



# Brain Injury Alliance

C O L O R A D O

## ANNUAL REPORT

Fiscal Year 2017

Prepared for MINDSOURCE Brain Injury Network

## Executive Statement

This past year has been an exciting time of growth for the Brain Injury Alliance of Colorado (BIAC) thanks to the incorporation of statewide TBI Case Management services into its contract with MINDSOURCE (formerly the Colorado Brain Injury Program). This was the most significant event in the history of BIAC since its inception in 1982. It energized staff, board, and the brain injury community as this contract brought all the components of service delivery under one entity.

The addition of these very important services for survivors around the state fits perfectly within the organization's long term vision that all persons with a brain injury thrive in their community. Each day, BIAC staff comes to work with the key objective of taking steps that will lead to an improved life for a survivor of brain injury. Through partnerships like the current contract between MINDSOURCE and BIAC, survivors and their families are able to live in Colorado knowing that they are receiving some of the best brain injury support in the country.

BIAC is committed to delivering the highest quality service in the most efficient manner possible so that the greatest number of survivors is able to thrive. We look forward to continuing to innovate new service delivery models and leveraging existing and new technologies which will lead to long term success for this program.

A handwritten signature in black ink, appearing to read "Gavin Attwood". The signature is fluid and cursive, with the first name being more prominent.

Gavin Attwood

Chief Executive Officer

### *Program Overview*

In March of 2016, the Colorado Brain Injury Program (CBIP) announced that the Brain Injury Alliance of Colorado (BIAC) had been awarded the contract for outreach, intake and eligibility, and case management services. Rocky Mountain Human Services (RMHS), the contractor at that time, and BIAC worked together to develop the following talking points about the program transition, which were used through June 2016.

- Through a competitive bidding process with the State of Colorado, the Brain Injury Alliance of Colorado (BIAC) has been awarded a contract which includes providing case management services for individuals with a traumatic brain injury.
- The organization currently providing these services is Rocky Mountain Human Services (RMHS) until June 30, 2016.
- The new contract will begin on July 1st, 2016.
- BIAC, RMHS, and the State are working to ensure a smooth transition for clients. More details will be available soon.
- Clients currently receiving services will continue to do so through this transition.

RMHS sent letters to existing clients, notifying them of the change in contracts. Transition plans were created and clients were given the option to close out their case management services or transfer to BIAC. On July 1st, BIAC issued a more detailed press release with information about our model of case management, office location change, and how to get connected to services.

BIAC hired 15 new staff members (two Programs Assistants and 13 Case Managers) upon notice of contract award. These staff are located in four distinct regions around the state (Denver Metro, Southern, Western Slope/Mountain, and Northern) in order to serve clients in their home region. They came from diverse backgrounds of professional experience, including Social Security Disability Benefit determination, disability vocational support, probation, and independent living skills training.

BIAC also purchased, designed, and built a new cloud-based Salesforce database and tracking system for case management services. This new system is the foundation of innovation and growth for service delivery to clients, offering endless options for customization and expansion in addition to enhanced analysis capabilities.

In preparation for the transfer of clients from RMHS to BIAC, 6 transition meetings were held between BIAC and CBIP leadership between April and July, 2016. A total of 473 active or waitlist client cases were transferred from RMHS on July 1 at which time all case managers began reaching out to clients directly to start services with BIAC. By the end of Fiscal Year 17 (FY17), 227 of these clients had enrolled into services with BIAC.

### *System Issues and Obstacles*

The largest system issue or obstacle during this phase was directly linked to the transferring of clients from RMHS to BIAC. By taking on all clients simultaneously it placed an immediate stress on the programmatic structure of services. This stress, combined with a substantial increase in new referrals during FY17, has led to a long term sustainability question that based on projections will not stabilize for a long period of time (past the length of this contract).

### *Key Accomplishments*

While taking on all RMHS clients simultaneously caused a stress to the system, it is important to acknowledge that BIAC took on both wait list and active clients beginning in July. The wait list was an ongoing and growing issue for the program that was mitigated by this approach, providing services to clients who in some cases had been waiting for up to 11 months.

