



**Annual Report
Fiscal Year 2018**

Executive Summary

We are proud to present Fiscal Year 2018 (FY18) Annual Report to the MINDSOURCE Board of Directors. It has been an exciting year for the Brain Injury Alliance of Colorado (BIAC); it has also been a challenging year due to the increasing number of survivors who have sought help from BIAC.

Under the original model of case management delivery, BIAC staff forecasted that we would need to institute a waitlist by February 2018 unless a significant change in service delivery was developed. Referrals from hospitals and the criminal justice system, for example, have grown significantly due to our increased presence in these entities.

I would like to recognize the MINDSOURCE leadership for their willingness to work alongside BIAC senior staff to develop a new model that is more personalized to the needs of the client as well as more sustainable under our growth model. It is important to note that in order to start the new model on July 1st, 2018 we had to close-out existing clients, which impacted much of the data reported in this document.

Outreach

Outreach efforts were focused on increasing both awareness and revenue of MINDSOURCE in addition to increasing youth referrals. Staff were able to connect with resources, nearly one-third of which were new, that provide services for our clients. Statewide Brain Injury Professional Network (BIPN) groups continue to meet regularly. These groups allow professionals to promote the ongoing sustainability of community support systems and share resources.

An important part of our outreach work is intended to build capacity among professionals that work with our clients. By using an Audience Response System, we know that attendees of our trainings have a much better understanding of brain injury as it relates to their clients after the training. Following a training from BIAC, many individuals and companies added their information to the nearly 1,000 entries in our online Resource Directory.

Case Management

With numbers of clients steadily increasing, BIAC initiated conversations with MINDSOURCE about the possible need for a waitlist or a program model change in the immediate future should demand for services remain constant. BIAC staff analyzed the data and it was agreed upon by MINDSOURCE and BIAC that a change to the program model was necessary for long-term program sustainability.

Staff have done a great job with developing statewide classes and workshops. We now offer a diverse range of opportunities for both adults and youth clients.

Criminal Justice Program

The original 4-year federal grant from the Administration for Community Living (ACL) has now ended. Approximately 45% of the referrals entered into case management services. The goals most requested were around finances, housing, or help with receiving Medicaid waiver services. Several professional trainings were given, and the Audience Response System allowed staff to confirm the efficacy of the content. Likewise, satisfaction surveys were sent to clients to solicit feedback on the service we offer.

Due to the preparation for the new case management model some clients were not able to immediately receive case management services. This, compounded by the difficulty in contacting and remaining in contact with justice-involved clients, was an obstacle toward the end of the previous fiscal year.

Youth Education Consultation

The education support provided by BIAC is available from August through May of each fiscal year. The Youth Education Liaison delivered consultative services throughout all regions of Colorado to parents, school professionals, and community providers. With almost 100 clients and an average of more than one presentation per month, our youth program has continued to grow.

Our commitment to delivering the best possible service to the survivors of a brain injury in Colorado is unwavering. The BIAC staff and board of directors are committed to the success of this program which is evident in this report.

Gavin Attwood
Chief Executive Officer
Brain Injury Alliance of Colorado

Outreach

Activities

In 2011, MINDSOURCE identified a need for the program to have staff dedicated to outreach in the community. Over the years, it has evolved into a role that oversees various BIAC programs related to professionals in the community who work with our clients. The foci of this position are to increase referrals, raise awareness of BIAC services, and build capacity within the community to better serve our population.

For FY18, BIAC and MINDSOURCE identified priorities in which to increase and focus outreach efforts:

- **Goal 1:** Increase awareness of MINDSOURCE by cultivating new referral sources and representing the program at events
 - **Objective 1.1:** Provide outreach to at least five new agencies or organizations
 - **Targeted Groups:** Youth services, agencies serving Spanish-speaking individuals, and rural/frontier agencies
 - **Objective 1.2:** Translate materials into Spanish
 - **Objective 1.3:** Track, measure, and report on referrals from agencies to BIAC
- **Goal 2:** Support MINDSOURCE in raising awareness and increasing revenue of the Trust Fund
 - **Objective 2.1:** Participate in Revenue Committee
 - **Objective 2.2:** Submit proposal to speak at Colorado Municipal League annual conference
- **Goal 3:** Increase youth referrals by at least 20%
 - **Objective 3.1:** Attend BrainSTEPS trainings and meet with teams to explore building a formal referral protocol of youth with brain injuries from school districts to BIAC
 - **Objective 3.2:** Co-facilitate the Pediatric Brain Injury Professional Network
 - **Objective 3.3:** Provide training and outreach to staff at School-Based Health Clinics
 - **Objective 3.4:** Maintain a weekly presence at Children’s Hospital Colorado’s ABI clinic and inpatient rehab. Establish a relationship with CHCO’s Non-Accidental Brain Injury Clinic and attend on a regular basis.
 - **Objective 3.5:** Attend (or present at) at least two new conferences
 - **Targeted Conferences:** Convening on Children, DYS, Rocky Mountain Early Childhood Conference, CO Association of School Social Workers
- **Goal 4:** Build capacity within the community to better serve our clients
 - **Objective 4.1:** Provide at least five trainings on brain injury (identification, screening, interaction skills, and referral to resources)
 - **Objective 4.2:** Research, develop, and update content and curriculum for brain injury education
 - **Objective 4.3:** Measure and report on effectiveness of trainings using audience response system
 - **Objective 4.4:** Serve on BIAC’s conference committee. Develop content, research and vet potential speakers by August (conference is held in October)
- **Goal 5:** Establish relationships with new resources providing services for clients

- **Objective 5.1:** Increase BIAC’s Online Resource Directory by at least 25 new providers
- **Objective 5.2:** Attend all Brain Injury Professional Networking (BIPN) meetings
- **Objective 5.3:** Communicate regularly with professionals via a “professional section” of BIAC’s email newsletter
- **Objective 5.4:** Increase attendance of providers at statewide BIPN meetings
- **Objective 5.5:** Administer survey of BIPN members to measure engagement

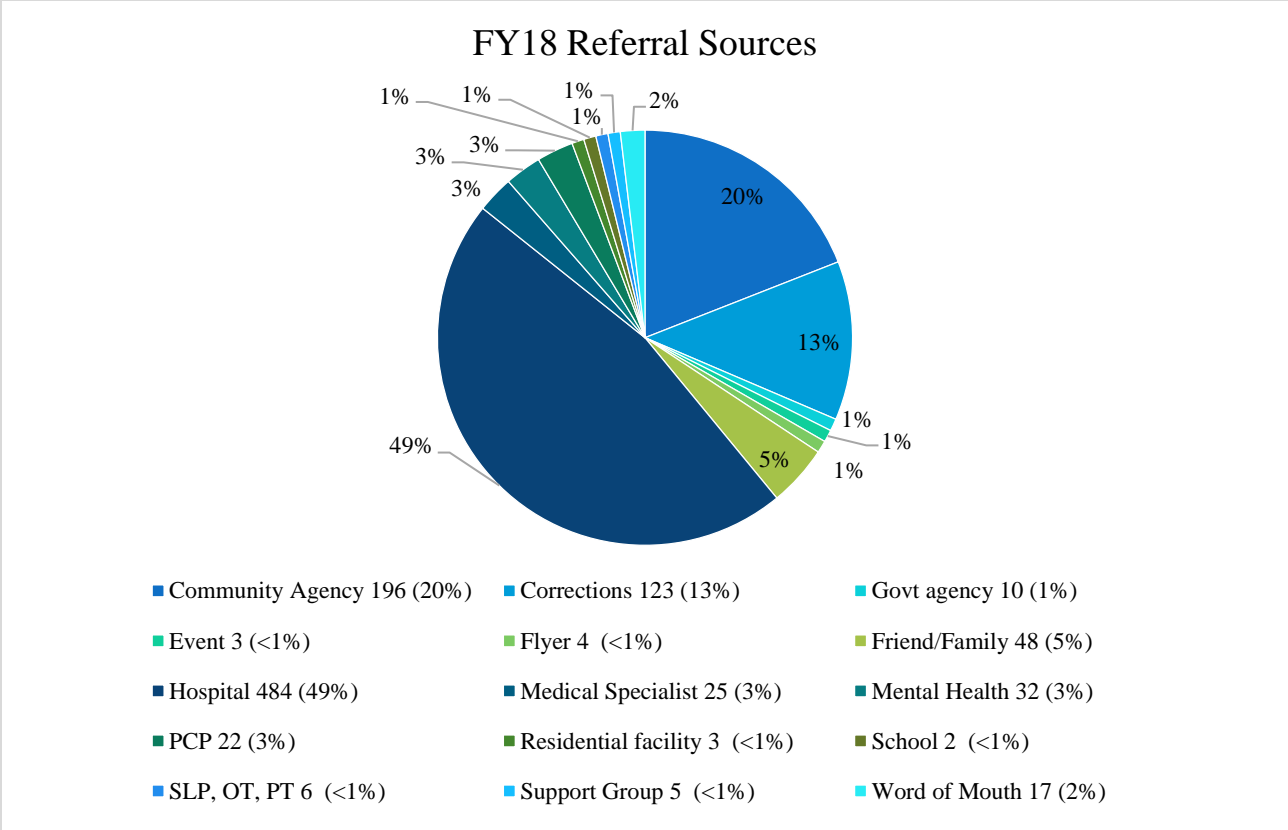
Outreach and Training

BIAC provides outreach and training to community agencies with the goal of building capacity within professionals that work with our clients. The content is designed to provide audience members with a better understanding of brain injury, especially as it relates to individuals with whom they work (ex: individuals experiencing homelessness, intimate partner violence, or those involved with the justice system). Audience members learn how to recognize and identify brain injury, how it impacts individuals, strategies and accommodations when working with clients with brain injury, and what resources exist for this population. During this reporting period, 77 outreach activities and trainings took place.

- Number of attendees: ~2,700
- % new: 27%
- By region and geography
 - Total Urban: 63
 - Total Rural: 6
 - Total Frontier: 0
 - Total Statewide: 6
 - Total National: 1
 - Total International: 1

Referrals

During this fiscal year, BIAC received 981 referrals of youth and adults with brain injury. The chart below outlines referral sources, with hospitals and community agencies accounting for nearly three-quarters of all referrals to BIAC.



Resource Directory

BIAC maintains a Resource Directory on our website with providers listed from around the state that provide services to individuals with brain injury. Nearly 1,000 entries currently exist in this directory. BIAC staff and those visiting our website can use this directory to navigate resources. During this reporting period, 68 new entries were added to the directory.

