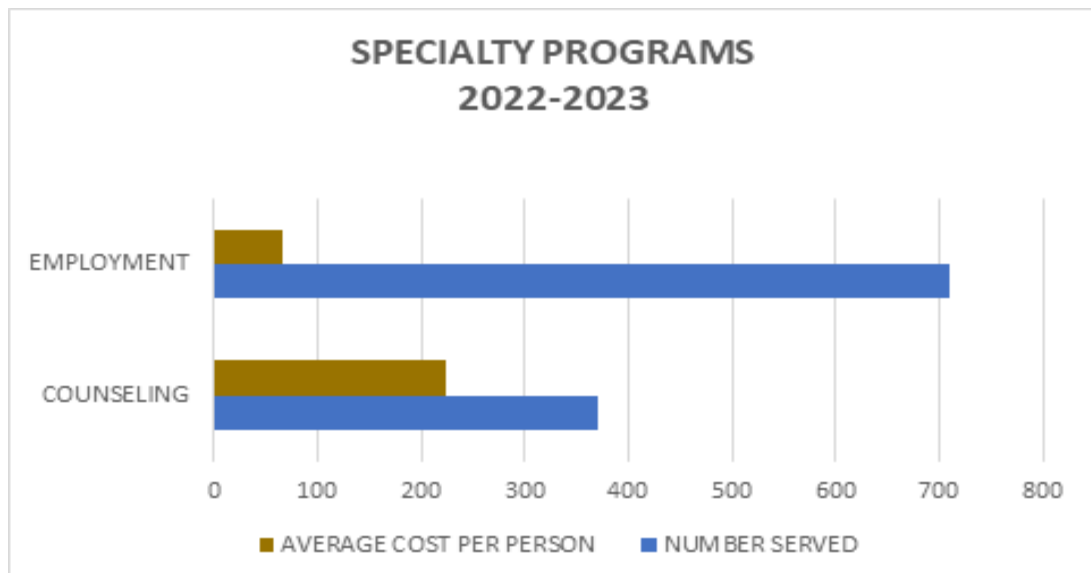
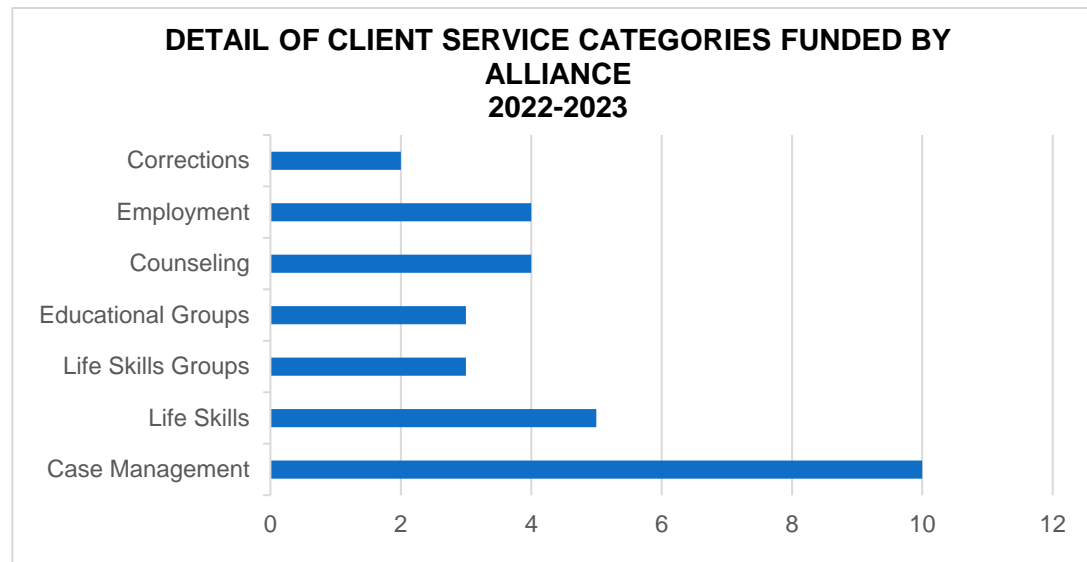


Counseling: Four out of twelve community agencies currently serve their clients using contracted professional counselors. Many more would love the opportunity however budgets do not permit this at this time.

Employment: All community agencies provide supports to employment either directly or through liaison with WorkBC or employers. People in the community, including staff of WorkBC, don't typically 'get' brain injury and subsequently clients must often be accompanied to meetings or brain injury agency case managers consult and support WorkBC staff or employers to provide service or manage issues related to people with brain injury.

Only 4 brain injury societies use Alliance funds to provide specialty employment supports. Several others provide dedicated employment services through alternate funders. These are not included here.

Employment includes programs where peers are trained and provide specialized peer to peer support.



One to One Services

One to one programming was the primary service model used by societies, utilizing 66% of all Alliance funding in 2022 to 2023.

One to one includes life skills one to one, counseling and case management/navigation programs for a total of \$486,429 or \$234.12 per client per year.

