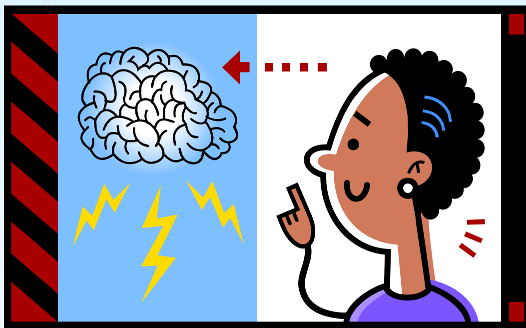
HEAD INJURED RELEARNING SOCIETY

ANNUAL REPORT
APRIL 1, 2006 - MARCH 31, 2007



Back to enjoying life after a brain injury.

Our Mission:
To facilitate
the self-determination,
community integration
and
well-being
of individuals with
acquired brain injury.

BOARD OF DIRECTORS

HEAD INJURED RELEARNING SOCIETY

April 1, 2005 – March 31, 2006

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Gerrit Groeneweg, Ph.D., R.Psych.
Executive Director (Non-Voting)

*The President and the Executive Director are members of all committees on an ex-officio basis.

Committees and Task Groups

Facility Advisory

Not active at this time.

Human Resources
Craig Ilott (Chair)

Research Committee
Cam Teskey (Chair)

Finance
Jaime Juan (Chair)
Kate Henry

Our History

In 1985, the Head Injured Relearning Society was formed by a handful of caring Calgary residents who saw a need in the community for innovative brain injury rehabilitation.

In 1989, the Head Injured Relearning Centre (now known as the ***Brain Injury Rehabilitation Centre – BIRC)*** was launched by the Society. It offered Canada's first independent community-based, comprehensive cognitive rehabilitation program for persons with acquired brain injury.

Our mission is to facilitate the self-determination, community integration and well-being of individuals with acquired brain injury.

Our vision is to be recognized as developer and provider of leading-edge, effective and innovative programs in the treatment and support of individuals who have acquired a brain injury.

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Calgary, Alberta, Canada T2P 3P2
Tel: (403) 297-0100
Fax: (403) 234-8860
Web: www.brainrehab.ca

MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR

The 2006-2007 fiscal year began with the same note of optimism on which the previous year ended for a promising future for survivors of brain injury in the Calgary region and for our agency. In follow-up to a meeting held March 2006 with the Ministers of Health and Wellness and Seniors and Community Supports, in early May 2006 the community agencies, comprising of the Brain Injury Group, met with senior representatives from those two departments to further discuss the long unresolved issue of departmental jurisdictional responsibilities and to explore the concept of developing a centre of innovation in brain injury rehabilitation in Calgary. Within two weeks of that meeting the Calgary Health Region notified the community agencies that the latter project would be included as part of the *Reach!* initiative – a joint fundraising campaign of the Calgary Health Region and the University of Calgary. Three days later the Calgary Health Region placed all its contracts for community-based brain injury services for open competition.

During June and July agency staff were heavily preoccupied and engaged in preparing a proposal in response to the Calgary Health Region's Request for Proposals. In early September the Region announced that it was awarding a single contract for all community-based brain injury services to a single vendor. Since this vendor is not one of the agencies of the Brain Injury Group and is not incorporated as a not-for-profit entity nor licensed as a charitable organization, it is unclear what impact the absence of fund raising, community and corporate donations, and volunteer efforts accessible by the previous service providers will have on the overall quantity and quality of services available to survivors and their families. However, we are fearful that the consequences may be considerable because in the 10 year period immediately preceding this new service delivery model adopted by the Calgary Health Region the 4 agencies constituting the Brain Injury Group provided in excess of $8 million of additional benefits to survivors through these various "charitable" sources.

As the Brain Injury Rehabilitation Centre gradually wound down its existing service arrangement with the Calgary Health Region in the last half of the 2006-2007 fiscal year, it received no new referrals for publicly-funded service. Coincidentally, neither did it receive any referrals from the Region which could be transferred to other 3rd party payers. It is important to note that in previous years nearly half of all the referrals received from the Region were able to be transferred to 3rd party purchasers thereby providing considerable cost savings to the limited public funds available for services from the Region.