<b>Service Delivery</b>	<b>July 1, 2016 – June 30, 2017</b>
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### *Program Overview*

Below are the outreach goals and objectives for this reporting year, developed by BIAC and CBIP staff:

**Goal 1:** Increase awareness of Colorado Brain Injury Program (CBIP) by cultivating new referral sources and representing CBIP at events

**Objective 1.1:** Gain at least three new hospital partnerships

**Objective 1.2:** Attend (or present at) least two new conferences

**Objective 1.3:** Attend all Brain Injury Professional Networking (BIPN) meetings and present at each group at least once this fiscal year to promote the program

**Objective 1.4:** Track all outreach and training activities in shared spreadsheet

**Goal 2:** Build capacity within the community to better serve our clients

**Objective 2.1:** Provide at least five trainings on brain injury (identification, screening, interaction skills, and referral to resources)

**Objective 2.2:** Research, develop, and update content and curriculum for brain injury education

**Objective 2.3:** Measure and report on effectiveness of trainings using Audience Response System

**Objective 2.4:** Serve on BIAC's conference committee. Develop content, research and vet speakers

**Goal 3:** Increase access to services among individuals who are traditionally underserved

**Objective 3.1:** Provide outreach to at least five new agencies or organizations whose populations fall into CBIP's underserved categories and have never been contacted by BIAC or CBIP

**Objective 3.2:** Gain at least three new community or state agency referral sources

**Objective 3.3:** Translate all outreach materials into Spanish

**Objective 3.4:** Measure and report on referrals from agencies to track progress

**Goal 4:** Establish relationships with new resources providing services for clients

**Objective 4.1:** Increase BIAC's Online Resource Directory by at least 25 new providers

**Objective 4.2:** Communicate regularly with professionals via professional section of BIAC's newsletter

**Objective 4.3:** Increase attendance of providers at statewide BIPN meetings

**Objective 4.4:** Administer survey of BIPN members to measure engagement

All of these objectives were achieved, with the exception of 3.3 which will be addressed in the Systems Issues and Obstacles section. A substantial amount of travel took place this year, reflected in the geographic reach of outreach activities and referrals. Promoting the new program and consolidation of services under one contractor was the primary focus of outreach this year.

BIAC implemented a new model of case management for CBIP services. Utilizing a team approach, each client worked with two BIAC case managers, one phone-based and one in-person. The in-person case manager lived and worked in the home region of the client while the phone-based case manager was based in the home office of BIAC in Denver. As a team, case managers worked with clients developing goals and taking steps together to achieve those goals in the community. Check-in calls were started by phone-based case managers during pre-scheduled intervals of three, 6, 12, 18, and 24 months to ensure that clients remained connected to the program.

By the end of FY17, 847 clients were active in case management services (788 adult, 59 youth). The program is receiving an average of 60 new applications per month, with 49 new cases opened per month. As of the end of FY17 there were 48 active clients living in rural counties and 17 living in frontier counties.

### *System Issues and Obstacles*

With respect to developing formal partnerships with hospitals, objective 1.1, BIAC currently has a formal relationship with five Centura facilities: St. Anthony Hospital, St. Anthony North, Longmont United, Avista Adventist, and St. Anthony Summit. No new formal contracts with hospitals were developed this year. However, 14 medical facilities have developed a formal referral process and are consistently referring patients to BIAC. These include the five listed above, as well as Children's Hospital, Craig Hospital, Medical Center of the Rockies, Penrose, St. Mary Corwin, Parker Adventist, and the following mountain/ski clinics: Keystone, Breckenridge, and Copper Mountain.

Objective 3.3 was not achieved in FY17, however, it is in progress for the current fiscal year. We opted not to translate outreach materials and the application into Spanish during the first year due to the fluid nature of our messaging during start-up. BIAC developed a one-page document outlining information about the program which was utilized for outreach purposes. Given the new model, tweaks were made to this document throughout the year. It was decided to not invest in either formal marketing materials or a new application until FY18.

As with any organization, having a remote workforce is challenging. For example, collaboration between team members who are separated geographically requires additional planning, organization, and time. Additionally, having one Denver-based member of a team (phone-based case manager) serving clients in regions outside of the Denver-metro area poses its own unique challenges, including region-specific resource knowledge and the ability to build rapport and trust with clients from a region outside of Denver.

Another system issue that requires attention is one of capacity long-term to serve the number of clients applying for services. As already mentioned above, the increase in new clients coming into services combined with the mass transfer of existing clients from the RMHS has pushed the program to near capacity (defined as 1000 active clients in contract) within the first year of the contract with projections showing a continual increase far beyond capacity for several years to come.

### *Key Accomplishments*

Compared to previous years, we have seen an increase in both referrals and applications to the program. In total, we received 1,660 referrals during this reporting year which is an average of 138 referrals per month. These are coming from hospitals (58%), corrections sites (13%), mental health agencies (8%), other community agencies, such as homeless shelters, vocational rehabilitation, and other nonprofits (7.5%), web search (6.5%), cold referrals/walk ins (6%), or schools (1%). Of these, 46% are converting into applications for the case management program. Two community agencies, Mind Springs Health and North Range Behavioral Health, have developed a formal referral process and are consistently referring clients to BIAC. These agencies have mental health, crisis, substance abuse treatment, and homeless services.