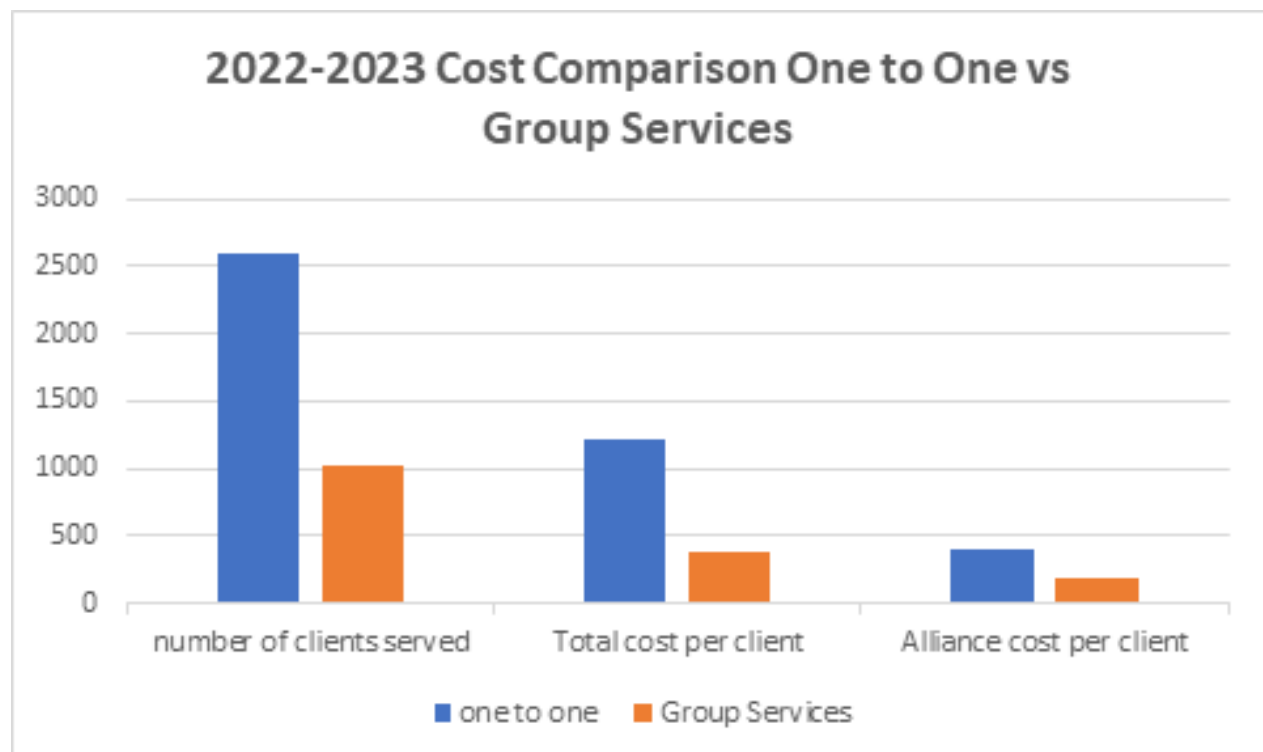
Case management was the priority service funded by the Alliance with ten of the twelve member agencies funding a portion of their case management through Alliance funding.

Case management: Those living with acquired brain injury were assisted with a multitude supports such as Persons with Disability applications, Canada Pension Plan Disability benefit applications, Disability Tax Credit applications, medical system navigation and more. The area which saw growth in client demand was for assistance with finding housing.

Nanaimo Brain Injury Association

The total expended on case management by these agencies totalled \$1,164,409 of which \$366,633, or 34.5% was provided by the Alliance. All agencies provide case management services, although three did not prioritize this for Alliance funding.

These types of services provide more intensive support, usually for a shorter period of time than group services.



Life Skills

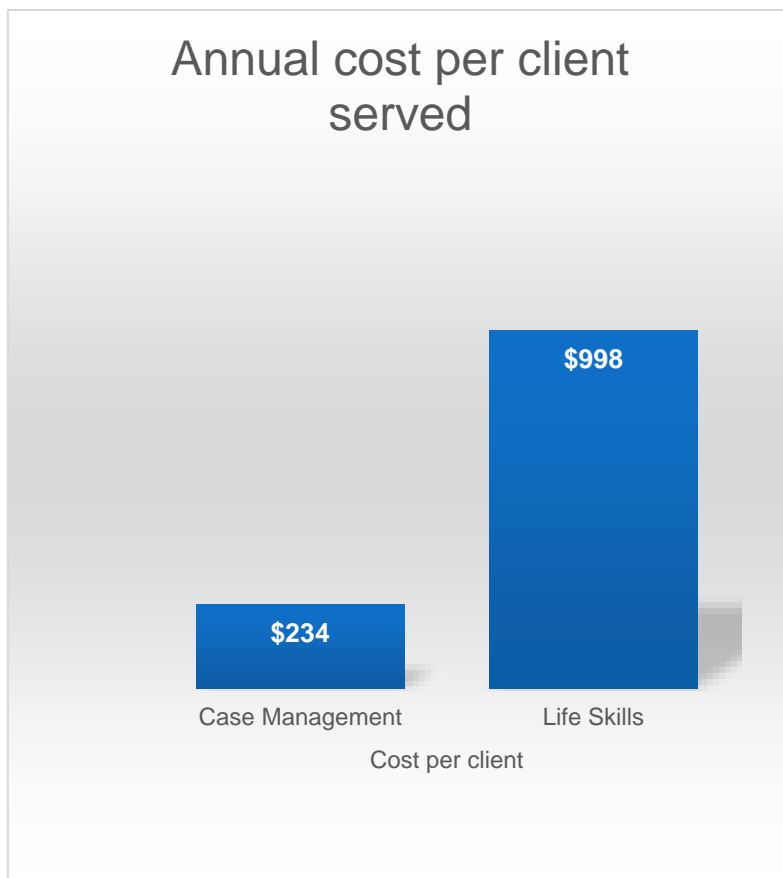
Life skills is the most expensive of the one-to-one services with an average cost of \$998 per person.

For many clients (more than are currently served in this format) life skills services can be a life saver that can assist in the preservation of families as well as community safety.

Life skills service for people that reach the age of 65 can help these seniors to remain in their homes longer, saving generic senior services a considerable amount of funding.

One of British Columbia's health authorities ceases funding life skills services to people over the age of 65.

Several brain injury societies are unable to provide life skills services at all unless these services are fully funded by a health authority, the public guardian or private insurers such as ICBC or long-term disability plans.



The majority of the clients requiring more intense support are those with brain injury and concurrent disorders and seniors with a brain injury who are experiencing a decline in health and functioning. While the case manager works toward connecting clients with more appropriate services (such as home support, mental health support, addiction services), the life skill worker makes sure that the client's basic needs are met.

Life skills workers are essential when it comes to making sure that rent and bills are being paid, that clients have access to food resources and that they can access transportation, connecting with social and community programs and attending medical appointments when needed.