- 7 Alternative Treatment
- 7 Cognitive Therapy
- 7 Case Management
- 4 Attorneys/Legal
- 3 Home Health
- 5 Neurologists
- 4 Neuropsychologists
- 5 Physical Therapists
- Others include: Psychiatrist, Vision, Recreation, Residential, Neurofeedback, ILST, Hearing Services, Mental Health, Employment Services, Substance Abuse Programs

Brain Injury Professional Networks

Through the support of a federal Health Resources and Services Administration (HRSA) grant, several communities throughout the state were designated as key areas in which to start professional networking groups. These are now known as the Brain Injury Professional Networks (BIPNs). The groups seek to “improve the availability of services and supports for

individuals with brain injury, promote the ongoing sustainability of community support systems and share resources.” Examples of professions who attend: mental health counselors, attorneys, teachers, nurses, physical/occupational therapists, and others who serve brain injury in some capacity. Each BIPN group is unique to its geographic region and serves its community/region based upon identified needs. Through a BIPN group professionals:

- Connect with fellow providers who serve those with brain injuries in their community
- Learn about resources, services and activities available to providers and their clients
- Identify the needs of survivors and address barriers to services
- Establish a wide variety of action-oriented activities that the group can engage in, such as applying for grants or creating projects that reach out to the local community
- Enhance knowledge and understanding of brain injury by sharing with colleagues
- Develop a support system
- Access speakers and in-service trainings
- Broaden awareness of brain injury issues and legislation

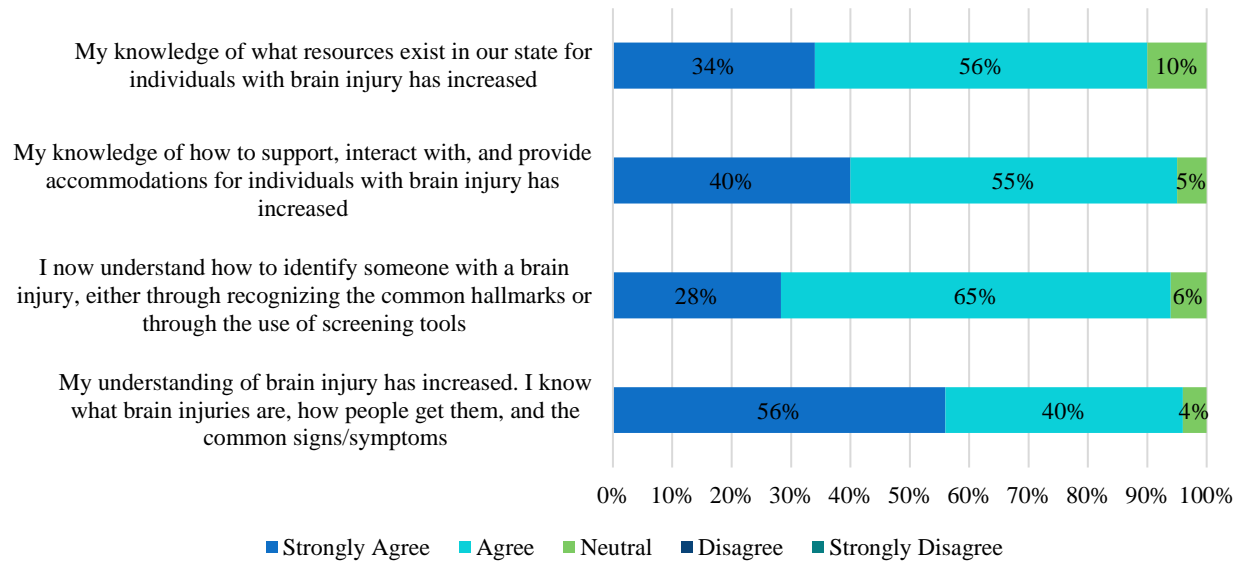
As of June 2018, there were six active groups. These groups meet monthly, quarterly, or as needed. Attendance ranges from 5 to 25 individuals per meeting:

- Grand Junction
- Colorado Springs
- Boulder
- Northern Colorado
- Denver
- Pediatric (statewide) - hosted by BIAC, Colorado Department of Education, Children’s Hospital Colorado, and Rocky Mountain Hospital for Children

Evaluation

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 FY18, 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

Audience Response Data



Testimonials

“Emily Griffith Technical College Staff works with a diverse group of students and are always looking at ways to support our population. The training and awareness that Liz provided to staff will assist staff in understanding how TBIs impact a student’s behavior and to work with faculty to provide accommodations for students with TBIs in the classroom and beyond.” – Director of Student Services, Emily Griffith Technical College

“Better clarity and understanding for me in working and helping others with TBI.” - PATH International

“Thank you, Liz... so much useful, helpful information for understanding persons with brain injuries and tools for assisting.” - PATH International

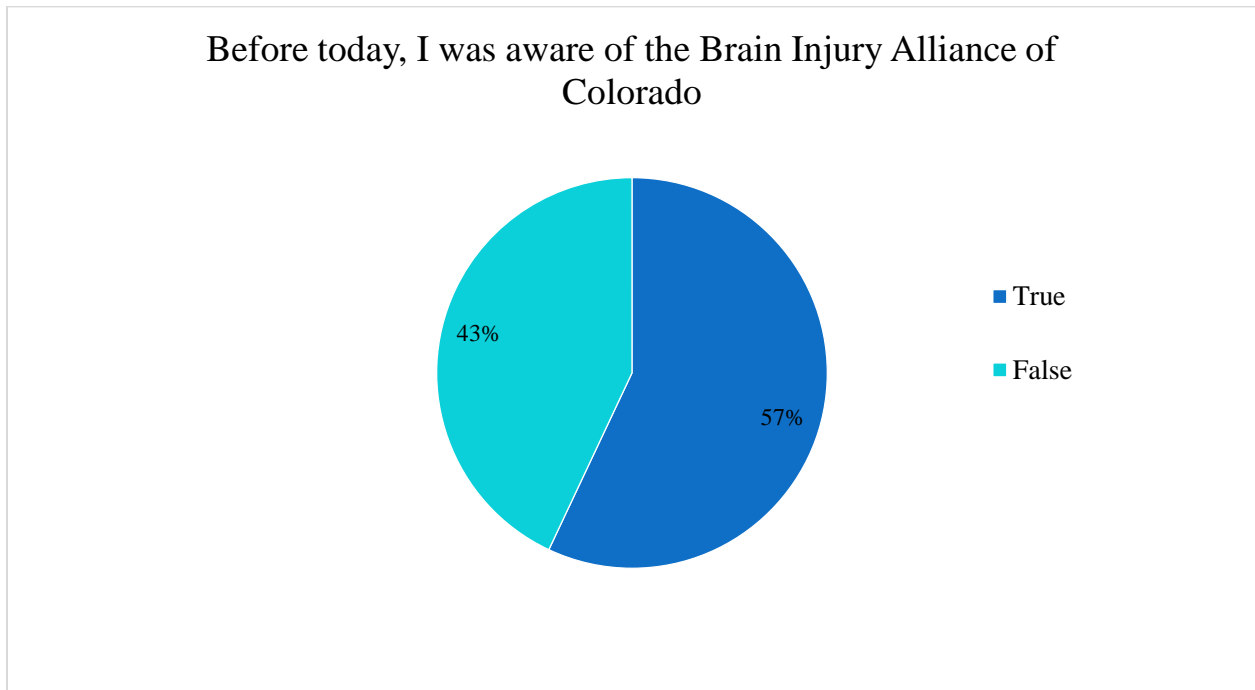
“Across the board, I heard people discussing how much they enjoyed your training for weeks to come. Many mental health providers reported increased knowledge in TBI causation, diagnosis, intervention, and how (and when) to make appropriate referrals. Your training was both informative and interactive, a refreshing change from other guest speakers we have had in the past. The coalition greatly appreciates your time for this and would love to have you back again in the future!” - CO Coalition for the Homeless

BIPN Survey

A survey was administered for attendees of the pediatric group to determine effectiveness of the redesigned model of meetings. Respondents were asked: How many meetings they attended and how (in-person or video conference), what was most helpful, what they enjoyed the most, what content was most/least applicable to their jobs, logistical challenges, and content suggestions for future meetings. Seven individuals responded with constructive feedback, particularly related to the logistics of the meetings, which will be used to adjust for the next fiscal year.

Issues & Obstacles

Given the significant increase to referrals in the first year of the contract and the subsequent model changes, outreach was limited during this fiscal year. However, relationships with key partners and formal referral processes remain in place. More than half (57%) of the trainings delivered this year were to professionals who were already familiar with BIAC, which is a shift from previous years.



Key Accomplishments

Most participants in trainings demonstrated an increase in their knowledge about brain injury. As BIAC and the MINDSOURCE contract grows, we have been able to allocate more staff time to outreach and education. Toward the end of this fiscal year, BIAC was able to allocate funding towards a Deputy Director of Professional Programs whose focus is on the criminal justice population.

Changes for FY19

Model changes to client programs for this fiscal year will allow for increased outreach. In addition, through funding from a new ACL grant, BIAC has employed a full-time Systems Outreach Coordinator to support the efforts of formalizing referral processes with systems across the state. This means that there are now four BIAC staff delivering outreach and education to professionals in the community:

1. Director of Professional Programs - this position oversees programs related to professionals, including outreach/trainings, BIPNs, annual conference, and the resource directory. The outreach and training goals for this position in FY19 includes the newly formed Regional Accountable Entities, Centers for Independent Living, agencies serving

those experiencing homelessness, and agencies serving those experiencing intimate partner violence.

2. Deputy Director of Professional Programs - the core focus of this position is the criminal justice population. Training professionals in this system, soliciting referrals, cross training BIAC staff, and increasing resources in our directory that serve this population will be the goals of this position.
3. Systems Outreach Coordinator - as per the ACL work plan, this position will focus on outreach and referrals from hospitals and other statewide systems such as DVR. This individual will work with CDPHE, Craig Hospital, and MINDSOURCE to develop a data-driven plan for outreach and referral processes.
4. Youth Education Liaison - this position provides support to youth with brain injuries, but also delivers trainings to school professionals who are working with youth. In addition, this position maintains a weekly presence at Children's Hospital Colorado, strengthening BIAC's relationship with that entity and soliciting referrals.

Other updates for this fiscal year include:

- Updated methodology of how this team delivers content to professionals. The Audience Response System helps keep audience members engaged in presentations, but BIAC has adjusted how the questions are asked to gain more constructive insight into knowledge-gained. Additionally, we've added more questions, as well as activities and case studies to allow opportunity to practice these skills.
- BIAC will now use our database, Salesforce, to collect and track information related to trainings and outreach. This will streamline our efforts and provide more cross-collaboration between staff in the organization.