Of the 102 outreach activities this fiscal year, 60% were to new agencies who had not previously had contact with BIAC. Geographically, 44% of all outreach activities were outside the Denver Metro region and over 3,400 individuals attended either an outreach activity or a training across the state. Utilizing our Audience Response System,

While a dramatic increase in referrals poses its own system issues, it should also be viewed as a key accomplishment. Immediately upon being awarded the contract, BIAC saw a direct correlation in program interest which has not diminished through year one of the contract.

<b>Program Evaluation</b>	<b>July 1, 2016 – June 30, 2017</b>
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### *Program Overview*

Outreach: BIAC uses an Audience Response System to collect data from participants before, during, and after they receive training to assess knowledge attainment and participant satisfaction with the trainings. In FY17, we saw a substantial knowledge increase across the board in the areas of brain injury basics, identification and screening, strategies and accommodations, and resources available for individuals with brain injury. Please see spreadsheet for more details.

A Brain Injury Professionals Network (BIPN) Member Survey was developed and sent out to members in November and December 2016 that identified key characteristics of BIPN members, assessed their engagement with a BIPN(s) and the success of each BIPN in carrying out its objectives. Results were summarized by BIPN (Boulder, Colorado Springs, Denver, Northern Colorado, Western Slope and Pediatric) and shared with each BIPN's leader(s) as well as with survey respondents by request.

Case Management: Client outcomes are tracked using the Mayo-Portland Adaptability Inventory Participation Index (M2PI) at regular intervals and by goal tracking in the Salesforce database and in case management support plans. The M2PI is an established tool that measures a client's barriers in reintegrating into the community. During FY17 the categories with the most improvement were Social Contact and Leisure and Rec Activities. Case managers work with clients to develop goals, or areas of need that the client is interested in working on, then track progress toward attaining those goals in Salesforce. This information is provided to clients at regular intervals in their support plans. In FY17, 2,309 goals were created and 21% were achieved. Umbrella categories with the highest numbers of goals are: Ongoing Check-in Calls (878), Financial (200), Physical Health (163), Housing (132), Personal Support System (124), and Health Insurance/Long Term Care (113).

In addition, several tools were developed over the course of the year for the purpose of evaluating the experiences of clients with BIAC's case management services and classes and workshops on a regular, ongoing basis. These tools include:

- BIAC Case Management Application Process Survey
- BIAC Case Management Satisfaction Survey
- BIAC Case Management and Education Consultation Satisfaction Survey
- BIAC Classes and Workshops Survey

Data collection using these tools will begin in FY18.

Staff Training and Performance: Required and optional staff training activities are tracked in a spreadsheet. In FY17, case managers and program assistants attended 17 trainings each on average. Of the 14 staff members requiring ACBIS certification, two were already ACBIS certified and have maintained their certifications, 11 became certified this year, and one has received training for the certification. Both of BIAC's program assistants also received ACBIS training and became certified. All staff members participated in annual performance evaluations with their supervisor and the CEO.

### *System Issues and Obstacles*

A significant amount of time was spent this year developing tools and processes for data collection and training staff to become experts in the field of brain injury. The time and resources needed for these activities will be much less in subsequent years as tools and processes are now in place and the large majority of our staff is ACBIS certified.

BIAC started the year with 21 goal types and ended the year with 41 goal types. Building out goal types is necessary at this time in the program as it increases the integrity and usability of

goal attainment data as a measure of client outcomes. At the same time, it requires a significant amount of time to monitor and clean data. Systems are now in place to monitor goal creation and categorization on a regular and ongoing basis and the number of new goal types created will reduce over time once the breadth of services becomes more clearly defined.

### *Key Accomplishments*

Two surveys were created and administered in addition to those tools mentioned above. The BIAC's New Case Management Program Survey was sent to all clients in February 2017 and assessed clients' experience with the new program model and their satisfaction with services to date. The results informed changes to the model that FY18. The New Employee Processes Survey was sent to all new staff hired to fulfill the contract and assessed their experience with hiring, onboarding and training processes. The results were very positive.

We believe the quality of the tools used to assess client satisfaction and classes and workshops have improved over previous tools. These new tools offer more opportunities for anecdotal feedback and allow us to analyze data specific to the staff member or team delivering services to the client.

<b>Testimonials</b>	<b>July 1, 2016 – June 30, 2017</b>
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### *Professional Testimonials*

“BIAC facilitated a training for the behavioral health social workers at Denver Health Center. This training was very helpful for the social workers in helping them to better understand brain injuries and how to best connect clients with services. The social workers since this training have been able to be more proactive in getting clients who have brain injuries connected with services in a timely manner.”