The Centre continued to serve its existing publicly-funded participants until the natural close of their individual programs. Those individuals who had not yet completed their program by fiscal year-end were offered the choice of finishing their program at BIRC or transitioning to the new provider contracted by the CHR. Of the 9 individuals affected 7 chose to complete their programs at BIRC. At year-end the Centre continued to seek out and deliver its services to other 3rd party purchasers.

In conjunction with its decision to consolidate its existing contracted services with a single provider, the CHR also undertook to act on one of the recommendations emanating from the 2005 Calgary Brain Injury Strategy *Foundations for Direction* report jointly funded by the CHR and Alberta Seniors and Community Supports. Specifically, the CHR offered the Brain Injury Rehabilitation Centre the opportunity to develop a concussion management service for the region. The agency accepted this opportunity for an initial phase coinciding with the forthcoming fiscal year.

As the Centre looks forward to its forthcoming year in developing and delivering new concussion services in conjunction with the Calgary Health Region, it is likely that new learnings and models will result. For example, the current service delivery model proposed by the Calgary Health Region will have the Brain Injury Rehabilitation Centre provide approximately 2 hours of educational instruction to concussed individuals. If additional interventional support is required by certain individuals they will be required to receive those services from another service provider. BIRC's previous work with concussed individuals who require more than just educational services suggests that segmenting services and transitioning clientele between providers can be very disruptive and even contraindicated for those individuals. Therefore, it is anticipated that a more responsive model may be required than what has currently been put in place.

Another example of learnings and models yet to unfold relates to the certification of those services. Preliminary opinion from the Commission on Accreditation of Rehabilitation Facilities (CARF) regarding the proposed concussion services to be contracted by CHR is that CARF does not consider educational sessions to constitute rehabilitation and as such would not be considered eligible for accreditation. We expect that this opinion will be more widely debated in consideration of the fact that: (1) concussion education services offered elsewhere in Canada have received accreditation from another health accrediting body; (2) various contemporary definitions of "rehabilitation" include education-based interventions as constituting accepted forms of intervention designed to render change in individuals; and (3) the best practice literature in the concussion field clearly indicates that the strongest evidence regarding the efficacy of treatment interventions is in support of early patient education initiatives.

All of this once again reminds us that there is yet so much more to discover and so much which can yet be done to improve services and supports to survivors of brain injury and their families. In this regard, we continue to work toward achieving this better future with our many and diverse partners. Amongst these partners must be included the Hotchkiss Brain Institute whose members continue to advance the

knowledge in neuroscience and who strive to find ways to translate these new discoveries into innovative practices that make a real difference in the lives of people. Also included must be the Alberta Department of Seniors and Community Supports which not only supports the Brain Injury Rehabilitation Centre through the funding of direct services provided by the agency to facilitate community re-integration, but which also funds an important research initiative tracking the lives and service utilization of survivors over the longer term after their discharge from acute care.

In closing we would like to thank all those who have worked with us during the past year to help achieve the many individual accomplishments that are reflected elsewhere within this report and in the lives of those individuals with whom we have had the privilege to work during the past year.

Connie Ostermann
President
Head Injured Relearning Society

Gerrit Groeneweg, Ph.D., R.Psych.
Executive Director
Brain Injury Rehabilitation Centre

Connie Ostermann, President and the Team of the Brain Injury Rehabilitation Centre

Front Row: (Left to Right)
Margaret Grant, Occupational Therapist
Trish Strong, Receptionist
Darcy Flaig, Rehabilitation Practitioner
Cheryl Kirby, Occupational Therapist Assistant
Dr. Mary Mahon, Consultant, Psychologist

Back Row: (Left to Right)
Joanne Demetrick, Volunteer and former Board Member
Rose Hanssen, Executive Assistant
Jody Treleaven, Rehabilitation Practitioner
Connie Ostermann, President
Dr. Gerrit Groeneweg, Executive Director
Daryl Hebert, Cognitive Counselling Psychologist
Dr. Curtis Stoelting, Program Manager
Ruth Kenealey, Cognitive Assistant and Co-ordinator of Volunteers

Missing:
Dallis Briggs, Vocational Rehabilitation Counselor
Diana Didrikson, Consultant, Speech Pathologist
Elaine Little, Consultant, Physiotherapist
Rachel Murray, Education Specialist/ Psychosocial Coordinator

ANNUAL PROGRAM REPORT
2006 - 2007

The mission of the Brain Injury Rehabilitation Centre (BIRC) is to facilitate the self-determination, well-being, and community integration of individuals with acquired brain injury. This year's annual program report will describe the types of people who participated in our program, as well as the difference made for them in terms of self-determination, community integration, and well-being.