Case Management

Activities

BIAC was excited to begin the second year (FY18) of delivering case management services under the current 5-year contract with MINDSOURCE after a successful first year (FY17). Service demand across Colorado was high in year one. By the beginning of FY18 (July 2018) the program had 847 active participants in case management services. With the rate of applications for support in FY17 showing no sign of decline, along with the already high numbers in services, several delivery model changes were implemented at the beginning of FY18 in response:

- Increase Northern Colorado Case Manager from 0.5 FTE to 0.75 FTE
- Convert Case Managers in Northern Colorado, Southern Colorado, and Western Slope/Mountain regions (3 total) from in-person only into blended roles (phone support and in-person support)
- Convert 2 Denver Metro Case Managers from in-person only into blended roles (phone support and in-person support)
- Create a Deputy Director of Client Programs position that coordinates all classes and workshops and provides administrative, supervisory, and program development support to the Director of Client Programs. This position was filled by Heather Walker who previously served in the role of Phone-based Case Manager.

- Transition from having all MINDSOURCE Case Managers serving non-TBI clients for a small portion of their time to one Case Manager serving all non-TBI clients. (Note: time spent serving non-TBI clients is not paid for by MINDSOURCE).

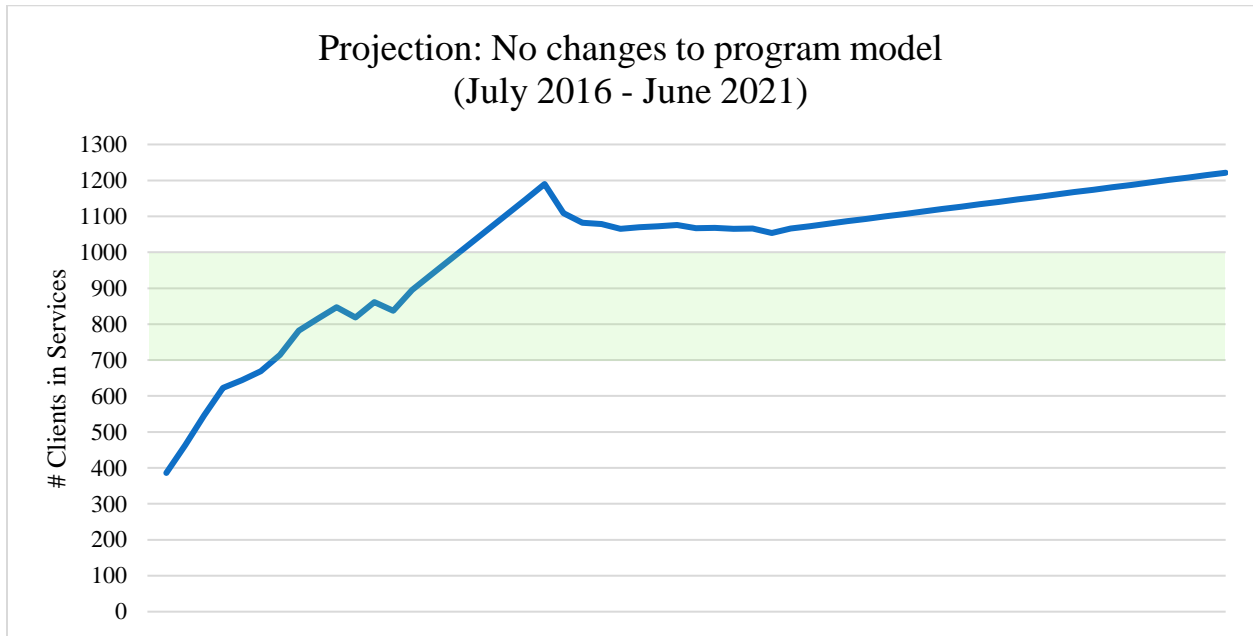
With numbers of clients steadily increasing and an existing program model of two years in services with the ability to re-apply, BIAC initiated conversations with MINDSOURCE in mid-July 2017 about the possible need for a waitlist or a program model change in the immediate future should demand for services remain constant.

Growth Projections and Program Transition Planning

To evaluate the need for a waitlist or a program model change, BIAC began developing a projection model of service growth based on FY17 data and the current program structure of two years of service delivery with no barrier to re-apply. These initial projections were shared with MINDSOURCE leadership in August 2017 showing that should demand and program model remain constant, a waitlist would need to be implemented in February 2018 and remain in place until the end of the current contract in June 2021 with further growth projected beyond that date.

Date	Average # New Approvals	Average # Re Apps	Max # RMHS Transfer Close-Outs	Possible Other RMHS Transfer Closeouts (extensions, average of remaining)	Max # 2 Year Program Completion Closures	Average # Closure for other reason	Total in services
9/1/2016	63		0	0	0	-	
10/1/2016	50		0	0	0	-	386
11/1/2016	63		0	0	0	-	463
12/1/2016	32		0	0	0	-	546
1/1/2017	40		0	0	0	-	623
2/1/2017	54		0	0	0	-	644
3/1/2017	58		0	0	0	-	669
4/1/2017	59		0	0	0	-	714
5/1/2017	45		0	0	0	-	782
6/1/2017	54		0	0	0	-	815
7/1/2017	47		0	0	0	-	847
8/1/2017	47		70	0	0	5	819
9/1/2017	47		0	0	0	5	861
10/1/2017	47		0	66	0	5	837
11/1/2017	47	17	0	0	0	5	895.5
12/1/2017	47	0	0	0	0	5	937.5
1/1/2018	47	0	0	0	0	5	979.5
2/1/2018	47	0	0	0	0	5	1021.5
3/1/2018	47	0	0	0	0	5	1063.5
4/1/2018	47	0	0	0	0	5	1105.5
5/1/2018	47	0	0	0	0	5	1147.5
6/1/2018	47	0	0	0	0	5	1189.5

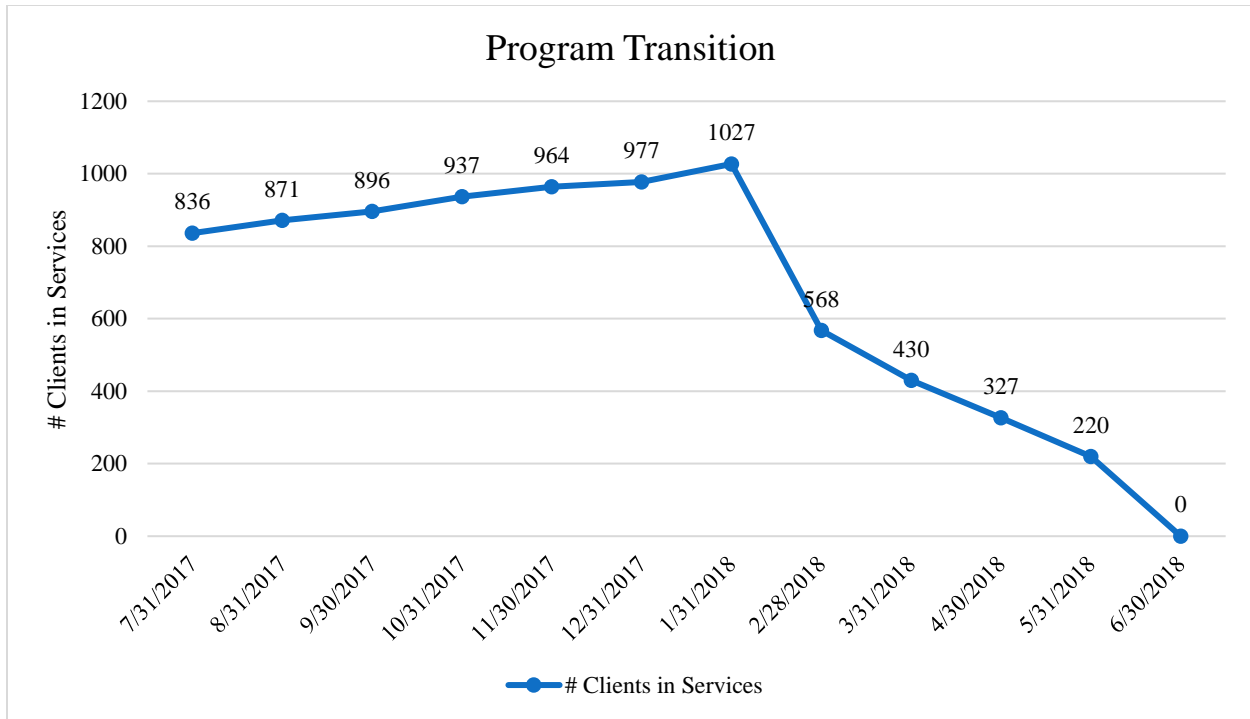
7/1/2018	47	0	0	0	123	5	1108.5
8/1/2018	47	31	0	0	99	5	1082.3
9/1/2018	47	25	0	0	70	5	1079
10/1/2018	47	18	0	0	73	5	1065.5
11/1/2018	47	18	0	0	56	5	1069.8
12/1/2018	47	14	0	0	53	5	1072.8
1/1/2019	47	13	0	0	52	5	1076



With this information, BIAC developed several new projections based on various scenarios and combinations of change, including factors such as service duration, re-application rules, and implementation of new eligibility criteria for services. These were presented to MINDSOURCE leadership and discussed during a series of meetings in September 2017.

By October 2017 it was agreed upon by MINDSOURCE and BIAC leadership that a change to the program model was necessary for long-term program sustainability and a contract amendment was initiated. In order to effectively implement a program model change, all current case management clients would strategically and gradually be closed from services in the existing program model and applications for services would be frozen.

- New application freeze began Jan 1, 2018
- Adult clients who had been in services for 9 months or more closed out in February 2018
- Adult clients who had been in services for 6-8 months closed out in March 2018
- Adult clients who had been in services for 4-5 months closed out in April 2018
- Adult clients who had been in services for 2-3 months closed out in May 2018
- Adult clients who had been in services for 0-1 months and youth closed out in June 2018



Clients were notified by mail, phone, or email about these changes and how they would impact their access to support. Important to note, is that all clients continued to have access to other non-case management services through BIAC including classes, workshops, support groups, educational materials, newsletter, and recreation/social activities. Additionally, phone and email-based resource navigation support for clients was provided throughout the 6-month transition period between January 2018 and June 2018.