-Mobile Crisis Supervisor, Denver Health

“The therapists were eager to learn about at all of the resources that the Brain Injury Alliance of Colorado offered. They were able to take this information back to their patients to help advocate for improved follow-up and access to services after leaving the hospital. It was an impactful presentation!”

-University of Colorado Hospital

“The presentation included a lot of very useful information for the work that we do.”

-Executive Director, YWCA Pueblo

### *Survivor and Family Member Testimonials*

“Working with the BIAC I have learned so much. When I am stressing and dealing with healing my daughter I know I have a friend to call. That's right a friend. The friendly people at BIAC are so knowledgeable and caring. There is no limit to what they do. If you have an insurance question, and symptom or needing transitional help from home to school, they are who to call. I



have found myself leaving an email after hours and guess what? Someone actually calls me back from the BIAC!! I have felt like the school has a motive with my daughter and have called [names removed] at the last minute and they have walked me through it. I think of [name removed] as my little personal cheer leader. He tells me how well I am doing as a mom, he tells me my daughter is so lucky to have me, and mostly that he is here for me. After my daughters injury and looking back to what I have been through and who I have met, one company stands out BIAC! Thank you for encouraging me and educating me and offering to be with me for meetings. I can't thank [names removed] enough!!!”

-Parent of youth with a TBI

“...It has not been till [name removed] became, my case worker that I got help. For real, all the others, said they didn't care, word for word...so I just did it on my own. I am glad you are there for me...Thank you for being there for me and hearing me.”

-Survivor

“When I first had my wreck I didn't know what it was but knew something was wrong because I couldn't write. My therapist noticed something was wrong and suggested I go to BIAC so I could get some help. Since I've been working with [name removed] things started getting better. At this time [name removed] helps me a lot and I couldn't do it without her. The help I get is a blessing since my family doesn't understand what I'm going through and they don't want to understand. Without people that have love in their hearts, who know how to put things so I don't get so confused I don't know what I'd do. Things are better now and the longer I have [name removed] the better it will get, she knows what she's doing. Other people have tried to help me but confuse me, [name removed] knows what to do so my brain doesn't get confused. She has knowledge of head injuries and knows how to take care of it. I couldn't do it without her. I wish I could have more years with [name removed] than what I will get because I know my recovery will take longer since I'm older. When I don't have Case Management it will be harder on me. I appreciate everything that BIAC is doing for me.

-Survivor

“The BIAC was instrumental in helping our family find assistance for our family member with a TBI. We were at a loss regarding how to help our family member and the case manager with BIAC was so very helpful. The supportive living facility she recommended was such a blessing.”

-Family member of individual with a brain injury

“Case management program has been very supportive and continues to be supportive for me from job searching, to housing reminders, and classes provided by BIAC. I wish I had more time with my case manager because I have grown and change throughout this time period. I have shown who I can be and who I have become. When I first came to meet with my case manager, I was lost and now when I go out in the world I can thrive. I wasn't happy or sad when I started but now I am more willing to come out and try things and more optimistic.”

-Survivor

“I wanted to take the time to say how thankful I am for having a case manager around to help me. Having an invisible head injury makes it impossible for me to get the support. I feel that

having [names removed] has been a true blessing. The help with paperwork, and the knowledge of what they do is incredible. They take their time and because of them I feel as if I have accomplished so much that I would not be able to do on my own. I have lost so much because I could not advocate for myself before them. [Name removed] makes sure to get things done and keeps me on track. Words can't express how thankful I am. This support program for people like me is a life saver. It brought me out of a deep depression because its real help."

-Survivor

"[Name removed] has been my case manager for some time. As a result of our work together, I feel more confident in problem solving, more able to trust my intuition and more aware of my strengths.

She has a style about her that begins with listening and moves to brainstorming...often on the computer to find resources that might meet the need at hand. While she often has opinions, she doesn't lead the train...she lets me come to a place where I can decide while she offers comments, support and brings grace to the table. Some decisions I am not able to make for months...during this time she actively waits, supports, adds insight and humor and stands next to me.

Sometimes I offer the insights...and she takes notes. Recently I found an article...and she wrote down the citation to follow up and find out more about them.

Kindness, respect and confidence are part of her style. I don't feel foolish if I haven't come up with solutions. I've learned to respect my limits and push beyond them. I'm the biographer of life stories in my apartment building, writing a story every month...and she has read these and expressed appreciation for my writing and style. This support has led me to conclude that this endeavor is part of my gifts...some gifts have gone with my head injury....but substantial ones remain. As I know this more deeply, our work becomes more focused, practical and fluid. Having a BIA counsellor has changed my life. She has in her what I call 'wake up energy' ....I wake up to myself in her presence. Some TBI interactions take a toll on one's spirit. Not so with her...she is a presence that is quiet but inside I find myself gathering up pieces to form a more solid self."

-Survivor