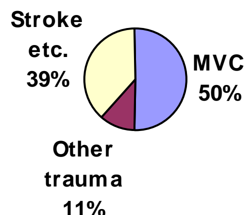
BIRC is fortunate to have a strong rehabilitation team. This year's outcomes could not have occurred without the involvement of Margaret Grant, Cheryl Kirby, Rachel Murray, Darcy Flaig, Jody Treleaven, Daryl Hebert, Ruth Kenealey, Dallis Briggs, Mary Mahon, Elaine Little, and Diana Didrikson.

DESCRIPTION OF BIRC PARTICIPANTS

Thirty participants began their rehabilitation program at BIRC and 49 participants completed their program in the 2006 fiscal year. Of those admitted to program, 23 were male and 7 were female. Ten were single upon admission. Thirteen participants were married and one was living common-law. Two participants were separated and four were divorced.

Of the 30 people admitted to program, 14 sustained a brain injury in a motor vehicle collision, 11 sustained a brain injury as a result of a stroke or other medical problem, three sustained a brain injury due to other types of trauma, and one cause was undetermined. For participants admitted to BIRC in 2006, the distribution of causes of brain injury is consistent with last year and with provincial statistics.

Causes of brain injury for participants admitted to BIRC in 2006



As for the severity of injury, the Glasgow Coma Scale (GCS) provides an estimate of the severity of injury. Only six of the 30 participants who were admitted had GCS scores recorded in their medical documentation. Four of the six GCS scores were in the severe range. None of the six GCS scores were in the moderate range. Two of the six GCS scores were in the mild range.

One way of estimating the severity of disability is by reference to the amount of supervision required of the individual. Twenty-three of the participants who were admitted in 2006 did not require any supervision. Five participants required less than four hours of supervision a week. Two participants required nine or more hours of supervision a week. By the criteria of supervision requirement our participants would be rated as having a mild to moderate disability.

Fifty percent of the participants were admitted to BIRC within 24 months of injury or illness. The range for admission to BIRC was from 4 months to 105 months after injury or illness.

Of the 30 people admitted to program, 25 indicated their first language was English. Other primary languages of participants were Spanish (1), Cantonese (1), Tagalog (1), Bangla (1), and Gureti (1).

Twenty-four of the 30 admitted had at least a high school education. Five of the 30 participants were employed upon admission. Examples of jobs they held upon admission were Cook, Geologist in Training, Accountant, Massage Therapist, and Plumber's Apprentice.

SELF-DETERMINATION

Improvement in self-determination is measured by participant achievement of long-term goals and by their increase in practical skills. Long-term goals are functional activities that participants value but upon admission were unable to accomplish. Achievement of long-term goals that participants set at the beginning of their program is monitored until the end of each individual's program. The rating for goal-achievement is made by the participant's rehabilitation team. A rating of full, partial, or not met can be assigned to each participant's goal achievement upon discharge.

Figure 1 shows that in the 2006 fiscal year participants fully met 53% of their goals. Participants partially met 18% of their goals. Participants did not meet 29% of their goals. We examined the goals that were not met and there was no apparent pattern in the types of goals that were unmet. The reason for the increase in unmet goals will be examined in a later report.

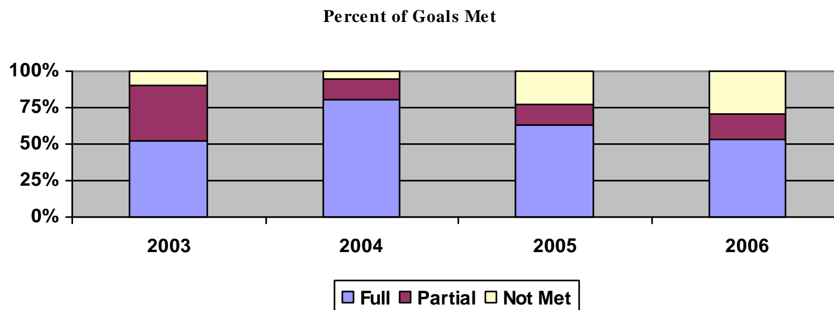


Figure 1: Percent of long-term goals achieved by participants.