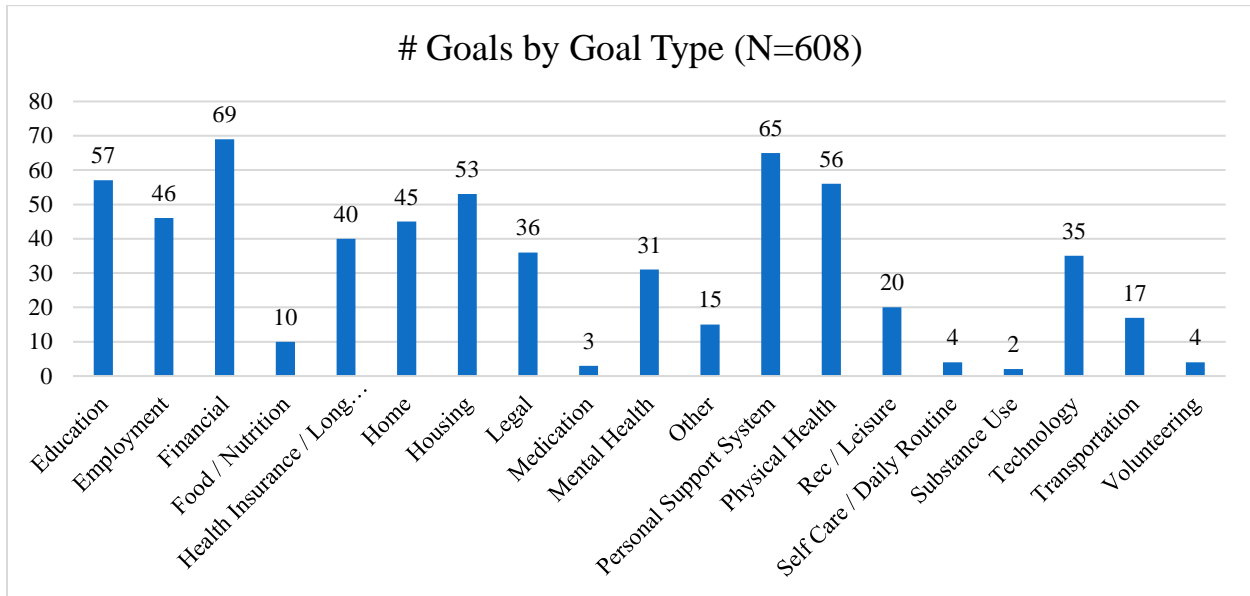
Case Management Goal Development

As a result of the transition plan established at the end of Q2 of FY18, regular case management activity of goal development and goal achievement were impacted in both scope and rate of achievement. With the application freeze beginning in Q3 of FY18, the number of goals developed with clients dropped significantly and continued to fall as clients closed out of services as a part of the program transition plan. Overall, FY18 goal data was still tracked and is included in this report with a total of 938 goals being created (608 excluding the standard goal universally given to all clients of Baseline Support reflecting the check-in calls they received from Case Managers during service delivery). 317 goals were achieved during FY18 for an achievement rate of 52% (excluding the Baseline Support goals which were, by nature, ongoing). Important to note is the fact that some of the goals achieved during FY18 were created during FY17. Also, due to the transition plan, there was a higher emphasis on completing goals as clients' cases neared their closure date. These factors provide important context to understanding the increase in achievement rate from FY17 to FY18.

With regard to areas of support the goals created in FY18 focused on, the top five categories of goals created were as follows:

1. Financial (69 goals, 11.3% of all goals)
2. Personal Support System (65 goals, 10.7% of all goals)

3. Education (57 goals, 9.4% of all goals)
4. Physical Health (56 goals, 9.2% of all goals)
5. Housing (53 goals, 8.7% of all goals)



Evaluation

Satisfaction surveys

As a result of the transition to a new model in FY19, evaluation activities for FY18 were limited in scope. The original evaluation plan for FY18 called for satisfaction surveys to be sent to clients at the 1-year mark in services as well as upon closure for any reason outlined in program policies and procedures. Upon implementation of the transition plan to close existing client cases, it was decided by BIAC and MINDSOURCE leadership to forgo collecting satisfaction surveys once the transition plan had been announced, publicly outlining the tiered closures of existing client cases. The rationale for this was twofold. First, there was the potential for confusion when surveying clients about a program that was already in the process of changing. Second, the responses from the closure survey would not be reflective of the questions being asked since the reason for closure was not a part of the evaluation goals when the survey was designed.

Of the 330 TBI Application Process Satisfaction Surveys sent out, 49 were completed for a response rate of 15%. Key findings include:

- 57% of respondents described their experience with the application process as “clear” and 40% described it as “easy”, while 23% described it as “confusing”.
- Over three-quarters of respondents found the time it took to complete the application process to be “about what they expected” (32%), “shorter than expected” (30%) or “much shorter than expected” (15%), while about a quarter reported it taking “longer than expected” or “much longer than they expected”.
- Respondents nearly universally described the BIAC staff members they worked with during the application process in positive terms. Over 80% of respondents described them

as “helpful” (96%), “caring” (85%), and/or “respectful” (81%). Only 4% described the staff members they worked with as “unhelpful”.

Of the 76 TBI Case Management Satisfaction Surveys sent out, 39 were completed for a response rate of 51%. Key findings include:

- 49% reported feeling “much more supported” or “more supported” since they began participating in the case management program, while 18% reporting feeling “about the same support” and 33% reporting feeling “less supported” or “much less supported”.
- Case Managers were largely described in positive terms. Between 38% and 51% of respondents describe their Case Managers as “helpful” (51%), “caring” (49%), “respectful” (46%), and/or “knowledgeable” (38%). A minority of respondents described their Case Managers as “not helpful” (21%), “uncaring” (5%), “disrespectful” (5%) or “unknowledgeable” (18%).
- While respondents reported predominantly positive working relationships with their Case Managers (61% said “very positive” or “somewhat positive”, another 13% said “neutral”), more than half of respondents reported that the amount of communication with their Case Manager was “too little” (31%) or “far too little” (23%).
- Overall, 54% of respondents reported that the case management program “met” (26%), “exceeded” (13%), or “greatly exceeded” (15%) their expectations, while 16% reported that was “below” (18%) or “far below” their expectations (28%).

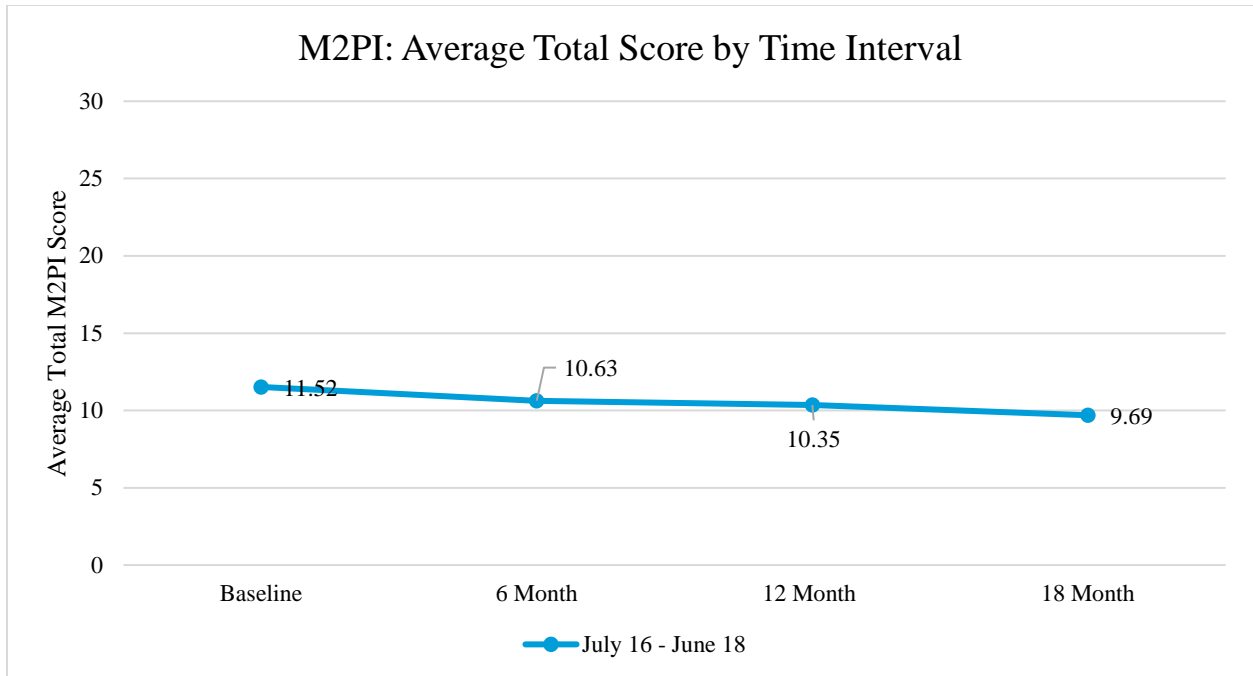
Mayo-Portland Participation Index (M2PI)

In addition to satisfaction surveys, another program outcome data element that continued to be tracked in FY18 was the M2PI averages for adults in case management. The assessment was designed to be done over the phone or in-person with clients at 6-month intervals from baseline (program start) through 24 months (program closure). As a result of the transition plan and decision to modify the model of support, no clients reached the 24-month interval. By the end of FY18 the following number of clients were administered the assessment at each preceding interval:

- Baseline = 1,384 clients
- 6-month = 596 clients
- 12-month = 334 clients
- 18-month = 54 clients

Overall, we saw a trend towards improvement as measured by the M2PI, indicating clients were participating more in their home community at each interval as time progressed through services.

*Note: The M2PI is scored on a scale of 0-4 with 0 representing no difficulties or issues within the category and 4 representing severe, significant, or extensive needs within the category. The total is calculated through a t-score, not a simple summation of the individual categories.

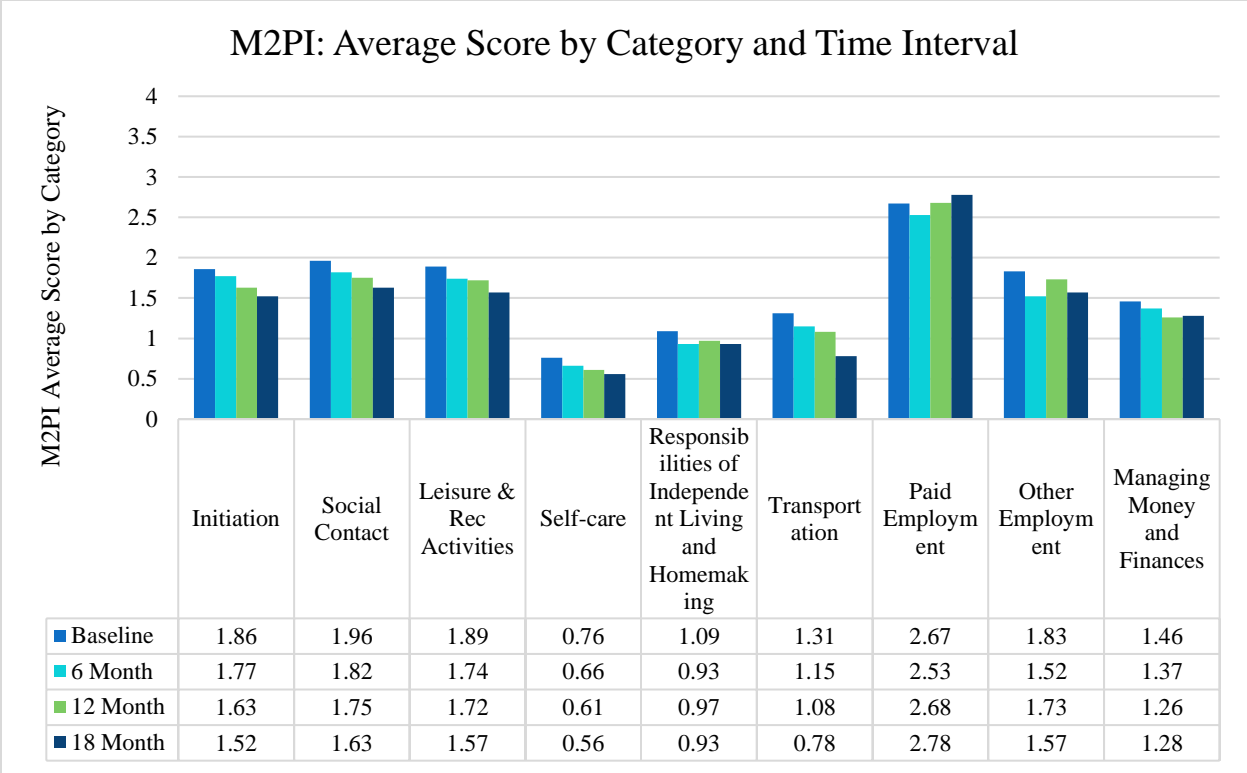


When looking at each question or category within the assessment, for the clients who were administered the 18-month assessment, the greatest improvement from baseline to 18 months occurred in the following areas:

