



Brain Injury **Alliance**

Alliance Interim Report

July - December 2025

Community Brain Injury Services in BC: Stabilizing Complexity

Community-based brain injury organizations across British Columbia are currently supporting individuals living at the intersection of:

- Acquired brain injury (ABI)
- Mental health challenges
- Substance use
- Housing instability
- Justice system involvement
- Rural and aging populations

Community brain injury services operate at a fraction of institutional care costs, providing navigation, stabilization, and long-term functional support.

Budget 2026 identifies acquired brain injury within the context of concurrent mental health and addiction challenges. Community brain injury organizations are already supporting this population across the province.

Key impacts

- **Housing Stability:**
 - 1015 maintained housing
 - 137 gained housing
 - 507 experienced housing insecurity
- **Mental Health & Substance Use:**
 - 1 in 2 clients faced co-occurring challenges
 - Expanded access to trauma-informed counselling
- **Justice Diversion & Healthcare Savings:**
 - 147 justice system interactions prevented
 - 1144 emergency medical interventions avoided
- **Employment & Recovery:**
 - Over 215 clients retained employment
 - New peer mentorship and wellness programs launched

Mid-Year Snapshot

- Clients Served: 2838
- Programs Delivered: 45 across 13 organizations
- Average Cost per Client: \$222.00
- Estimated Public System Savings: Millions (healthcare, justice, and emergency services)

Provincial Coordination & Data Leadership

Local brain injury associations operate independently within their communities. The Brain Injury Alliance provides:

- A neutral, province-wide coordinating body
- Cross-regional data aggregation
- Shared outcome measurement
- System-level trend identification
- Alignment with provincial priorities

No other organization in British Columbia is positioned to integrate community-based ABI service data across rural, urban, and remote regions.

As client complexity increases across concurrent mental health, addiction, and ABI populations, coordinated provincial data becomes essential to informed policy and efficient system planning.

- Identify system trends early
- Reduce duplication
- Standardize intake and outcome tracking
- Inform evidence-based policy decisions

The Brain Injury Alliance provides the only coordinated, province-wide view of community-based ABI impact in British Columbia.

Our impact

The Brain Injury Alliance is the only province-wide organization positioned to aggregate, analyze, and align community-based brain injury service data across regions.

Meeting provincial needs

Community brain injury services operate at a fraction of institutional care costs.

By providing early stabilization and long-term functional support, community organizations:

- Reduce avoidable emergency department visits
- Delay or prevent long-term care placement
- Improve housing stability
- Increase adherence to mental health and addiction treatment
- Reduce justice system cycling

In a fiscal environment focused on protecting frontline services and improving efficiency, community-based ABI services represent a cost-effective extension of the Province's health and social systems.

Provincial Mid-Year Impact Snapshot

Reporting Period: July 1 – December 31, 2025

BIA-funded organizations served a combined 2,838 individuals across British Columbia in the first half of the 2025–2026 fiscal year. The outcomes achieved demonstrate measurable reductions in health system use, justice system involvement, and unmet housing and mental health needs—reinforcing the vital importance of community-based support for brain injury survivors.

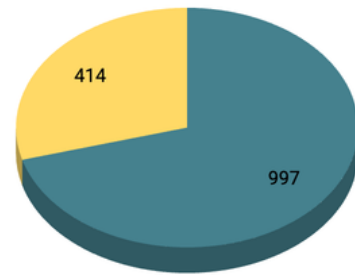
Client Demographics & Service Reach

- **Total clients served:** 2,838
- **Programs delivered:** 45 across 13 organizations
- **Service types provided:** Case management, navigation, life skills (1:1 and group), counselling, corrections, community education, employment support, and peer-led initiatives.