As for participants' perception of their increase in their practical (functional) skills from the beginning of their program to the end of their program, respondents made an overall increase of 19% in their overall ability to perform various practical skills as measured by the Prigatano's Patient Competency Rating Scale (PCRS). This increase is very statistically significant[1].

Respondents made their most gains on the following practical skills:

- taking care of their own personal hygiene,
- taking care of their finances,
- adjusting to unexpected changes,
- controlling crying,
- keeping from being depressed, and
- consistently meeting their daily responsibilities.

As for durability of outcomes, in looking at participants' ability to maintain those skills after 12 months from discharge, we looked at all the 12-month follow up PCRS data that was gathered in 2006. A comparison was made between PCRS scores at discharge and at 12-month follow up. Although some participants rated themselves lower and some rated themselves higher, on average the 23 participants for whom data was available rated themselves as maintaining their practical skills from discharge to 12-month follow up.

WELL-BEING

Participant well-being is measured by their self-report of improvements made after completing their BIRC program. As for participant perception of functional improvements made during BIRC, participants were asked upon discharge to rate their overall functional improvements made while attending BIRC.

- All of the respondents said that their emotional well-being improved because of services received from BIRC.
- Eighty percent of the respondents said that their physical well-being improved because of services received from BIRC.
- Ninety-three percent of the respondents said they were more independent as a result of services received at BIRC.
- Eighty-seven percent of the respondents said that their memory improved because of services received at BIRC.
- All of the respondents said that they learned compensatory strategies to assist them and made self-improvements because of services received at BIRC. Eighty-seven percent of the respondents said that they were able to participate in a "productive activity" because of the services received from BIRC.

[1] You may request the program management outcomes report from the program manager – it contains the statistical comparisons.

Participants of the cognitive program increased their overall cognitive abilities as measured by the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). The average overall score went from the below average range to the average range as compared to people in the same age category. This increase is statistically significant.

Participants who completed an attention program increased their attention skill as measure by the Comprehensive Trail-Making Test. This represents an average increase from mild to moderately impaired to the below average range. This difference is statistically significant.

Participants who participated in Memory Group improved their memory as demonstrated by a significant increase on the delayed memory scale in the RBANS. This increase was statistically significant.

As participants enter the BIRC program, they are tested at pre-program and post-program. This allows for a control group to measure change before rehabilitation and after. Results on the 72 subjects tested to date over the last three years show a significant improvement between pre and post-program testing.

Cognitive assessment of graduates of the BIRC program was done on available individuals who had graduated at least one year before to measure sustainability of gains made during the rehabilitation program. Results on the graduates suggest that gains are well maintained, with no significant difference between the post-program results and one -year testing results on cognitive ability.

COMMUNITY INTEGRATION

Community integration is measured by changes to participation in employment, school, and leisure activities.

In 2006, 39 clients whose initial referral was related to career exploration were assessed by the vocational counsellor. Of the 39 clients assessed, 22 indicated they were interested in exploring their vocational options at the time of assessment. Of these 22, 21 were identified as having vocational potential while one client was deemed unemployable. In 2006, 16 of 21, or 76% of clients were successful in obtaining paid employment.

The job retention rate remained relatively unchanged from 2005 and 2006. The retention rate for this fiscal period was calculated to be 80%. This is a drop of 1% from the previous year and not considered to be significant.

Of participants discharged from occupational therapy services in 2006, three clients focused on returning to work at a job they held prior to their acquired brain injury. Two of these three participants, or 66%, were successful in returning to their same

employment. Four participants worked building skills required to maintain employment at a job at which they were actively involved.

Overall BIRC assisted 18 individuals find new employment or return to previous employment engagements with 16 remaining employed at three-month follow-up. This is an increase of four participants from the 2005 fiscal year. Collectively, BIRC continues to effectively assist individuals with brain injuries return to work.

Of the 24 clients who finished their education program during the year, 29 objectives were met, 3 were not met, and 4 people abandoned their program. Education objectives included: passing the General Education Diploma, upgrading in Reading, Math, Grammar, Spelling, Study Skills, referral to Computability, referral to the Speech Assisted Reading and Writing Program, homework support, and liaison with community learning centers (University of Calgary, Southern Alberta Institute of Technology, Mount Royal College, Bow Valley College, Alberta College of Art and Design, Alternative High School, Chinook College).