South Okanagan Similkameen Brain Injury Society

Case Management/Navigation

Case management is a flexible, one to one service that provides people with brain injury and family members with a range of supports including assistance with medical and other appointments, assistance to complete ever-more-challenging on-line, education about brain injury and strategies for coping, support in accessing housing, medical services, substance use supports and other services.

While case management varies depending on the needs of the client, typical case management sessions could involve:

- Developing a supportive relationship;
- Identifying strengths and challenges within the client's life;
- Resolving issues with housing and finances;
- Supporting clients in resolving relationship issues and developing informal support networks and structures;
- Identifying and helping clients seek help for addiction and substance abuse issues; Liaising with medical staff in order to resolve issues;
- Liaising with legal representatives engaged by the client to ensure that any court case as a result of the person's brain injury has all the information regarding the brain injury.

Victoria Brain Injury Society

For the first few months after an individual begins to receive services from a brain injury society, their use of case management services is typically heavy.

Over time however, the increase in understanding of the effects of their injury, an improvement in skills and a corresponding increase in confidence, the use of case management is reduced and the individual moves on independently, and/or seeks out group services and peer support offered by the brain injury society.

The Case Management Program provides services that encompass life after BI (education, rehabilitation, coping strategies, and housing, medical, financial, employment and community support). We anticipate that this service will be accessed by over 450 individuals in our community.

Prince George Brain Injured Group

We provide Case Management services that combine assessment, planning, facilitation, care coordination, evaluation, and support for options and services to best meet client and family needs through communication and assistance to access available resources to promote maximum independence and optimal recovery. Services are provided both in office and within the client's community - either in their home or in a professional setting.

Northern Brain Injury Association

Counseling

Counseling through brain injury organizations may be offered internally or contracted externally. Brain injury societies have not traditionally provided professional counseling to clients, primarily due to the high cost of this service. When it was apparent to case managers that this service was required, brain injury case managers would search for a counsellor who was able to provide the service at a reduced rate and the client would have to pay for the service independently.

Brain injury changes people's lives and receiving professional counseling can be a life saver following these changes. In addition, many people sustained their brain injury in a car crash, through an assault or other trauma, sometimes leading to post traumatic stress disorder.

Our two registered clinical counsellors provide access to 3 appointments per week for survivors and their families. Mental health support is immeasurably important to the success of survivors transitioning into their new life. This year, we provided 125 counselling sessions to 43 different individuals, including coping with anxiety and depression, changes, and interpersonal relationships.

Comox Valley Head Injury Society

The practical and supportive services provided universally by brain injury societies are sometimes inadequate to address these psychologically damaging events. Despite this need and the additional funding available through the Alliance, the majority of brain injury societies have not been able to afford to provide this expensive service.

Counseling offered through brain injury organizations is always at a fee rate that is less than the counsellor typically earns, group sessions are often provided as a cost saving measure as well as a valuable therapeutic strategy, and clients must meet a range of criteria to even be considered to access this service.

These restrictions in a sector that is based on a 'service to all' philosophy can result in some challenging decisions for society staff.

For Alliance funding and this report, counseling is defined as "Services provided by a Masters Level Clinical Counselor. This can be an employee or a contractor."



This program is still continuing to grow with more group sessions, helping the members feel less anxiety. It has been very positive and they are finding it easier to connect with other people as a result.

Kootenay Brain Injury Association

Group Services

Group programs enable member agencies to connect with individuals with brain injuries more frequently and support the development of natural support networks. Group services are also considerably less expensive to provide than one to one services.

Group programs include:

- Group Life Skills (self-care, communication, social skills, pre-employment etc.)
- Peer Supports
- ABI education programs for survivors
- Education & support for family members

In 2022-2023 brain injury societies provided services in a group format to:

- 931 people living with acquired brain injury
- 76 family members
- 8 'others'



Prince George Brain Injured Group

We were able to establish referrals from the health authority, Vernon and Kelowna Law Courts as well as our local partners in health.

BrainTrust

With funding from Brain Injury Alliance, we have been able to provide a variety of group programs to ABI and stroke survivors and for caregivers. The emphasis of our programs is on skill development, such as our well attended Skill Builders group. Our educational & support groups continue to be popular groups and clients feel that they belong while sharing their experiences, learning from others and trying out new skills.

During this funding year we offered 9 different programs that were attended by 44 unique individuals for a total of 183 sessions.

South Okanagan Similkameen Brain Injury Society

These statistics show a sharp decline in numbers from previous years. This is likely in part, directly related to the reduction in group programs being offered due to the pandemic but also to the increase in crisis situations being experienced by clients.

Group Program Cost per Client

- Brain injury societies spent **\$179,361** of Alliance funding to provide group services for an average Alliance funding **cost per person of \$176**.
- Brain injury societies also used fundraising dollars and applied for additional grants to support these invaluable services.
- In total, brain injury societies spent **\$387,048 on services provided to groups of people**.
- This expenditure **served 1015 individuals at a total per person cost of \$381**.

78 unique individuals attended 831 sessions of [Coping Strategies and Carrying on with Coping](#).

The Carrying on with Coping drop-in session has proven to be very successful in allowing brain injury survivors the opportunity to continue to learn from each other in a safe space.

<https://vbis.ca/courses/>

Victoria Brain Injury Society



Brain Injury Prevention & Community Education Programs

The report published by the Public Health Agency of Canada “*Injury in Review: Spotlight on Traumatic Injuries Across the Life Course (2020)*”⁷ outlined several causal areas where traumatic brain injuries had decreased over time and where that decrease could be attributed to prevention initiatives.

Understanding causation and implementing prevention measures such as education/awareness along with other initiatives are essential in order to continue to reap the benefits to the individual and to the community of the reduction in the incidence of brain injuries.

Community Education & Injury Prevention	
# Community Members	Alliance Funded Cost/Participant
18,787	\$ 7.13

Injury Prevention and Community Education Programs facilitated by brain injury societies impacted more than 18,787 participants at a cost of \$7.13 per participant in 2022-2023.

Brain injury prevention and community education programs also provide opportunities for brain injury organizations to collaborate with other groups such as schools, Safer Cities programs, fire departments, ICBC, First Nations communities, law enforcement etc.