1. Transportation (-0.53)
2. Initiation (-0.34)
3. Social Contact (-0.33)

The categories with the least improvement from baseline to 18 months were in the following areas:

1. Paid Employment (+0.11)
2. Managing Money and Finances (-0.18)
3. Self-care (-0.20)



Issues & Obstacles

The largest issue and obstacle in FY18 was the program’s capacity to meet the statewide demand for services as the program was designed. BIAC is committed to providing the highest quality service to the greatest number of TBI survivors across Colorado. In order to ensure our progress towards BIAC’s vision that all survivors of brain injury thrive in their home community, the program required a redesign to better meet the needs of the population. Both BIAC and MINDSOURCE leadership felt strongly that a waitlist for services should be avoided at all costs considering the nature of support that the program provides to survivors.

Once it had been determined that the program model would be redesigned, and existing clients would be gradually closed out of services to prepare for the launch of a new model in FY19, an obstacle that needed to be addressed was ensuring that program stakeholders and the broader community was not misinformed or confused about the upcoming changes. BIAC and MINDSOURCE leadership took steps to ensure this by working with a third-party consultant on messaging and communication strategies.

Another issue that was alluded to in the section above discussing goals is the “rolling over” of goals from one fiscal year of reporting to the next. This poses challenges when evaluating achievement rate for a given fiscal year, for example, when a goal is created in one fiscal year but not achieved until the next. This will be an ongoing obstacle that will need to be carefully approached under the new model of services in FY19 as well.

Key Accomplishments

FY18 presented BIAC and MINDSOURCE with a challenge that required thoughtful consideration about how the program would continue to be sustainable and beneficial for TBI survivors across Colorado.

Two of BIAC's organizational values are to be forward thinking and operate with respect as defined below:

Forward-Thinking - We continually work toward creative solutions in all that we do.

Respect - We strive to preserve the dignity of persons with a brain injury by valuing their individuality.

As we confronted the challenge of an unsustainable program model due to positive high demand in the brain injury community, a key accomplishment that BIAC and MINDSOURCE can be proud of is our mutual success in upholding these two values throughout the process.

Changes for FY19

Many substantial changes to the program model design and a new program option will take place in FY19. The new model will be updated from a single, one size fits all program to multiple service options depending on nature of support need:

- Resource Navigation
- Self-management/Skill Building
- Youth Education Consultation

We will also be updating the regional map of Colorado to make serving the Central Mountain region and Western Slope region more efficient.

Finally, there will be numerous staffing changes to match the new service delivery model which are summarized in the Changes for FY19 heading in the Administration section on page 34 of this report.

Youth Education Consultation

Activities

The education support provided by BIAC is available from August through May of each fiscal year. The Youth Education Liaison delivers consultative services throughout all regions of Colorado to parents, school professionals and community providers. The services provided in the 2017-2018 fiscal year included:

- Phone and in-person meetings with parents and school teams to discuss student-specific strengths, challenges, and education plans. Developed plans have included: Special Education Evaluation/Individualized Education Plan, Section 504 Plan, Functional Behavior Assessment/Behavior Intervention Plan, and Crisis Plan. School professionals involved in consultation included: General Education Teachers, Special Education

Teachers, Paraprofessionals, Speech Language Pathologists, Occupational Therapists, Physical Therapists, School Psychologists, Social Workers, Counselors, Administrators, and Nurses.

- Classroom observations
- Guidance to BIAC case-managers on youth resources and education information
- Collaboration with district-level BrainSTEPS team members
- Collaboration with other agency professionals including Brain Injury Consultants at the Colorado Department of Education (CDE), the ARC of Colorado regional advocates, HCP Care Coordinators, Children's Hospital Colorado medical providers and learning specialists, Concussion Specialists at Rocky Mountain Hospitals for Children, and professionals at the Division of Youth Services (DYS) as well as other community providers involved with a particular student (mental health providers, Speech Language Pathologists, Occupation and Physical therapists, etc.).
 - Children's Hospital Colorado: Met with and enrolled families in BIAC services admitted into Inpatient Rehabilitation at Children's Hospital Colorado to support the initial transition from hospital to school. Followed up with families in the Acquired Brain Injury Clinic and enrolled new families interested in BIAC services.
 - Division of Youth Services: Consulted with parents, client managers, neuropsychologist, mental health providers, and school professionals while youth were committed and during community transition to provide recommendations for school programming, interventions and accommodations. Collaboration initiated by the ACL grant.
- Professional presentations at conferences and professional development for school personnel and community agencies.

The Youth Education Liaison provided education support to 86 youth clients in this fiscal year, with steady increase in educational referrals each month. Most of the education consultation was delivered in the Denver Metro region (58%); however, youth and families accessed services throughout the state (Northern region: 17.5%, Southern region: 17.5%, and Mountain/Western Slope: 7%). Youth enrolled in education consultation attended 31 school districts and two private schools statewide. As a result of the partnership with DYS initiated by the ACL grant, five youth clients received education consultation while committed.

The Youth Education Liaison made presentations a total of 13 times in this fiscal year.

- 1 presentation was a Parent Workshop in Denver, organized by BIAC.
- 8 presentations were made during professional conferences, schools, and community agencies. Information was provided on brain injury in the context of the neurodevelopmental framework, strategies of working with youth, and resources.
- 3 presentations focused on working with families and resources within the Colorado community.
- 1 presentation focused on BIAC services and collaboration with BrainSTEPS teams.

Evaluation

Education Liaison Satisfaction Surveys

As a result of the transition to a new model in FY19, evaluation activities for FY18 were limited in scope. The original evaluation plan for FY18 called for satisfaction surveys to be sent to the parents/guardians of youth clients at the 1-year mark in services as well as upon closure for any reason outlined in program policies and procedures. Upon implementation of the transition plan to close existing client cases, it was decided by BIAC and MINDSOURCE leadership to forgo collecting satisfaction surveys once the transition plan, outlining the tiered closures of existing client cases had been announced.

Of the nine Case Management and Education Consultation Satisfaction Surveys sent out, two were returned, for a response rate of 22%. Unfortunately, both returned surveys were incomplete. The limited findings indicated high levels of support and quality of services that aligned with the individual's expectations.

Professional Training Evaluation

Upon completion of a training provided by Ariel Clinical Services in Grand Junction, CO, a survey created by Survey Monkey was sent out to all those that attended. The topic of the presentation was the ability to identify whether an individual with a brain injury is demonstrating willful behavior or a skill deficit that would require the teaching of a skill by presenting general brain injury knowledge, neurocognitive building blocks of development with a focus on executive functioning, and ways to accommodate and support.

Of the 40 in attendance, 19 individuals completed the survey for a response rate of 47.5%. Key findings include:

- Respondents indicated that the presenter had knowledge of the content, that the content was presented in an effective manner, and the audience learned something new and better understood how to support someone with a brain injury (100% said they “strongly agree” or “agree”).
- A majority responded that they learned information to apply to their work/life and better understood how to access support and resources for someone with a brain injury (95% said they “strongly agree” or “agree”, 5% said they “disagree”).
- Open-ended questions revealed the need for more information on region-specific resources, more strategies for behavior management, specific populations (adults, adolescents, suicidal or menopausal individuals) and TBI.

Testimonials

Qualitative feedback is often received through in-person or phone conversations as well as emails. Below are a few email testimonials retrieved:

“We have been partnering with the Brain Injury Alliance since [our daughter] was in kindergarten. They have been an enormous asset to our family in helping us not only understand how [our daughter’s] brain injury affects her day to day life, but how her executive functioning deficits and other challenges related to her missing cerebellum affect her academically. Over

the years, Cari and her team have spent countless hours helping us make sense of all things related to brain injuries. Cari is also a great resource for educators as well.” – Parent

“Cari’s work with our family on behalf of our son has been invaluable. Her willingness to be at every IEP meeting has provided us with advocacy and support, that we did not know was available to us until becoming involved with BIAC. Until that time, we were struggling, as parents, to get the school to understand the impact [our son’s] injury was having on his education. Cari’s knowledge of TBI, particularly in the educational setting has helped [our son’s] entire special education team understand him better, which has in turn led to supports/accommodations/modifications for him that have provided him a platform of continued growth from each year to the next. Cari has a way of interpreting testing and of explaining TBI in a way that is well received and has become sought after from [our son’s] special education team. I truly believe that [our son’s] continued growth in school is due in part from having Cari Ledger as part of his advocacy team. Thank you so much for offering these services.” – Parent

“Thank you for coming to the meeting today! Your insight was very helpful to the team.” – Parent

“I just wanted to reach out and tell you how much our Case Managers and myself enjoyed this training this last week. There have already been many conversations on how we could use it to help some of our residents who are struggling right now.... We are so excited to start using some of the skills and resources you provided with our residents. I received the copy of your slide show and hope to be able to pass out some of the resources to others that work on our campus!” – Email from presentation attendee

Issues & Obstacles

The following have been identified as issues and obstacles presented during FY18:

- Limited formalized feedback from parents on BIAC’s education support through the evaluation system in place.
- Engagement and attendance, especially in-person, at the Parent Workshop, despite interest expressed in conversations with parents and through RSVPs.
- Systematic changes at Children’s Hospital Colorado caused a decreased in youth applications from Inpatient Rehabilitation toward the end of the fiscal year.