This year, active recreation replaced community management as the most commonly identified goal targeted by participants in occupational therapy. Active recreation includes helping link participants with activities such as curling, hiking, swimming, or attending a fitness program. Returning to paid employment and obtaining a volunteer position remained the second most commonly targeted goal and a major focus of occupational therapy intervention. Community management, which includes the use of public transportation, driving, managing finances and other activities necessary for community living, remained a priority for a number of participants. Household management was the fourth most commonly identified area. Household management includes cooking, home maintenance, sustaining attention sufficiently to complete tasks, and developing organizational strategies. Functional mobility emerged this year as a new category commonly targeted in occupational therapy. This area includes using public transportation, Access Calgary, or orientation and walking in the community. It also includes increasing upper extremity function.

Participants in occupational therapy showed significant increases in their performance and satisfaction in their goal areas. In 2006, Canadian Occupation Performance Measure (COPM) data was available for 18 participants. In 2006, participants showed on average a 20% increase in their ability to perform the goal-activity and a 40% increase in their satisfaction with their ability to perform the goal-activity after occupational therapy at BIRC.

Of the two participants that finished their physiotherapy program in 2006, one individual no longer uses a cane with ambulation, and he is able to independently and safely ride a bicycle.

This year, active recreation replaced community management as the most commonly identified goal.

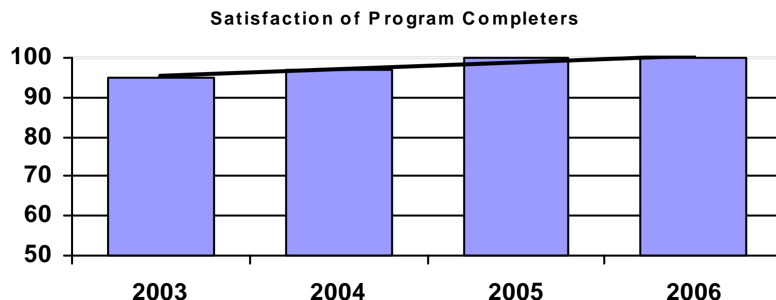
PARTICIPANT SATISFACTION WITH THE BIRC PROGRAM

Every participant that is discharged from BIRC is asked to complete a 50-item satisfaction survey. Figure 2 shows that in 2006 all of the respondents reported that they were satisfied with the overall quality of care received at BIRC. In previous years satisfaction was 100%, 97%, and 95% for fiscal years 2005, 2004 and 2003 respectively. It appears that participants are becoming more and more satisfied with the quality of care at BIRC.

When looking at other measures of satisfaction the following was found:

- 100% of respondents would recommend BIRC to a friend with similar needs,
- 100% of respondents felt satisfied with the services they received, and
- 93% of respondents felt that BIRC met their needs.

Figure 2: **Percent Satisfaction with the overall quality of care received at BIRC.**



Participant family members are also asked to complete a 13-item satisfaction survey. Of the two family members that returned the surveys both reported that their relative was admitted in a timely manner. Both relatives felt that BIRC was helpful. One relative reported being involved with the program and was aware of progress. The other relative reported less involvement and was less aware of when case conferences were held or when reports were generated.

> ***"……...We are truly grateful to have been blessed with the gift of BIRC's involvement in Tom's recovery process as we know we couldn't have come as far as we have without the ever and kind and helpful involvement of BIRC in our lives. Although he still does experience ongoing difficulties, the tools you have given him make every day easier for him and ultimately for the rest of the family and we want all on the support team to know that. In addition, it has also been of great assistant to us to know that we have friends who support us wholeheartedly."***
>
> ***Tom (and Family) (2007)***
> ***Participant***

SUMMARY

The demographics of participants have not changed much this year in comparison to previous years. Most of our participants have sustained a brain injury due to motor vehicle collision or stroke. Usually participants have completed medical rehabilitation when they begin community rehabilitation at BIRC.

The BIRC program continues to assist participants to make improvements in self-determination, well-being, and community integration. Participants improved functional abilities during the BIRC program that they were able to maintain. Participants reported increases to physical and emotional well-being. Participants also reported increased community involvement in terms of employment, school, and leisure activity after attending BIRC.

Curtis Stoelting, Ph.D., R.Psych.
Program Manager

There is no greater pleasure than seeing someone meet their goals and once again reach a state of well-being and independence.