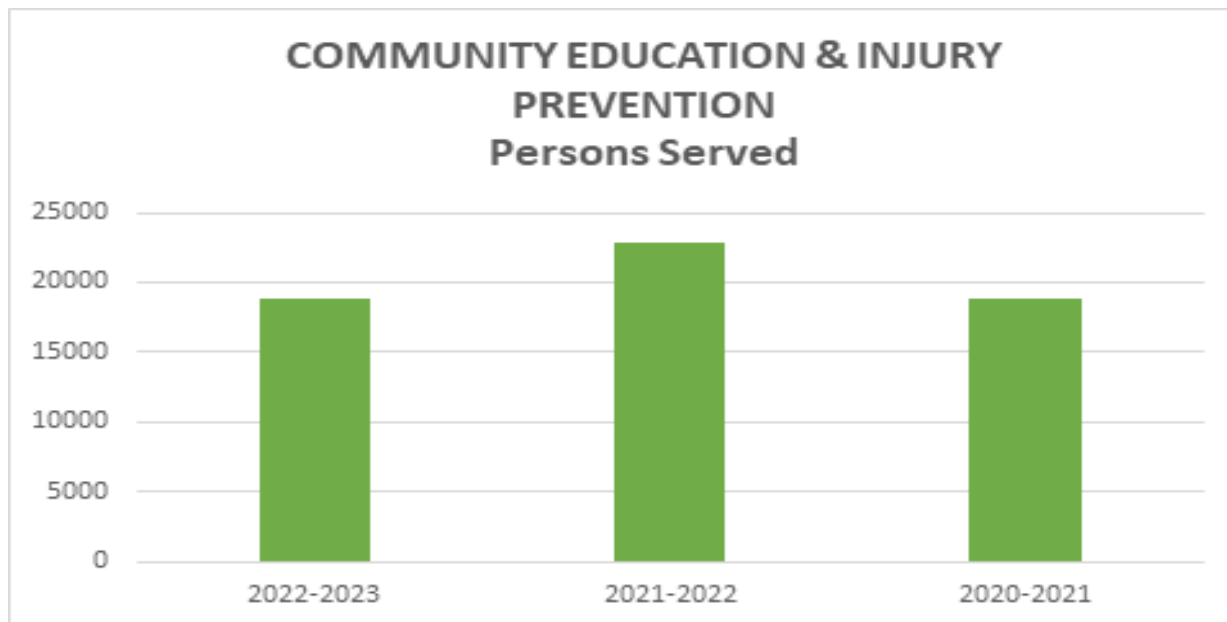


Outreach to other organizations with shared interest also increased, with a presentation to the assisted living unit for persons in active addiction. This may lead to support at the unit as we examine what type of training our workers will require to work with this population.

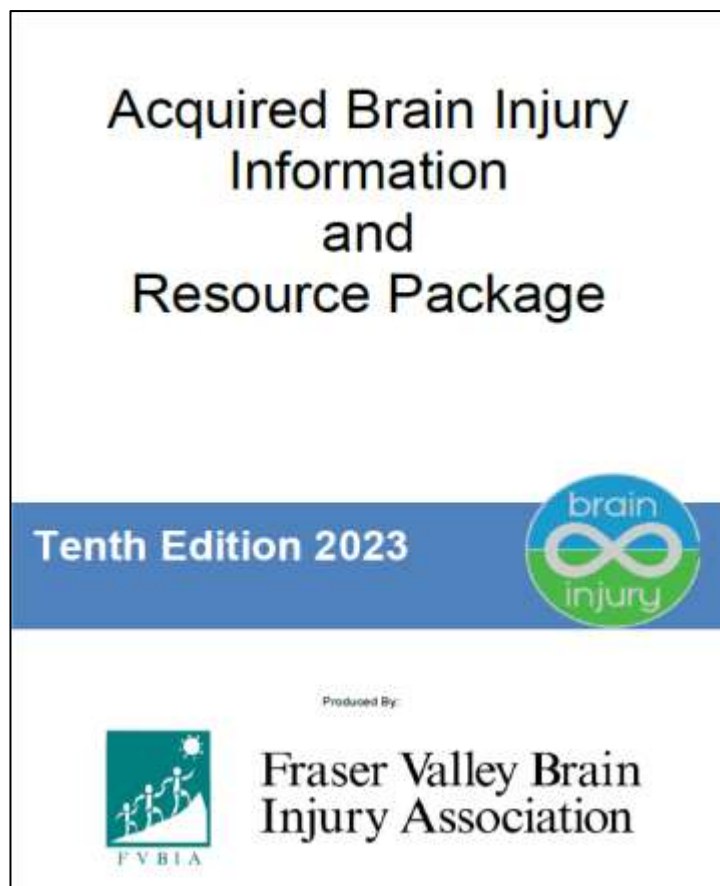
Powell River Brain Injury Society



⁷ <https://www.canada.ca/en/public-health/services/injury-prevention/canadian-hospitals-injury-reporting-prevention-program/injury-reports/2020-spotlight-traumatic-brain-injuries-life-course.html#a1>



Brain injury associations provide information about brain injury and community resources to the public, thereby increasing the likelihood that people will be able to access services earlier in their recovery.