Key Accomplishments

BIAC has seen a continued increase in youth applications for education consultation from 62 in FY17 to 86 in FY18. The Youth Education Liaison continues to provide, on average, approximately one professional presentation a month, to a variety of audiences including school teams and community agencies. BIAC has continued to grow its partnership with Children’s Hospital Colorado, from supporting and meeting families within the inpatient setting to connecting with outpatient services to connect with more families and schools.

Changes for FY19

Based on the obstacles experienced this fiscal year, changes have been made for FY19:

- Cases for education consultation will stay open for the duration of the school year, August to May. At the end of May, all education consultation cases will be closed and re-opened as needed in the future.
- In an effort to receive an increase in constructive and immediate feedback from parents, evaluation processes for education support will be adjusted to meet a more appropriate timeline for when services are being delivered throughout the year.
- In an effort to receive more feedback from professional presentations, an Audience Response System will be added to all formal presentations conducted by the Youth Education Liaison. This hopes to inspire higher engagement, assess audience learning, and evaluate presentation quality.
- We will continue to offer Parent Workshops, with a focus in the Northern Colorado region, and will brainstorm strategies to increase participation.
- Due to the systematic changes at Children’s Hospital Colorado, the Brain Injury Education Coordinator at Children’s Hospital Colorado and the Education Liaison with BIAC will partner to conduct Lunch and Learns for parent with youth on the Inpatient Rehabilitation Unit. Lunch and Learns will address education services from the hospital as well as BIAC services. Attendees will also learn about types of education support and receive tips for the transition from hospital to school.
- The Youth Education Liaison will move to the Professional Programs Department.

Classes and Workshops

Activities

In FY18, BIAC offered 20 unique classes and workshops throughout the state of Colorado to youth and adults living with a brain injury.

- Adult: 17
- Youth: 2
- Blended: 1

The table below lists each unique class or workshop that was held in FY18 as well as type, region, age, and number of times offered. The three types of classes and workshops were one-time, recurring, and closed series. A one-time workshop is designed to be held on a single date and time. Recurring classes are those that offer the same topic, but a different activity, on multiple dates. A closed series is a class or workshop that meets for a predetermined number of meetings with the same group of people for progressive learning of the topic.

		REGION				AGE		
Class Name	Type	DM	NC	SC	CM /WS	Adults	Youth	# of Times Offered

Adaptive Yoga	Recurring		x			x		18
Adults Living with a Pediatric Brain Injury	Closed Series	x				x		1
A Matter of Balance	Closed Series	x				x		1
Art Class	Recurring	x				x		24
Assistive Technology Basics	One-time	x				x		1
Summer Sensory Program	One-time	x				x	x	1
Brain Injury Basics	One-time	x	x	x	x	x		8
Cooking Matters for Adults	Closed Series	x				x		3
Education Workshop for Parents of Youth with a Brain Injury	One-time	x	x				x	2
Energy Conservation Workshop	One-time	x				x		3
Financial Health Workshop	Closed Series	x				x		1
Home Office Organization	One-time	x				x		1
Lunch & Learn	One-time	x				x		2
Mindful Yoga Resiliency	Closed Series			x		x		1
Music Therapy	Recurring	x		x		x		55
Music Therapy for Young Adults	Closed Series	x					x	1
Needlework	Recurring	x				x		6
Socializing (and dating!) after Brain Injury	One-time	x				x		1

The GrowHaus Workshop	One-time	x				x		1
The Mindful Brain	Recurring	x				x		10

Registration and Attendance

The 20 unique class and workshop topics led to a total of 185 individual class offerings that clients could attend.

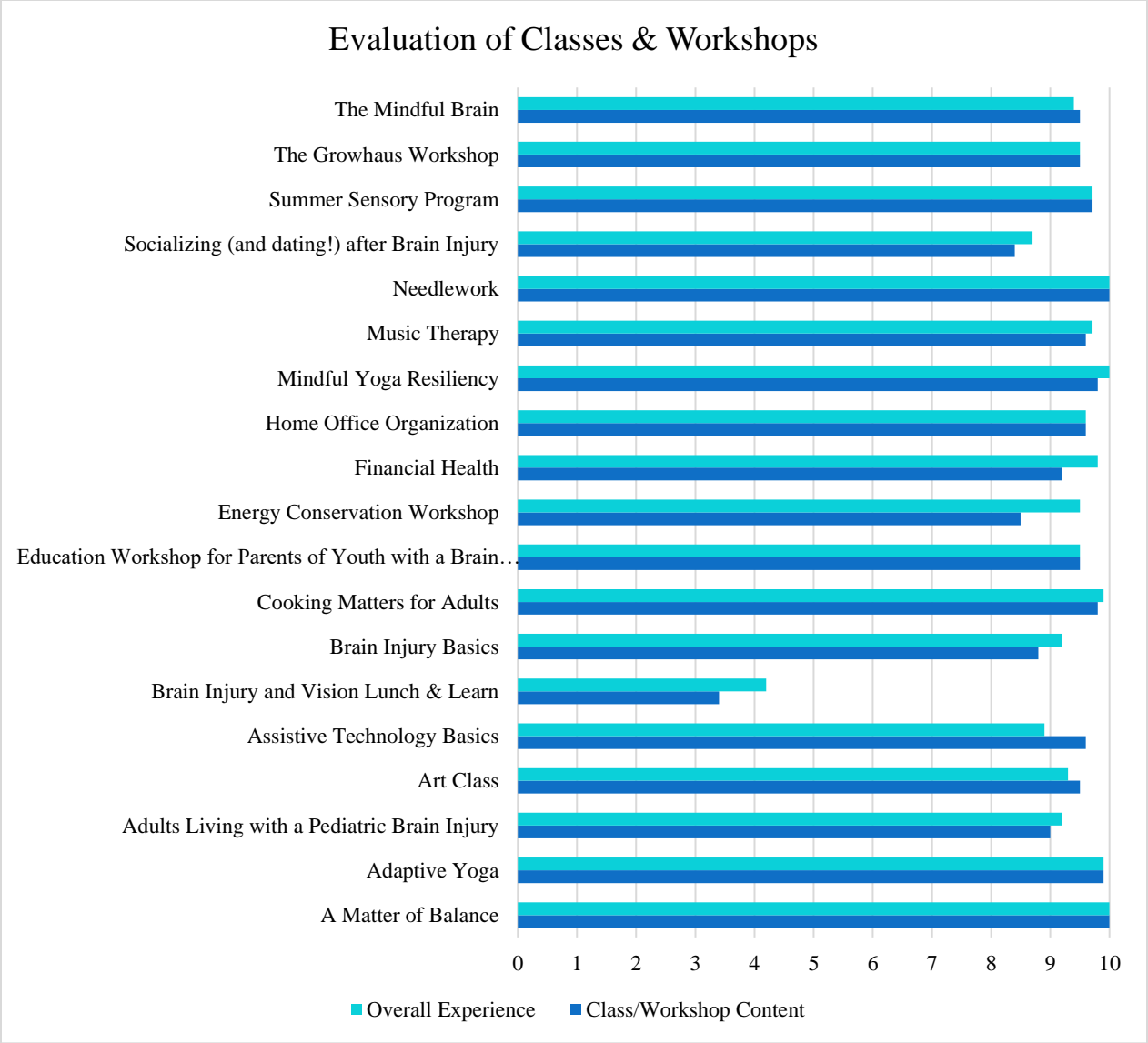
	# of classes	Average # of attendees/class	Attendance rate	# of unique attendees for all classes
Adaptive Yoga	18	5.9	82%	14
Adults Living with a Pediatric Brain Injury	5 (one 5-week closed series)	3.6	87.5%	7
A Matter of Balance	8 (one 8-week closed series)	4.6	70%	7
Art Class	24	9.2	69%	41
Assistive Technology Basics	1	9	82%	9
Summer Sensory Program	1	3	30%	3
Brain Injury Basics	8	9	80%	72
Cooking Matters for Adults	18 (three 6-week closed series)	9.6	91%	40
Education Workshop for Parents of Youth with a Brain Injury	2	3.5	41%	7
Energy Conservation Workshop	3	1.3	80%	4

Financial Health Workshop	4 (one 4-week closed series)	8.8	86%	12
Home Office Organization	1	9	100%	9
Brain Injury & Vision: Understanding the Link Lunch & Learn	2	7	67%	10
Mindful Yoga Resiliency	13	3.7	59%	10
Music Therapy	55	7.7	71%	50
Music Therapy for Young Adults	4 (one 8-week closed series)	1	50%	1
Needlework	6	2.3	73%	8
Socializing (and Dating!) after Brain Injury	1	8	61.5%	8
The GrowHaus Workshop	1	5	50%	5
The Mindful Brain	10	8.3	61%	35

Evaluation

Attendees were offered the opportunity to fill-out BIAAC's Classes and Workshops Satisfaction Survey at every one-time class or workshop, at every three months for recurring classes, and at the end of every closed series. Key findings include:

- When asked to rate the “class/workshop content” on a scale of 1 to 10, with 1 being “not at all satisfied” and 10 being “completely satisfied”, the average rating per class/workshop ranged between 3.4 and 10, with the overall average rating being 9.2 across all classes and workshops. The *Brain Injury and Vision: Understanding the Link Lunch and Learn* received the lowest rating of 3.4. *A Matter of Balance* and *Needlework* both received the highest rating of 10.
- When asked to rate their “overall experience” using the same 10-point scale the average rating per class/workshop ranged between 4.2 and 10, with the overall average rating being 9.4 across all classes and workshops. The *Brain Injury and Vision: Understanding the Link Lunch and Learn* received the lowest rating of 4.2. *A Matter of Balance*, *Mindful Yoga Resiliency*, and *Needlework* all received the highest rating of 10.



- Overall, 97% of survey respondents said they would recommend the class or workshop they attended to others. All survey respondents indicated that they would recommend the class or workshop they attended to others except those from the *Brain Injury and Vision: Understanding the Link Lunch and Learn* and the *Socializing (and Dating!) after Brain Injury* workshops, in which case 40% and 80%, respectively, said they would recommend it. Those that said they would not recommend the *Brain Injury and Vision: Understanding the Link Lunch and Learn* indicated that the presenter was “argumentative” and did not exhibit knowledge on the brain. Those that said they would not recommend *Socializing (and Dating!) after Brain Injury* indicated that the format of the workshop put too much responsibility on the survivor.

Issues & Obstacles

Scheduling classes and workshops in the Central Mountain/Western Slope region was a challenge. It was difficult to make connections with professionals in that region who would

facilitate appropriate classes and workshops that fit into the budget. In addition, lack of designated BIAC space to hold the classes and workshops posed a hurdle.

We were unable to identify specific challenges to getting youth, or the parents of youth, involved with classes and workshops.