A THOUGHT FOR THE DAY

NO ONE CAN CHOOSE YOUR MOUNTAIN
OR TELL YOU WHEN TO CLIMB.
IT'S YOURS ALONE TO CHALLENGE
AT YOUR OWN PACE AND TIME.

PATRICIA J. HACKER-HARBER

OUR BUSINESS COMMUNITY

Our participants come from a wide array of occupational backgrounds. By hiring a Participant from BIRC, the business community assists our Participants of adapting successfully back in the workplace and helping them in their goal in achieving greater personal independence.

The Brain Injury Rehabilitation Centre specializes in assisting Participants and their families to better understand the effects of their brain injury, provide the rehabilitation services that best meet their goals and to learn how to cope with any long term effects.

The Head Injured Relearning Society through the Brain Injury Rehabilitation Centre has been helping brain injury survivors since the Centre first opened its doors in 1989.

"Thank you to all BIRC staff's support to encourage and helping me to achieve a manageable independent life with what is left of me after the collision in 2003. I want you to know that I appreciate and recognize all your hard work for being there for me. Millions of thanks might be able to express my appreciation, but all in all, ….years of effort with BIRC will not be forgotten and it will always be stored in a memory treasure chest in my long term memory. Thank you for fighting for our future."

Alex (2007)
Participant

OUR VOLUNTEERS

In the 2006/2007 fiscal year we had 42 volunteers contribute 1,856 volunteer hours towards our rehabilitation programs. These hours were primarily spent working one-on-one with participants facilitating cognitive programs for brain injury rehabilitation. The average number of volunteers working each month was 19 with each of these volunteers working an average of 8 hours per month. This worked out to an average of 155 volunteer hours per month.

Our volunteers have been wonderful ambassadors for our organization. Volunteers are able to gain knowledge on brain injuries and the rehabilitation process through working with our participants. This knowledge assists them in sharing their new understanding of brain injury with others in the community. There is no question that without the ongoing commitment of all our volunteers, the Centre would not be able to accomplish and sustain all that it has in the past year.

The staff, participant and their families of the Brain Injury Rehabilitation Center wish to extend a heartfelt "THANK YOU" to all our dedicated volunteers.

A HEARTFELT THANK YOU TO ALL OUR VOLUNTEERS

Ruth Kenealey, Cognitive Assistant/Coordinator of Volunteers, (front row second from left) with a few of our 2006—2007 volunteers.

This following poem was written and dedicated to our Volunteers
by Ruth Kenealey, Volunteer Coordinator/Cognitive Assistant,
at our annual "Celebration of Achievement"

We recruit, interview and put you through tests
We question, examine and then hand pick the best

You're trained to administer the cognitive tasks
And rise to the occasion with whatever you're asked

Be it filing, copying or extra help along the way
You're labor of kindness helps to lighten our day

Our pockets are shallow but you don't expect much
You're one of the family with your loving touch

As the Volunteer Coordinator I admire your strengths
Dedication, compassion – always going to great lengths

You listen, encourage and are genuinely concerned
That our participant's progress, thrive and learn

We are here today to celebrate you - the Volunteer
For believing in our mission and the people most dear

"...after hearing about it through a friend whom I had been volunteering with at the Foothills Hospital. She spoke highly and enthusiastically of the program, the staff, and her experience with the clients. After volunteering here myself, I have come to realize that she was correct about all this, and more. Out of all my volunteering experiences thus far, the Brain Injury Rehabilitation Centre has certainly been the most enjoyable. ……… I would not change a single thing about the program as far as I have experienced it over the past few months. Being involved as I am in my community, I have close ties with many young adults and teenagers, who I know will be looking for volunteer experience very soon. I would not hesitate for a second to recommend BIRC to them as a very worthwhile place to contribute their time. Although I came here to give a little of myself to others, I feel as though I leave this place *taking* with me a great deal more than I was able to give."