<https://www.fvbria.org/abi-information-resources/>

Recommendations

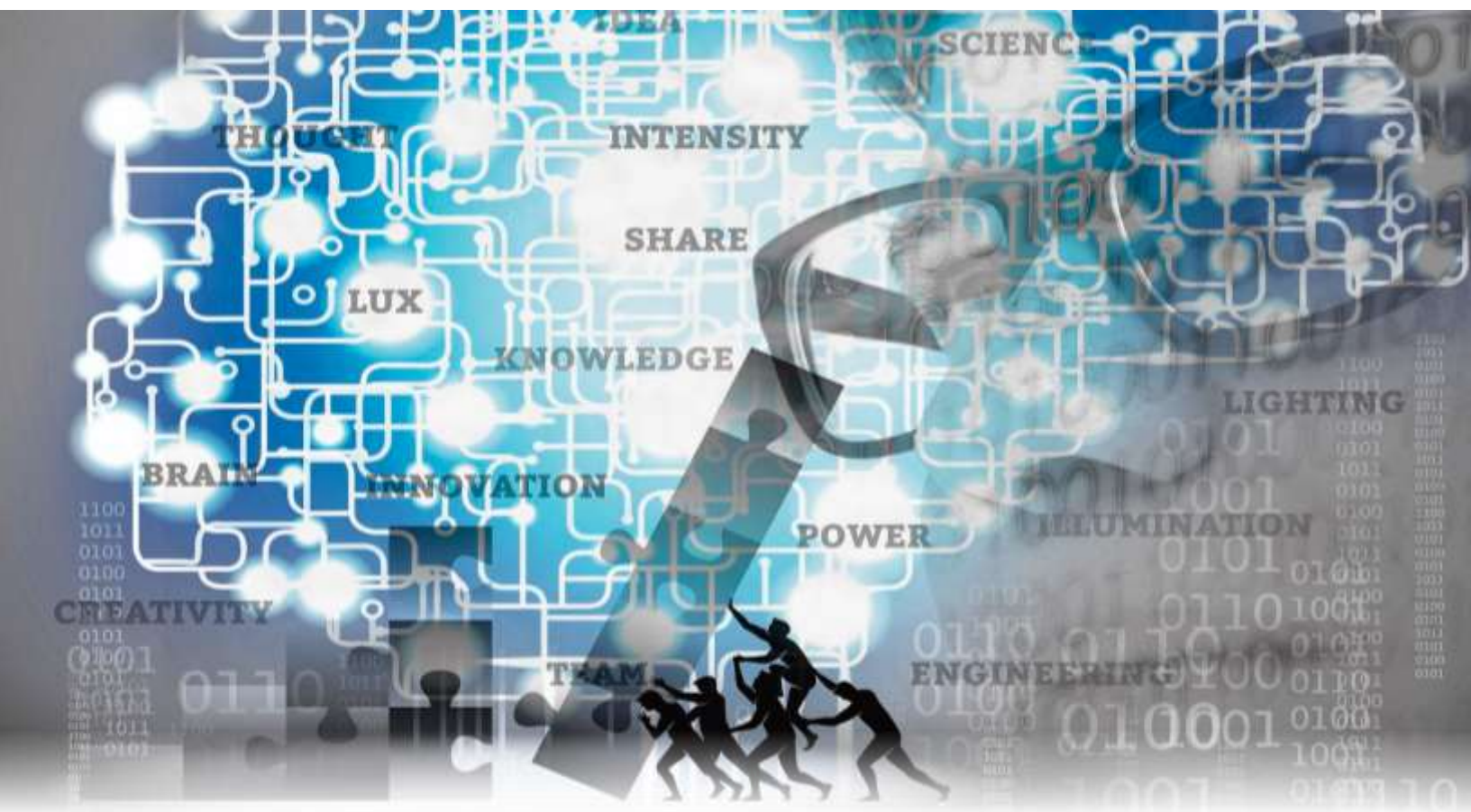
Select Standing Committee on Finance and Government Services

2023 Consultations, Presented August 2022

- **Recommendation 119:** “Provide the Brain Injury Alliance with a secure, annualized, and ongoing funding agreement to offer more stability and opportunities for growth to address emerging issues in the brain injury sector.”
- **Recommendation 182:** “Provide funding and support, including mental health supports, for survivors of brain injury resulting from intimate partner violence. Brain Injury Alliance and the Brain Injury Fund.”

Brain Injury Alliance

- **The Brain Injury Fund continues to be managed by the Brain Injury Alliance.** The Brain Injury Alliance has an 8-year track record of distributing funding to brain injury societies. We recommend that the Alliance continues to work on behalf of the brain injury societies in BC.
- **Brain Injury Societies be included in any changes to current systems** We recommend that community-led brain injury societies be part of any plan for ongoing services.



Ranked Calls to Action - BC Consensus Days, June 20, 2022

1. Improve the level of funding and resources for diagnosis; increased access to services; and to support community associations.
2. Improve access to standardized brain injury care that provides long term holistic supports with all services under one roof.
3. Provide integrated care that includes wrap around services and community/land connections, and work to remove silos that impede continuity of care.
4. Increase long-term housing that is accessible, community based and includes supports.
5. Expand education and awareness programs for the public and those in non-acquired brain injury fields (health care & legal professionals, first responders, community support organizations).
6. Create trauma informed and culturally safe clinical guidelines to establish safety and trust to build a mindset of success and goal-based treatment.
7. Provide system navigators to help survivors and/or family members easily find and access care.
8. Undertake diagnostic reform to better identify brain injury and remove diagnostic barriers to care.
9. Focus on prevention and upstream solutions to shift focus to underlying causes rather than on post incident supports.

BC Consensus Days, June 20, 2022

Provide system navigators – compile resources and establish system navigators to help survivors find resources; compile confidential information that can be shared between agencies (supports “hub” approach”).

Recommendation from 2023 Consensus Days



Appendix A: Benefits of Community Brain Injury Societies

The Brain Injury Alliance works to support brain injury societies and brain injury societies work to support the individual. Here are some of their stories:

BrainTrust

Alan acquired a brain injury in 2013 while on the job. He fell from a truck, with a loss of consciousness as an immediate result, and difficulty with communication, emotional regulation, and depression as lasting results. When we met Alan, he was in a very tough position. A dispute with his landlord was affecting him both physically and mentally.

He had no power in his home, no place to cook food, and was overworking himself to be able to afford to eat out every day. Alan found himself depressed and on edge all the time. He was getting in trouble at work for snapping at colleagues and was concerned that he would eventually lose control and do something much worse.

BrainTrust immediately connected him with a clinical counsellor and got to work getting his basic needs met. BrainTrust was able to advocate in legal hearings to get power turned back on in Alan's home immediately and later assisted in finding him more suitable housing where he would not be taken advantage of. We were also able to help with food security, and additional income sourcing. With funding from the Brain Injury Alliance, BrainTrust was able to assist Alan in finding safe and stable housing, prevent contact with the criminal justice system, and maintain employment.