- The Education Workshop for Parents of Youth with a Brain Injury was offered twice in two different regions. In the Denver Metro region, only one parent attended in person, while six other parents/adults attended via live webinar. In the Northern region, there were no registrations from parents/adults for either the in-person workshop or the live webinar option.
- Music Therapy for Young Adults was offered in the Denver Metro region as an 8-week closed series. However, this series was ended early, after 4 weeks, due to a lack of registration and attendance.
- BIAC sent an electronic survey to 23 parents of youth ages 6-12 with a brain injury in the Denver Metro region to determine their interest in specific topics for classes and workshops and to determine the best days and times to offer such classes and workshops. Unfortunately, the response rate was zero percent.

Key Accomplishments

In FY18, classes and workshops were offered in all four regions of the state. There was a vast increase in total number of classes and workshops offered - two unique classes and workshops were offered in FY17 while 20 were offered in FY18. The days and times of classes and workshops were expanded to include evenings and weekends.

New partnerships with class facilitators were developed to offer some closed series and recurring classes, such as The Mindful Brain, Needlework, Cooking Matters for Adults, and Adults Living with a Pediatric Brain Injury.

In addition, some classes, such as Cooking Matters for Adults and The Mindful Brain, were repeated or scheduled more due to a high demand and high satisfaction rate.

BIAC staff members used professional connections and credible sources to develop two workshops: Brain Injury Basics and Socializing (and dating!) after Brain Injury. In the second half of FY18, Brain Injury Basics was offered every month, and it became the first class or workshop to be offered in another language, Spanish.

Changes for FY19

In FY19, BIAC's map of Colorado will transition from a four-region map to a five-region map. Therefore, classes and workshops will be expanded to the new five regions.

Based on feedback from clients as well as networking opportunities, some new classes and workshops have already been scheduled for FY19:

- Denver Metro
 - Grief & Loss

- Medicare
- Poetry Workshop
- Cooking Matters for Families
- Northern Region
 - Assistive Technology Basics
 - Neuropsychology 101 Workshop
 - Youth Music Therapy
- Southern Region
 - Colorado Springs Art Class

Criminal Justice Program

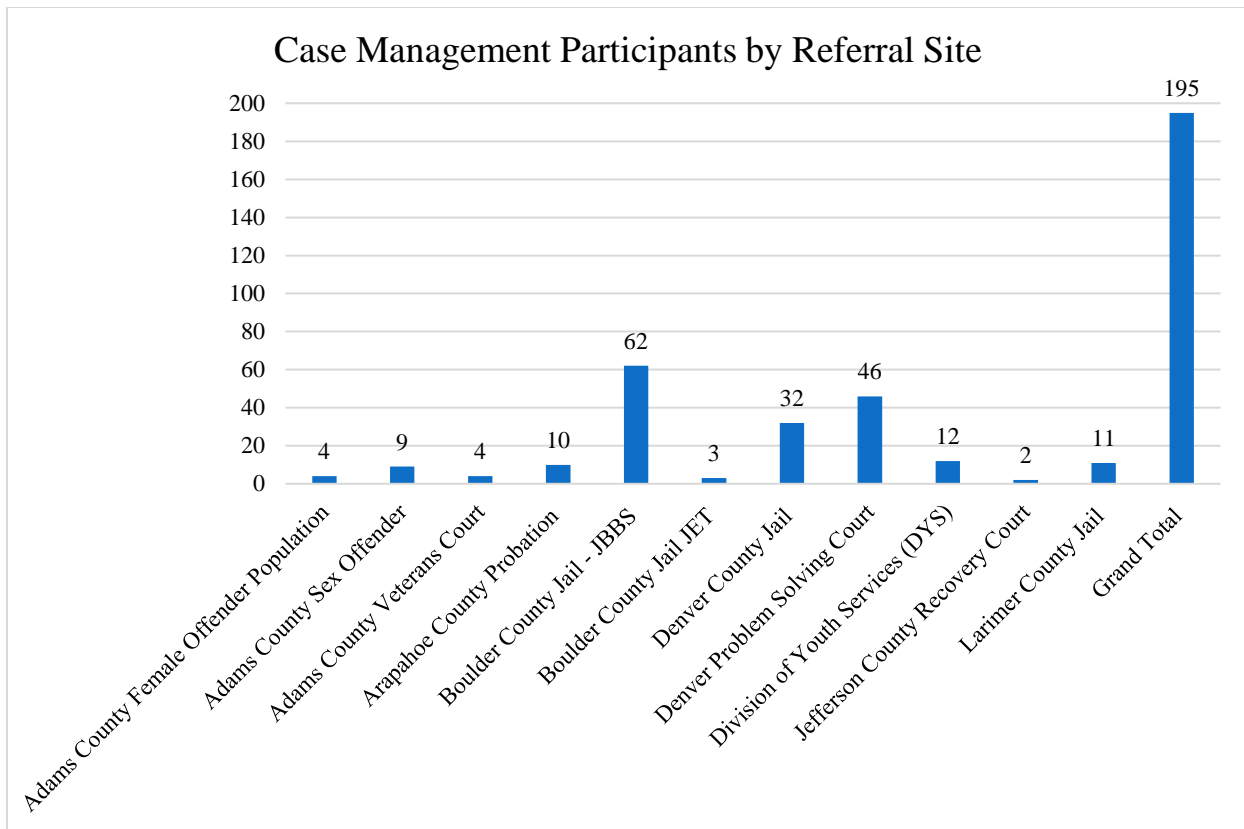
Activities

The ACL criminal justice grant was on a different calendar than the MINDSOURCE fiscal year. The quarters were: June 1 - August 31, September 1 - November 30, December 1 - Feb. 28, March 1 - May 31. Information below reflects data from those quarters in the 4th and final year of the ACL grant.

- Referrals and approvals for case management program (year 4 of grant):
 - 106 referrals, 46 approved for case management
 - 43% conversion from referral to case management services
- Through entire 4 years of grant:
 - 399 referrals from all correction sites, 197 entered case management services
 - 42% conversion from referral to case management services

Total Case Management participants by referral site:

Adams County Female Offender Population	4
Adams County Sex Offender	9
Adams County Veterans Court	4
Arapahoe County Probation	10
Boulder County Jail - JBBS	62
Boulder County Jail JET	3
Denver County Jail	34
Denver Problem Solving Court	46
Division of Youth Services (DYS)	12
Jefferson County Recovery Court	2
Larimer County Jail	11
Grand Total	197



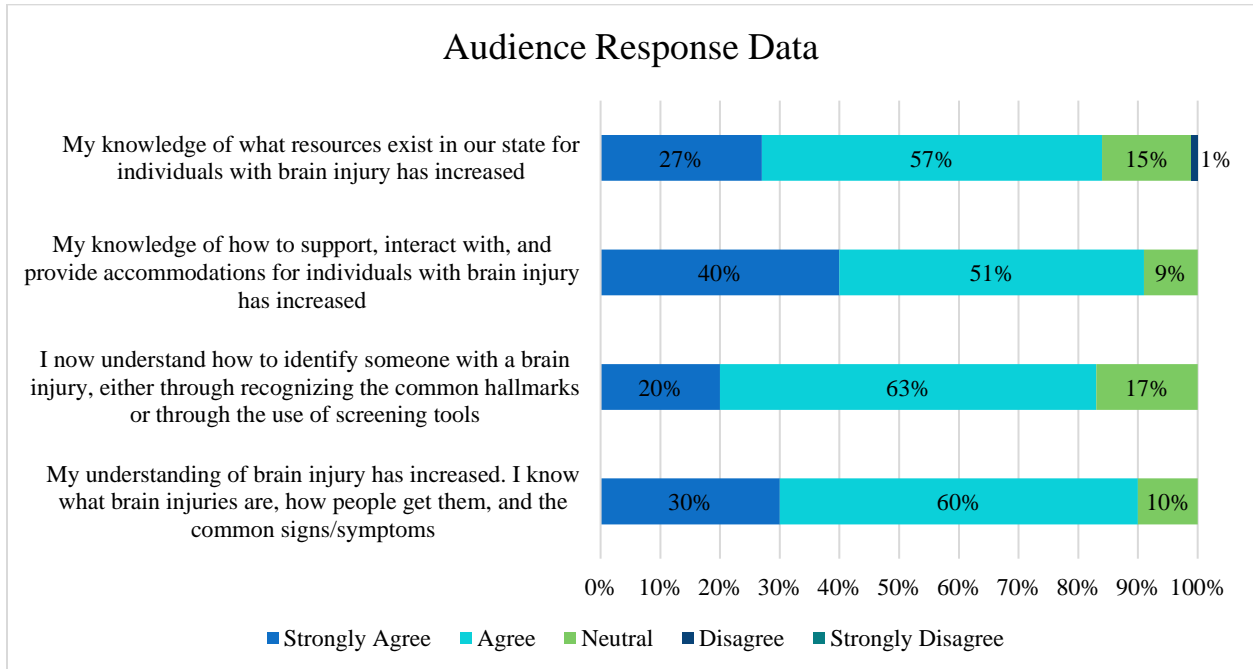
- Remaining number of clients referred (202 throughout four years) that did not enter case management services were due to one of the following: unable to reach, received extended incarceration times, or were not interested in services.
- Youth clients referred received education consultation from Youth Education Liaison
- Average goals per client: 2.5
- Top three goal categories created across each quarter (not including baseline goal):
 - Financial
 - Housing
 - Waiver Services
- BIAC provided professional trainings to build capacity within the criminal justice agencies as well as other community agencies
- BIAC staff hosted panel discussions for clients and professionals involved in the ACL grant at Colorado Collaborative Justice Conference (CCJC)
- Partnerships were built with other agencies supporting justice-involved clients to increase resources for referrals
- BIAC provided resource facilitation for clients that were referred in the final two quarters of the grant and were therefore unable to apply for case management due to the application freeze

Evaluation

There were four criminal-justice-related trainings in FY18 utilizing the Audience Response System (ARS):

- Denver Problem Solving Court
- Adams County Probation
- Non-capital sentencing mitigation skills workshop
- Jefferson County CIT/Lakewood Police

Audience Response Data (n = 127)



Satisfaction Survey for ACL Clients

As a result of the transition to a new model in FY19, evaluation activities for FY18 were limited in scope. The original evaluation plan for FY18 called for satisfaction surveys to be sent to clients at the 1-year mark in services as well as upon closure for any reason outlined in program policies and procedures. Upon implementation of the transition plan to close existing client cases, it was decided by BIAC and MINDSOURCE leadership to forgo collecting satisfaction surveys once the transition plan had been announced, publicly outlining the tiered closures of existing client cases.

Of the nineteen Case Management Satisfaction Surveys sent out to ACL clients, three were returned, for a response rate of 16%. Key findings include:

- 100% reported feeling “much more supported” or “more supported” since they began participating in the case management program.
- 100% reported that they would describe the program as “high quality”, 67% said it was “worthwhile”, and 33% said is “meets my needs”.
- Case Managers were unanimously described in positive terms. 100% of respondents described their Case Managers as “helpful”, “caring”, “respectful”, and “knowledgeable”.