Sarah (2006)
Volunteer

PRESENTING OUR VOLUNTEERS
FOR THE 2006-2007 FISCAL YEAR

Hannah Adamson, Catherine Ancheta, Michael Avery, Jennifer Benz, Kelly Berry, Kelly-Ann Casey, Anneta Chevtchenko, Tim Collins, Linda Crux, Erin DeRochers, Many Greenfeld, Neelina Gupta, Krystal Hennig, Breanne Hilles, Lorn Howes, Saira Karim, Thy Le, Erin Leblanc, Rosanne Mills, Maya Modzelewska, Sarah Mullback, Duong Thay (Danny) Ngo, Dorian Nobbee, Rob Oliver, Jessica Poettcher, Oriel Predika, Amna Qureshi, Sarah Rahman, Susan Rogerson, Karen Rusmussen, Rolf Saetre, Cheryl Sayward, Geoff Schaefer, Simran Sierra, Angela Symon, Leo Tam, Lindsay Tuer, Marianela Umerez, Janet Videna, Kathryn Watson, Brit Weis, Tamara Williamson, Virginia Wilson

Also deserving a very special thank you are the many Fundraising Volunteers who continue to give so generously of their time to assist us at our casino fundraiser and at our other fundraising activities. Many of the Volunteers listed have helped us through many past years and we always look forward and appreciate new volunteers coming on board. This year our volunteers helped raise up to $115,000.

SPECIAL THANKS GO TO:

Marlene Adams, Morgan Bennett, Marlene and Gary Bigg, Dave and Ingrid Campbell, April and Kevin Christo, Joanne Demetrick, Alvin Effa, Diana Gallivan, Dennis Gardner, Brad Goodyear, Lorn Howes, Glen and Ruth Kenealey, David Kennedy, Cheryl Kirby and Jason Van Dusen, Georgina Leschinski, Sheryl Leskiw, Deborah Lewis, Rae McKenzie, C. F. McKinnon, Sharon Meyers, Derek Morgan, Hilda Ostermann, Joe and Connie Ostermann, Vi Parker, Mitchell Ravvin, Rolf Saetre, Ruby Salmon, Carol Skakum, and Rose Marie Wrobel.

In addition to the foregoing, we would also like to express our sincere thanks to the many students from Bow Valley College, Mount Royal College, University of Alberta and the University of Calgary who, in the process of completing a variety of course and study requirements, provided hundreds of hours of knowledge and support to the Centre.

ALL HEARTS GROW WARMER
IN THE PRESENCE OF ONE
WHO GAVE FREELY
FOR THE LOVE OF GIVING,
A GIVING THAT DEEPENS AND GROWS
EVER UNFOLDING NEW SWEETNESS
AS THE BLOSSOMING OF A ROSE.

OUR CORPORATE AND INDIVIDUAL DONORS

This past year we have seen many changes take place. These changes have made our partnership with our donors and fundraising volunteers even more crucial to the continued success and growth of our organization. Competing with so many non-profit and voluntary organizations here in Calgary alone, including some very high profile organization, is not an easy task. However, we have been blessed with new donors coming on Board this past year. Even though we never officially solicited funding from them, they just happened to hear about the great work that we are doing for the citizens of Calgary and Alberta. During the 2006/2007 fiscal year, our donors and fundraising volunteers generated a total of $148, 616. this included monies from Alberta Gaming and a very generous contribution from Castleridge Safeway which alone amounted to $27,929.

BIRC Staff, Castleridge Safeway Staff and Canada Safeway Executives at the September 2006 Gala.

Alberta Gaming (fundraising casino); Alliance Pipeline; Alpine Glass; AON Reed Stenhouse; Apache Canada Ltd.; Canada Safeway (Castleridge); Committee of 10,000 (University of Calgary, Students' Union); Delphi Energy Corporation; Donate a Car Canada (Anne Austin, Candace Lupescu, Matt Ryans, Alan King, Patti Page, Nathan Swayze; Rose Marie Wrobel); Drum and Monkey Public House; EnCana Cares Foundation; International Right of Way Association and Members (Synergy Land Services Ltd., Troy Dashkewytch, Cavalier Land ltd., McElhanney Land Surveys Ltd., MSL Land Services Ltd., Cal Tex Energy Inc., All-Can Engineering & Surveys (1976); May Jensen Shawa Solomon LLP; Pipella & Company; United Way of Calgary—Donor Choice Program

IN-KIND DONORS

Alliance Pipeline; Berezan Management Ltd.; Colt Engineering Corporation

PLANNED GIVING DONORS:

Mr. Walter and Mrs. Kaye Brock

Our gratitude and heartfelt thanks go out to each and every one of you for assisting in our continued success.

In September of 2006 we had the privilege of again being chosen by Castleridge Safeway. Their staff and customers had raised a total of $20,000 by March 31, 2007. The "We Care" Program is due to end on June 16, 2007 and they hope to raise nearly $25,000 for our organization.