Kootenay Brain Injury Association

Allan was in need of transportation, social connections and the support with everyday life needs.

A support plan was a combined effort, we knew that depression was at the fore front. We were able to use Alliance funding to support taking Allan to the local Aquatic and Leisure Centre to help with mobility and socialization. Allan has expressed great appreciation to us in helping him and we are so happy to be able to provide him with assistance. We are also able to provide Allan with transportation to all of his scheduled appointments.

Like many other individuals affected by ABI, Allan lives beneath the poverty line, post injury. After each weekly group session in Allan's community the staff drops off a meal or two from each lunch we cook or provide. Alliance funding fills the many gaps for many individuals who are ineligible and immobile and also at risk for a variety of reasons.

Nanaimo Brain Injury Society

When Sam first connected with NBIS client services he had no income and was facing homelessness.

Sam had no idea of what kind of supports were available to him in the community. After meeting with the Client Services worker, Sam was connected with information regarding his brain injury as well resources available to him. Sam obtained Persons with Disabilities (PWD) income benefits through the support of NBIS case management services and was able to find stable housing. He now has a deeper knowledge of his brain injury symptoms and is better able to advocate for his needs.

Fraser Valley Brain Injury Association

By Fran McGuckin

In the early eighties, I was given a paint-by-numbers set with two horse paintings. I ran out of brown paint to finish them, and went to the Langley art store to get more paint. That was the start of dabbling with oils. I loved their feel and texture. My unexpected late-in-life daughter was born twenty years after my son. After painting a few Care Bear pictures, sadly, diapers replaced doodling and the brushes went into storage. Then careers, writing and my subsequent brain injury took over until the last year or so

Even at age seventy-something, writing, drawing, horses (and fast sporty cars) are still my passions. To be transported into another world where stressors and worries disappear – and you produce something that you are somewhat proud of... That is the reward from learning to paint both water colours and acrylics from John Le Flock through Fraser Valley Brain Injury Association.

So, what do you do with these works of art? Well, some of them have become presents, with each one having a story. A landscape picture of a lake and mountains was my first acrylic from John's class.

A dear girlfriend of decades camps weekends at Cultus Lake, six months of the year, along with her brain-injured 75-year-old husband. It's her quiet place, away from running a busy business. Caring for her husband – who could pass at any time – is stressful. The lake painting will be framed for Christmas, to remind her of the peaceful lake.



A dear man came into my life a year ago and is a pillar of strength for me. He lovingly bakes his friends, my family and me the “bestest-ever” muffins, peanut butter and oatmeal cookies. He loves waterfalls, so the second acrylic at John's class was a waterfall – with way too many difficult rocks and leaves!

However, just as my friend bakes us all goodies with love, so I persevered for countless weeks to finish the painting. A trip to Michaels for varnish and a nice frame completed the project. He was thrilled at the painting and it hangs in his bedroom, where he sees it when he wakes up.

I painted my son a 2010 Dodge Challenger, which he has and loves with a passion. My daughter-in-law loves black and white paintings, so YouTube again to the rescue. My daughter just recently married, so I spent countless hours “doodling” to decorate the front and inside of a plain card, along with penning a poem, and decorating the envelope. When her son was born, I painted two Winnie the Pooh paintings for his room.

My neighbor - who is wheelchair-bound - has a granddaughter who recently was turning two. Every day for months, my neighbor wheel-chaired her beautiful granddaughter to my house to count the garden owl ornaments. The little girl loves owls! So, I YouTube-painted her an 8 x 10 little girl-style owl and framed it. She loves her owl and it hangs in her room, where she has learned to point to it and say “owl”. It warms my heart to see her owl-counting each day.

So again, heartfelt thanks to John. We look forward to more classes. I also thank YouTube tutorials. Between the two, I am learning much about painting in different mediums, the techniques and different styles. More important, it helps to keep my brain active and reduce stress. Even more special is giving some of these paintings to people who really appreciate the love put into them and to know that you put a smile on their face that day.

South Okanagan Similkameen Brain Injury Society

Despite living with numerous challenges, Wilma Kuypers stands strong. Born with a genetic condition, Wilma has lived with 80% hearing loss since age 5 and suffered a stroke in September 2019. Yet in the last 7 months since her husband reached out for support due to Wilma's sedentary lifestyle and social isolation, we've seen tremendous progress in her physical capacity and community connections.

During an initial visit Wilma revealed one of her great accomplishments: beautiful, custom-made baptism and bridal gowns. Learning to sew and crochet from a young age, Wilma established herself as a talented seamstress at a bridal boutique. We were delighted to watch her artistic passion thrive in a social setting when she began joining our Brain Makers arts and crafts group last summer. This positive experience further encouraged Wilma to join a group of female fibre artists with the Penticton Arts Council. Especially notable is one of Wilma's impressive cross-stitch pieces (that took a year to make) currently on display at the Penticton Art Gallery's 50th Anniversary Exhibition: Object Power. Whether at home, in a group or a gallery, the artistic spark lives in Wilma and she shines in each of her projects.

Wilma's goal to build her physical strength and stamina led her to join our Back on Track walking group where she regularly covers a kilometer a week. At first apprehensive and reserved, Wilma is now a familiar face at our group programs and feels comfortable growing social connections that she didn't have before.

Comox Valley Head Injury Society

Michelle's story started when she was in a vehicle accident 10 years ago. In 2013, Michelle was driving down a Victoria Street when she collided with a lady driving the wrong way down a one-way street and ended up in a head on collision. After the accident Michelle was treated for physical injuries but during physio it became apparent that she had sustained a brain injury. She was referred to a concussion clinic where she continued treatment but was not receiving emotional support. Michelle was soon depressed and became suicidal so she was admitted to the psychiatric ward in the Victoria Hospital for treatment for a couple of months for emotional support and adjustment to the right medications. It was at this time that Michelle started painting and realized her love of art and music. With no family support in Victoria, her parents moved her back to the Comox Valley and into their home where they could offer support.