Mental Health & Substance Use

Concurrent disorders

Interim report 2025-2026



● People with mental health issues ● People with substance use issues

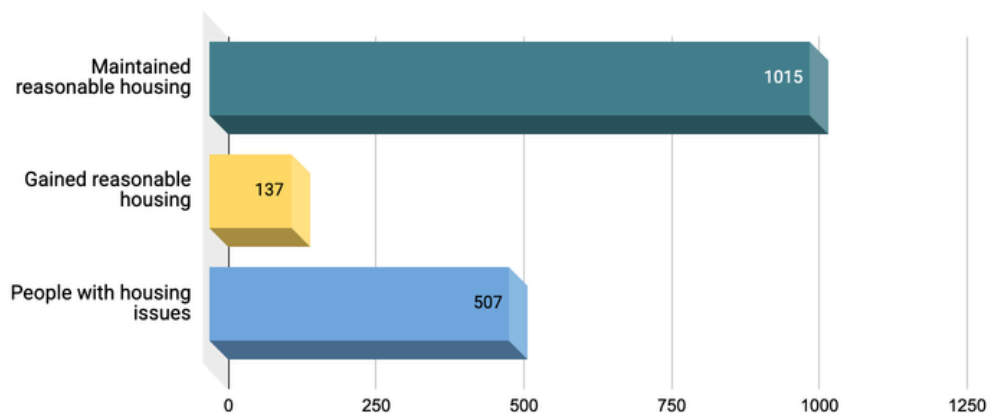
- In total, 1,411 clients (1 in 2) experienced concurrent mental health and/or substance use issues.
- **More than half of individuals receiving community-based brain injury services are living with concurrent mental health and/or substance use challenges.**

Housing Stability

More than 1 in 5 brain injury clients reported housing issues.

Impact on people with housing challenges

Interim report 2025-2026



Community-Based Care as the Stabilizing Layer

Community brain injury associations function as a stabilization layer within BC's broader health and social systems.

For many individuals, particularly in rural and smaller communities, there is no specialized ABI care available through hospital or health authority structures.

Community organizations provide:

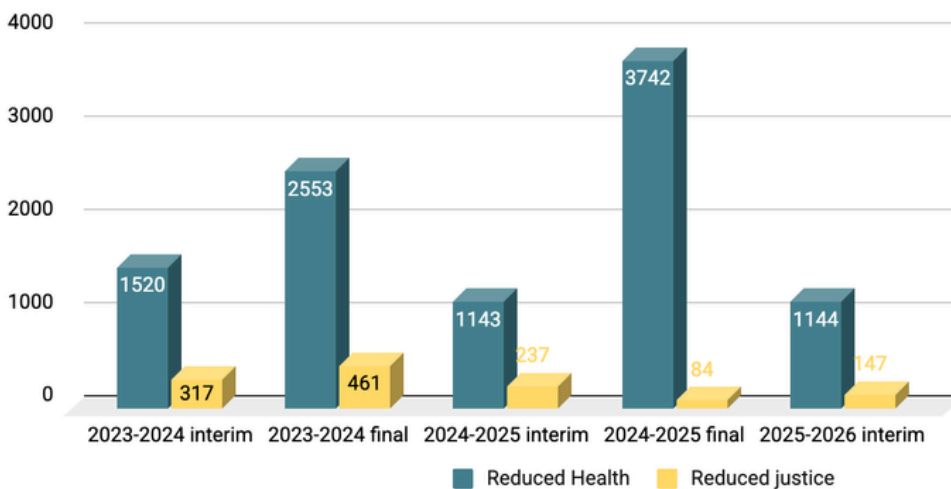
- Accessible, walk-in entry points
- Long-term, relationship-based support
- Rural outreach and community integration
- Functional cognitive rehabilitation
- Cross-sector coordination

Individuals with cognitive impairment often struggle to navigate traditional referral pathways. Community-based organizations provide practical, consistent, and adaptable support that increases engagement and stability.

People are more likely to engage in familiar community environments than in institutional settings, particularly when dealing with complex mental health and substance use challenges.

Reductions in use of generic systems

2023-2026 (Interim report)



ROI: ~ \$23 – \$40 million+ in annual public-system cost avoidance year over year.

Case management and one-on-one life skills coaching

“Case Management - This program served 2203 hours of direct Case Management services to our community. This speaks to the complexities of the individuals we serve and the limited resources in our community regarding housing ,financial security, health resources (doctors).”