2006 Cheque Presentation of $27,929

Castleridge Safeway 2006

Gerrit Groeneweg, Executive Director, BIRC
Ken Stenzel, Assistant Manager, Castleridge Safeway
Carol Gardner, We Care Captain, Castleridge Safeway

On March 17, 2007 Castleridge Safeway staff held a silent auction fundraiser at Schanks on Macleod. The fundraiser and silent auction was a great success but could not have happened without the many items being so generously donated by the following individuals, corporations and businesses: Alliance Pipeline; Barry Murray; Carmen Hanssen; Debbie Wons; Elena Di-Iulochiacchia; EnCana (Vi Parker); HMV Canada; Kensington Dollar Store; Marks' Work Wearhouse (Dennis Gardner); Origins (The Bay, 8th Ave.); Pipella Law; Scarpone Food Canada (Sera Duros); Stillwater Spa; Susan Clayton; Tanya Clayton.

INDIVIDUAL DONORS:

Anonymous Donors; and Michelle Atkinson; Brian Bandura; Paul & Wendy Burrowes; Paul & Mavis Clark; David & Janette Edwards; Jacqueline & Lloyd Finlayson; Margaret & Murray Flewelling; Carmen Hanssen; Donna Ingwersen; Karen Jordan; Janice & Cliff Kiteley; Denise Le Houillier; Jeanie Leroux; Frederick McClelland; Mary Ostrom; Vi Parker; Patricia Patterson; Sharon Penner; Gerri Protti; Doris & Emil Spitzmacher; Roberta Theaker; Margaret Traboulai, Shirley Verkade; Lynn Walker; Richard & Donna Waraksa; Christine & Patrick Whitley; Betty Whitlock; Connie McCrea-Woloshyn; and Vi Young.

SPECIAL DONATIONS

In Loving Memory and in Celebration of their lives, donations were made on behalf of:
Mr. Alastair T. Atkinson; Mrs. Miriam Laidlaw; Mrs. Bee Lewis
Mr. Donald Maier; and Mr. Larry White
by their respective family members, friends, colleagues and business associates.

HEAD INJURED RELEARNING SOCIETY

Statement of Operations and Changes in Net Assets

Year Ended March 31, 2007

		2007		2006
REVENUE				
Contract – Calgary Health Region	$	**615,738**	**$**	**615,738**
Conference / grant – Alberta Community Development		**64,269**		**32,385**
Donations and fund raising		**74,449**		**294,895**
Wage Subsidy		**2,139**		**4,993**
Interest, memberships and other		**115**		**150**
Wildrose Foundation Grant		**-**		**27,869**
		756,710		**976,030**
EXPENSES				
Salaries, fees and benefits	$	**518,269**		**549,520**
Rent		**100,221**		**101,116**
Contract services		**74,834**		**64,099**
Technology Infrastructure		**14,021**		**2,214**
Office		**9,546**		**12,337**
Staff expense and education		**9,154**		**5,471**
Insurance		**5,598**		**4,878**
Telephone		**5,165**		**5,275**
Professional Fees		**3,386**		**3,105**
Publicity and publications		**3,267**		**10,851**
Director costs and insurance		**2,935**		**3,034**
Mileage and parking		**2,576**		**4,770**
Participant costs		**1,576**		**5,890**
Network services		**1,526**		**30,574**
Maintenance supplies and repairs		**1,237**		**1,103**
Service Charges		**999**		**1,051**
Library and subscriptions		**692**		**1,064**
Accreditation costs		**585**		**383**
Volunteer recognition		**429**		**1,006**
		756,016		**807,741**
INCOME BEFORE FUNDRAISING INITIATIVE		**694**		**168,289**
FUNDRAISING INITIATIVE		**526**		**1,912**
EXCESS OF REVENUE OVER EXPENSES		**168**		**166,377**
NET ASSETS (DEFICIT) – BEGINNING OF YEAR		**900**		**(165,477)**
NET ASSETS – END OF YEAR	$	**1,068**		**900**

The foregoing statement is excerpted from comprehensive financial statements audited by Roberts & Company Chartered Accountants. Copies of the complete financial statements are available from the Head Injured Relearning Society located at Suite 300, 815 – 8th Ave. S.W., Calgary, Alberta, T2P 3P2. Telephone: (403) 297-0100. E-mail: birc@brainrehab.ca.

HEAD INJURED RELEARNING SOCIETY

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