It was at that time that Michelle was referred to the Comox Valley Head Injury Society and shares her first memories. 'It was awesome! Survivors group made me realize that I wasn't alone in my symptoms, I felt I could contribute and help others, and it encouraged me to keep attending. I felt less suicidal and wanted to try more activities.' Through CVHIS Michelle has attended BIA supported art therapy, music therapy, private counseling and most recently, has become a volunteer in our Employment Program.

'Art therapy helped me so much with emotional and therapeutic support. I have learned crafts, drumming, ukulele, leadership skills and there's more I'm hoping to do! Music classes are my favorite day of my week, we were just discussing that when we can all come together and focus on music instead of any negative feelings, it can change our emotions. Music at CVHIS gives everyone a voice and always makes me feel good for a few days after. I hope music and the other programs continue for a long time!'

Campbell River Head Injury Support Society

Jody has been coming to the society for several years now and with ongoing health issues he had to stop coming for a few years. With the What's Next - Peer Support, he has been able to reduce his isolation by connecting with a peer supporter. One thing led to the next and now Jody is fully participating in many programs at CRHIS.

He is even an active Peer Supporter again!! This type of magic could not happen if we didn't receive funding for our programs and the Alliance grants help make this happen.

Kamloops Brain Injury Association

From Nadine Smith

"I've been coming to KBIA for about a year and a half. My favorite things about KBIA are the staff and the friendships I've made. I also really enjoy the group counseling and stained-glass groups. I like learning more about myself and my brain injury while connecting with others.

I really enjoy the counseling because I'm learning to control and understand my emotions when they come up and I'm noticing myself being more involved with other people. I am learning to become more out-going with others and now I am less isolated all the time.

The groups and supports we get from KBIA have helped me learn to accept the difficulties I have and feel like a part of the community. It has been life changing for me to make these friendships and learn more about myself after my brain injury."

Northern Brain Injury Association

K self-referred after having a fall while hiking and striking the back of her head. She experienced issues with balance, vision, fatigue, headaches, and neck pain. NBIA collaborated with the community occupational therapist, physiotherapist, client's physician, as well as the client's employer. K was an active participant in her rebuilding after her concussion and successfully completed a gradual return to work plan. She is currently back working full time in the role she had prior to her concussion.

Powell River Brain Injury Society

Jeanette Francis has been a client with us since PRBIS very first days as a functional non-profit serving those with acquired brain injury and their loved ones.

In early 2009 Jeanette visited her optometrist for an eye exam, she was experiencing a great deal of difficulty concentrating and retaining information while completing her post-secondary education. Initially, Jeanette thought her eyes were failing her and perhaps she might need eye glasses. This was the beginning of a scary journey, emergency surgery, rehabilitation and healing. The determination Jeanette had since the very first days is admirable. Jeanette refused to succumb to the limitations this tumor has set on her life, her dreams and aspirations. In October of 2009 Jeanette underwent surgery for brain tumor, the surgery was a whopping nine hours long, followed by several days in hospital to recover.

Jeanette's life was altered and her life felt as if it was unraveling faster than she could keep up. She struggled emotionally, and physically for the first while, eventually finding solace in PRBIS. Jeanette shares hope with others through her own experiences, she expresses gratitude for the services offered at the centre, and for the comfort of knowing she has a judgment free space to connect with others living with some of the same challenges she faces as a brain injury survivor.

In addition to Jeanette's continued attendance as a client, we also have her on as part time staff. She does a remarkable job at connecting with other clients from a perspective some of our staff do not have. This position helped to re-enter Jeanette into the work force, giving her new hope for the future and helping her to find purpose. Having a positive outcome is what we want for all of our clients, and we are here to support them on this journey.

Prince George Brain Injured Group

Darrell has been accessing a variety of PG BIG services for over 2 decades. Typically, his Case Manager assists him with his finances by working on budgets, spending amount, bill payments and having some left over to "play with". Darrell has made significant progress over many years with this type of Case Management service and has been able to gain increased financial independence through this type of rehabilitation programming.

Part of this programming was assisting Darrell to become more and more independent with his finances and executive functioning around it. In late 2022, Darrell experienced a big financial change when he turned 65 and no longer qualified for MSD (Ministry of Social Development & Poverty Reduction) funding and supports and he transitioned to CPP and OAS funding. For the better part of 2022 Darrell had been processing and working towards this upcoming change and transitioned well to less supports (as well as funds) come December 2022. Over the next several months, Darrell continued to be as independent as he could with his finances.

In the summer of 2023, Darrell experienced a significant loss (we all did) here at PG BIG. A long-time member and close friend passed. This was the catalyst in Darrell experiencing a change in his ability to make manage his money and he started over spending, missing rent and bill payments and was served an eviction notice as well as had his Hydro shut off.

Darrell and his Case Manager are working again working on budgeting, some emergency funds and liaison work with his landlord as well as BC Hydro to get Darrell's finances back on track again.

"PG BIG makes me feel humble because of the work they do. I've been here for 36 years, I come here every day because I love the staff. They keep me going one day at a time. I used to bring my money here to get help paying my bills, then I went on my own but went bankrupt. Now I'm starting over in a good way. I'm bringing my money here again and they're going to help me sort out my budget with myself and with other people...I want to get on with my beautiful life. I'm grateful to the BIG staff for all their help. We are all trying to make each other humble with one another. Thank you, Great Spirit."

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, 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 to know – 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.

Then a doctor told him about VBIS. Out of work and living in a shelter, Eric attended the Acquired Brain Injury 101 at VBIS 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 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

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.

Appendix C: About The Brain Injury Fund

In 2022-2023, the Alliance funded 39 programs operated by 12 brain injury societies.

Between May 2015 to June 2023, the Brain Injury Alliance has addressed the funding disparity to non-profit, charitable brain injury service agencies with the assistance of grants from the Province of BC. These grants established the Brain Injury Fund (BIF) to help support brain injury societies across the province.

To date, the Alliance has distributed more than \$8 million dollars to these agencies for programs and services.