100% of respondents also reported have a “very positive” relationship with their Case Manager(s).

- Two-thirds of respondents reported that the amount of communication with their Case Manager was “about right” (67%) while one-third said it was “too little” (33%).
- Overall, two-thirds of respondents reported that the case management program “greatly exceeded” their expectations (67%), while 33% reported that was “below” their expectations (33%).

Issues & Obstacles

- The changes in BIAC’s case management model impacted the ability to approve clients for case management support, primarily through Q4 of the grant year.
- The departure of the ACL Corrections Case Manager and the grant coming to an end caused significant transition for clients and professionals at partner sites that led to some confusion and need for ongoing clarification.
- Extended incarceration times for clients caused services at re-entry to be delayed or unavailable, particularly for clients that were sentenced to Department of Corrections (DOC).
- General unstable means of communication for clients experiencing homelessness created challenges connecting to clients initially as well as with maintaining participation.
- Referrals remained low for youth and many referrals received from Division of Youth Services (DYS) did not translate to education consultation applications due to lack of responses from education staff at DYS sites.

Key Accomplishments

- 43% of referrals went into case management services during year four
- 20% of goals created were achieved
- During year four, provided training to CIT Jefferson County, Adams Probation, Denver Problem Solving Court, Non-capital sentencing mitigation skills workshop for public defenders
- Created educational brochures for professionals in the criminal justice field and for survivors experiencing incarceration; disseminated those to ACL partners, as well as other professionals and clients as needed
- Established community resource partnerships: Community Re-entry Project, St. Francis Employment Services, Second Chance Center
- Assisted MINDSOURCE in establishing sustainable referral process with ACL referring partners
- Assembled a criminal justice committee with five BIAC staff members to focus on new and emerging research and events, internal capacity building, resource development and growing justice-involved resources on BIAC’s online resource directory
- Initiated plan to develop criminal justice webpage on BIAC website, with information and helpful resources
- Assisted in the connection of several clients to media inquiries and interviews for US News and World Report, Dr. Gorgens’ TEDx Mile High talk, The NOW, and The Denver Post. These experiences were positive for the clients that contributed to the stories and brought recognition to the work of BIAC and MINDSOURCE

Client Testimonials

“Before BIAC, I didn’t think anyone cared about me” - Drug Court Client

“I used to just think I was a screw up [before knowing about my brain injury]. Now I’m excited about learning things that can change my life” – Boulder County Jail Client

“You have been the steady thing in my life these past couple of years. I’ve slept on the floor of this office, I’ve taken classes here, I’ve called from jail, I’ve come here to find peace when I was living on the streets.” – Drug Court Client

“I wouldn’t have made it through drug court probation without you. You and drug court are the reason I am here today.” - Drug Court Client at Graduation

Changes for FY19

- The 4-year ACL grant ended May 31, 2018. Continued BIAC focus will remain on justice-involved survivors, supported through additional grant funding and MINDSOURCE partnership. BIAC will continue to train professionals and encourage referrals from criminal justice sites to BIAC for community resource support.
- Funding will continue under two new grants: a new ACL grant, a Justice Assistance Grant (JAG, beginning January 2019), and funding from the Joint Budget Committee (JBC). This will allow BIAC to continue with MINDSOURCE’s work with existing criminal justice sites as well as expansion to new probation and jail sites in Colorado.
- All BIAC Case Managers will be trained and equipped to support the justice-involved population so that BIAC can serve more clients without being limited to just one Case Manager.
- In-person resource navigators will be cleared and oriented to partnering jail facilities so that they can meet clients referred and re-entering the community and begin support prior to release. This effort has also shown to produce higher rates of client follow-through upon release.
- Clients will be referred directly from professionals at criminal justice sites rather than University of Denver student clinicians. While it is expected that there will be a learning curve with this new protocol, this will build capacity within those organizations and reduce confusion between criminal justice staff and BIAC to determine when survivors are referred.
- Support MINDSOURCE in other grant objectives such as building brain injury teams in judicial districts.

Administration

Activities

Staffing

From start to end of FY18, the number of BIAC staff increased from 25 to 27 total employees. Sixteen positions were fully funded by MINDSOURCE, one was partially funded by

MINDSOURCE (.2 FTE), one was partially funded by MINDSOURCE (.5 FTE) and ACL (.5 FTE), and two were fully funded by ACL. Four MINDSOURCE-funded employees and one ACL-funded employee left the organization voluntarily during the year and seven new MINDSOURCE employees were hired; the annual turnover rate organization-wide was 23%. Of those that left, two moved out of state in order to better support their growing families and one started a graduate school program.

A summary of specific staffing activities for FY18 are listed below. Please see previous sections for more detailed information.

- We created a Deputy Director of Client Programs position
- We increased the Northern Colorado Case Manager from 0.5 FTE to 0.75 FTE
- We converted five Case Managers from in-person only roles into blended (phone and in-person) roles
- We transitioned from all Case Managers serving non-TBI clients for a small portion of time to one Case Manager serving all non-TBI clients all the time (Note: time spent serving non-TBI clients is not paid for by MINDSOURCE)

Also, during FY18 three staff members went on maternity leave for 12 weeks each. One employee’s leave was covered by an existing staff member. For the other two, new temporary employees were brought on to provide continuous coverage for clients, both of which had previous experience working with our program and clients.

Benefits

BIAC implemented a 401K program in August of 2017. This program is available to any employee who has served more than 1,000 hours with the organization and offers a discretionary match up to three percent at the end of each plan year. In June 2018, BIAC paid the full match to each of the twenty-five participating employees. Cost of living increases of 3.6% were also awarded organization-wide at the start of the fiscal year to those continuing in their current positions.

Staff Training & Professional Development

The following is a summary of the nearly 50 hours of professional development required of all case management staff in FY18:

Type	Topic(s)	Hours
training	<ul style="list-style-type: none"> • ADA Law • Medicare 101 • HCBS Waivers (Adult & Child) • Trauma-informed Practices • Mandatory Reporter • Cultural Competency • Mental Health First Aid 	28.5
conference	<ul style="list-style-type: none"> • BIAC Professional Conference: Innovative Approaches in the Treatment of Brain Injury 	15.0

in-service	<ul style="list-style-type: none"> • Craig Hospital: Psychosocial Assessment 	1.5
tour	<ul style="list-style-type: none"> • Catharine’s Quality of Life Homes • Aurora Residential Alternatives • SLP Colorado • A Wildflower 	4.0
Total:		49.0

In addition, all MINDSOURCE case management staff were required to complete between 20 and 60 hours (prorated for part-time staff) of employee-selected professional development throughout the year; on average, employees completed 52.4 hours each. Employees participated in a variety of opportunities including webinars, live presentations and Lunch & Learns, wellness and self-care activities, in-services, and trainings. The topics of focus were similarly diverse and included, but were not limited to: person-centered planning, mental health, homelessness, financial health, and treatment options. In sum, case management staff completed 1,490 hours of professional development during the year.

By the end of the fiscal year, all eligible employees that were not yet ACBIS certified received their certifications. Other staff who were already certified completed all necessary continuing education in order to maintain their certifications. Overall, 10 employees maintained their certifications, four employees received their certification, and four employees were not yet eligible for certification; 100% of eligible staff requiring ACBIS certification are certified.

Evaluation

Performance Management

Formally, all employees completed annual performance evaluations between March and June of 2018. The evaluation tool was slightly modified from the previous year to include a behaviors-based quantitative and qualitative assessment of each employee’s alignment with BIAC’s core values completed by both the employee and the supervisor. Previously this section was qualitative only and completed only by the employee. Subsequently, forty-five minute meetings were conducted with each employee, their supervisor, and a human resources representative, to review the results.

Informally, BIAC’s open-door policy supported ongoing communication and feedback between employees and supervisors throughout the year. In addition, some employees and supervisors held regular weekly, bi-weekly, monthly, or quarterly check-ins to track progress and performance.

Issues & Obstacles

- Hiring efforts were concentrated near the end of the fiscal year and overlapped with the time period dedicated to annual performance review meetings, causing a bit of administrative strain on the Directors of Client and Professional Programs.

- BIAC's turnover rate increased from 8% during FY17 to 23% during FY18 (the national average for the nonprofit sector was reported at 19% in 2017).

Key Accomplishments

- BIAC continues to attract highly-qualified and enthusiastic staff to fill open positions.
- The creation of the Deputy Director of Client Programs program increased the leadership and supervisory capacity of the MINDSOURCE program.
- BIAC took steps to support employee retention by adding a 401K plan to the benefits package.
- Case management staff continue to grow the depth and diversity of their skills through ongoing training and professional development.
- 100% of eligible staff are ACBIS certified.

Changes for FY19

Staffing

A number of staffing changes took place at or near the start of FY19 due to programmatic shifts and incoming funding through JBC and ACL. A summary of specific staffing activities for FY19 are listed below.

- We split the Central Mountain/Western Slope region into two regions - Central Mountain region and Western Slope region
- We added 1.0 FTE to the Southern Colorado region (from 1.0 FTE to 2.0 FTE)
- We added .5 FTE to the Western Slope region (from .0 FTE to .5 FTE)
- We added .25 FTE to the Northern Colorado region (from .75 FTE to 1.0 FTE)
- Client support staff changed from two programs assistants, three phone-based case managers, four in-person case managers (one corrections-specific), and five blended case managers (phone and in-person) to four phone-based brain injury resource navigators, three in-person brain injury resource navigators, four brain injury advisors, and five in-person brain injury resource navigators and advisors
- The Client Programs Deputy Director took over supervision responsibilities from the Client Programs Director for all brain injury resource navigators
- The BIAC-funded Brain Injury Advisor took over supervision responsibilities from the Client Programs Director for all brain injury advisors
- The ACL Corrections Grant Manager (previously in the Client Programs Department) was promoted to Deputy Director of Professional Programs and moved to the Professional Programs Department
- The Youth Education Liaison moved from the Client Programs Department to the Professional Programs Department
- Two new positions were added to the Professional Programs Department - Systems Outreach Coordinator (1.0 FTE) and Peer Mentorship Coordinator (.5 FTE)

Benefits

BIAC added vision, dental, and life insurance plans to the benefits package for full-time employees beginning in August 2018. Employees pay 100% of the premiums while benefiting from reduced group rates.

Staff Training & Professional Development

Minimum hours for required and employee-selected professional development were distributed across all BIAC positions rather than just case management positions and are specified in job descriptions. Six staff will become eligible for ACBIS certification in FY19. The next test date will be scheduled in early 2019. Additionally, three staff attended the Employer's Council two-day *Supervision: Core Competencies* training in July 2018.

Performance Management

The annual performance evaluation tool will undergo an annual review and update as needed. We will also consider spreading out the annual performance evaluation process across the year, rather than concentrating it in a few months.