— Prince George Brain Injured Group

Expansion of Education and Prevention Initiatives

“Through individualized life skills support, combined with targeted advocacy for individuals involved in the criminal justice system, our programs have helped participants navigate complex challenges such as unemployment, housing instability, mental health concerns, and legal involvement. By providing tailored care plans, compensatory strategies, and consistent follow-up, participants have been able to achieve greater independence, reduce negative interactions with law enforcement, and successfully transition from custody back into the community.”

— BrainTrust

Strengthened Mental Health and Counseling Services

Client Feedback: “Everyone needs someone to talk to. Lots need it and can’t afford it. It’s important to have a counselling program for people with brain injury—to have our own resource and not be lumped in with people with mental illness. It’s different.”

— Nanaimo Brain Injury Society

Peer support and structured group programs

“Our music and art classes have been led by survivors, and it has been a beautiful thing to see the consistency, care, and compassion that goes into the planning and execution of the programming, and the growth in the survivors doing the work.”

— Comox Valley Head Injury Society

“Client feedback consistently highlighted the importance of our services, with many noting that they would be significantly more isolated or unsupported without CBIS programs.”

— Cowichan Brain Injury Society

Survivor story, one of many

John sent the Kamloops Brain Injury Association his story to share:

“Four years ago, I experienced a brain injury that caused me some memory loss and some motor function. Through the support of KBIA and their workshops, I was able to focus on improving my memory as well as regain most of my motor functions.

During this time I had to refocus on what was in store for my working future. I knew that I was unable to return to the high stressed job I had previously had, as my endurance level would not allow to work the 8 to 10 hours a day I worked previously.

An opportunity arose on a volunteer level to operate a small 20 passenger school bus 2 hours per day. Having been cleared by my doctors I worked on the bus for a year and knew I had found my calling.

The local school district was looking for drivers, but I did not have the availability of funds to cover the cost of training.

This is where KBIA came to my rescue.

Ben, KBIA lifeskill worker, assisted me with an application for the Gur Singh Scholarship. Thanks to that support , I was able to get my license and then get permanent employment through St. Ann's Academy here in Kamloops.

I am able to handle the split shift of 2 hours in the morning and 2 hours in the afternoon. The kids I drive are amazing and I absolutely love the job.

Thanks again go out to Ben and all the staff at KBIA for all your support. I encourage everyone to utilize all the support KBIA offers. Don't give up on yourself, like myself you can turn your life around after experiencing a brain injury.”



Financial Overview

BIA's funding model continues to demonstrate a high return on investment by delivering critical, cost-effective services that reduce the burden on BC's health, justice, and social support systems. The financial structure of the 2025–2026 Community Program Grant distribution reflects the Alliance's commitment to accountability, equitable access, and outcome-driven investment.

Funding Allocation (July–December 2025)

- Total number of organizations funded: 13
- Programs funded: 45 distinct service programs (including life skills, peer support, navigation, counselling, and public education)
- Clients served across BC: 2,838
- Average cost per client: \$222

Estimated cost savings to public systems:
Millions in avoided emergency, policing, and crisis intervention costs


“Brain injuries affect each individual differently, often resulting in a combination of cognitive, physical, emotional, and behavioural challenges. This complexity requires highly individualized planning and intensive coordination, which can be time-consuming and resource-heavy. Clients may also experience co-occurring mental health concerns, substance use issues, or housing instability, further complicating service delivery.”

— Northern Brain Injury Association

The Bottom Line

Many organizations reported that program expansion was limited not by need or effectiveness, but by funding ceilings. Programs such as: trauma-informed counselling, employment support, physical wellness (e.g., yoga, adaptive fitness) and peer mentorship and housing advocacy had proven success but could not be scaled due to static or time-limited grant allocations.

In addition, several organizations were forced to turn away or waitlist clients due to staffing or capacity shortages linked to financial constraints.



Client Feedback: “Member feedback has highlighted the depth of impact our one-to-one support has, with some participants stating they do not know where they would be without KBIA services. Several members have described the programming as life-saving, underscoring the critical role these supports play in their ongoing recovery and stability.”

— Kootenay Brain Injury Association