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

Brain Injury: A Personal Challenge – A Community Response

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.

“This investment is part of the government’s commitment to delivering the services people count on, particularly improving and strengthening health services for seniors, those with mental health and substance use issues, and other adults who have complex-care needs. Ensuring both short- and long-term services are available at no cost to adults in B.C. who have had their lives altered by an injury to the brain is essential to meeting this government objective.”

Government of BC, 2021

Alliance Membership Eligibility

In order to be eligible to access grants through the Brain Injury Alliance service providers must:

- be a non-profit society registered in British Columbia
- be a Registered Canadian charity
- be led by a board of directors that reside in the communities served by the society
- have an organizational focus of service to people living with an acquired brain injury
- accept as clients all persons living with a brain injury (exceptions based on the skills of staff and/or safety concerns are accepted)
- provide a range of services to people living with brain injury and their families. This range of services must include one to one services, educational and life skills programs that serve groups of individuals and services to the community at large (typically injury prevention and community education)
- provide service at no cost to the individual
- Alliance grants cannot be used to subsidize fee-for-service programs that are being offered by the society, including those that are contracted through health authorities



Brain Injury Fund Grant Distributions 2022 - 2023

Grants to brain injury societies in 2022-2023 totalled \$930,217.

Grants are based on a variety of factors including:

- the total population living in the communities being served
- the number of clients receiving services
- the availability of other services for people with brain injury in these communities
- the range of services provided by the brain injury society
- evidence that the society accesses a range of sources for funding
- the capacity of the society to provide the services proposed
- the agreement of the society to provide the Alliance with program and financial reporting as requested

Grants are determined by a committee made up of Alliance directors and a minimum of 2 'external evaluators' with experience in assessing grant proposals and services for people living with challenges.

Appendix D: 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 Government of BC 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. It also provides funding for employment/training programs specifically geared to people with acquired brain injuries.

Employment Programs Supported by the Alliance

Funding from the Dr. Gur Singh Memorial Education Fund supports an employment partnership between Victoria Brain Injury Society and the John Howard Society.

New program aims to help brain injury survivors return to workforce

The 2-week program was created by the Victoria Brain Injury Society and the John Howard Society
<https://www.cbc.ca/news/canada/british-columbia/victoria-brain-injury-program-1.6536295>

CBC News · Posted: Aug 01, 2022 8:00 AM PDT | Last Updated: August 1, 2022



A new program in Victoria will help brain injury survivors return to the workforce.
(SeanidStudio/Shutterstock)



A new program launching this month in Victoria will help brain injury survivors develop skills they need to get back into the workforce.

The program, created by the Victoria Brain Injury Society in partnership with the John Howard Society of Victoria, will help participants get certified in areas such as food safety and first aid, as well as teach them how to create resumes and succeed in job interviews.

Participants will also learn about their rights in the workplace, said Victoria Brain Injury Society executive director Pam Prewett.

"One of the things that we're going to be working on is how to actually tell your employer that you have a disability and how to have that conversation," Prewett said on *The Early Edition*.

She said it's important for employers to recognize the signs when someone with a brain injury is feeling overwhelmed and to offer frequent breaks.

According to the John Howard Society, one of the biggest challenges facing brain injury survivors is employer acceptance and getting employers to work with them.

"[According to research](#), 39 per cent of individuals between 25 to 50 years with disabilities were not employed and not currently in school, but have the potential to work," John Howard Society of Victoria's executive director Manj Toor said.

He said the two-week program will also aim to educate employers on how to work with someone who has acquired a brain injury.

"We work with a number of employers and that's where we will be doing educational seminars," Toor said. The program will also help participants get specific industry training and secure employment.

"They can come back at any time and work with a job coach to get them a secure employment," he said. Anyone interested in participating is asked to contact the [Victoria Brain Injury Society](#) or the [John Howard Society of Victoria](#).

Second Chance Café

One of the other projects supported with funding from the Gur Singh fund is the Second Chance Café operated by the Cridge Centre for the Family in Victoria, BC that employs people with acquired brain injuries.

<https://www.iheartradio.ca/cfax-1070/podcasts/second-chance-cafe-opens-november-1-allows-cridge-centre-clients-to-lift-themselves-up-1.20381357>

Appendix E: 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 persons⁸
- Statistically, TBI occurs at a rate 100 times that of spinal cord injury⁹
- 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 injury¹⁰
- While awareness and diagnosis of TBI is improving, missed cases, misdiagnosis and misattribution are commonly reported in the relevant clinic literature¹¹
- Post ABI, persons are seven times more likely to develop symptoms of mental illness¹²
- 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 injury¹³
 - It has been estimated that over 85% of incarcerated individuals have a brain injury¹⁴;
 - A survey of Vancouver's homeless population found that 66% reported a brain injury and of those 77% were injured prior to becoming homeless¹⁵
 - Estimates put the brain injury rate among indigenous persons at 4-5 times the rate in the non-indigenous population¹⁶;

⁸ 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.

⁹ 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.

¹⁰ 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).

¹¹ Silver, McAllister and Arcienegas, *Textbook of Traumatic Brain Injury*, 3rd ed. 2019; see also Zasler and Katz, *Brain Injury Medicine: Principles and Practice*, 2nd ed. 2012.

¹² Jeffrey M. Rogers; Christina A. Read; *Psychiatric comorbidity following traumatic brain injury*. *Brain Injury*, Volume 21, Issue 13 & 14 December, pages 1321 - 1333, 2007.

¹³ Source: Silver, McAllister and Arcienegas, *Textbook of Traumatic Brain Injury*, 3rd ed. 2019; see also Zasler and Katz, *Brain Injury Medicine: Principles and Practice*, 2nd ed. 2012.

¹⁴ 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.

¹⁵ 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.

¹⁶ 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 F: Brain Injury Alliance Member Organizations

BrainTrust Canada

Campbell River Head Injury Support Society

Comox Valley Head Injury Society

Cowichan Brain 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

Powell River Brain Injury Society

Prince George Brain Injured Group

Victoria Brain Injury Society

“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