



Annual Report Fiscal Year 2020

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Introduction

This report represents the work undertaken by the Brain Injury Alliance of Colorado (BIAC) under contract 17 IHEA 93008 during FY 2019/20 (FY20). It should be noted that although this is the fourth year that BIAC has held the contract with MINDSOURCE, this is the second year of reporting under a new model of service delivery that started on July 1st, 2018.

The model divides services among four program areas:

- **Resource Navigation** – This is the foundational support program for survivors, family members, and caregivers. It is intended to be quick and easy to access. People of all ages may access this free support, and support is available by phone, email and in-person as needed. This service is on-demand and clients may access it as often as they like. Examples of support include finding medical providers, understanding brain injury, filling out paperwork, connecting to community-based resources, and problem-solving.
- **Self-management** – This program is designed and available for TBI survivors who want to invest time in improving their skills in specific areas that can be challenging after a brain injury. Clients work one-on-one with an advisor to assess strengths and weaknesses in their life and develop strategies for building specific skills related to communication, scheduling/planning, and prioritization/organization with the goal of greater self-sufficiency. This is a six to nine-month program and clients meet with their advisor for an average of four hours each month. Upon completion, clients must wait six months before re-applying.
- **Education Consultation** – This program recognizes that children and youth may have challenges in the classroom after a brain injury and their families may need support navigating the education systems. As such, it provides free, statewide consultation and support services to children and youth, aged 0-21, with a documented brain injury.
- **Classes and Workshops** – These offerings provide group settings for survivors of brain injury throughout the state to learn more about their injuries, acquire tools to mitigate challenges and practice using them. Specific offerings are based on expressed interest by clients and their connection to common areas of need as identified in other program areas.

Clients may access one or more program areas simultaneously based on their needs, interests, and eligibility.

As this report is for the second year of what was a new model of service delivery, BIAC has had one year of baseline data on which to draw comparisons. However, the COVID-19 pandemic and the need to adjust services to keep staff and clients safe have impacted the fidelity of the data for the last four months of the year.

BIAC's first communication to the community about modifications to services was sent via email on April 22nd, 2020. As COVID numbers increased additional modifications were made to the delivery of some services. These additional changes have been noted.

Email sent to BIAC's full email list on April 22nd, 2020:

BIAC is still open for business. We have taken steps to modify our services to ensure the health and safety of the survivors, their loved ones, caregivers, and professionals that we serve but also our staff. In doing so, we have moved most of our services to a virtual and telephonic format. This has not come without pains and difficulties on both staff and survivors; challenges we do not take lightly.

We are keeping a close ear on all our fellow community resources to find ways to reach clients that don't have reliable access to the internet, phone, or are in particularly vulnerable situations. We don't have all the answers, but rest assured we will not relent in this effort until we can return to normal in-person operations.

Resource Navigation: *Resource Navigators are available for support from 8:30 am-4 pm and can be reached through our mainline 303-355-9969.*

Self-management/Skill building program: *The program is still accepting applications and services, with modifications, discussed between each participant and their Brain Injury Advisor. Note: as COVID numbers increased this service became virtual-only.*

Peer Support: *Many of the peer/mentor relationships took place remotely with periodic in-person activities prior to stay at home orders. Applications are still accepted; orientation and the mentorship relationship can be done on a remote basis with plans to meet in person after the restrictions are lifted.*

Classes and Workshops: *Our classes have moved to a virtual format. Please check our website for dates/times and registration.*

Support Groups: *Some groups are meeting via video. Check with the leaders; their information can be found on our website.*

Professional Training: *BIAC is utilizing various virtual platforms to meet the needs of our community partners in providing training until we can return to in-person learning. Fill out our Education Request form to request training for you and your colleagues.*

Recreation Programs: *We are currently taking applications for all our summer programs that can be found on our website. Note: As COVID numbers increased all recreation programs were cancelled.*

Education Consultation: *We are still available for education consultation services through the end of the school year. Many school districts are continuing to hold 504 and IEP meetings virtually. Our Youth Services Coordinator can assist families with school-related concerns or can provide strategies for at-home learning. If you are a parent or professional working with a child or youth with brain injury, please request an application for education consultation: info@BIAColorado.org or 303-355-9969, toll-free 1-800-955-2443.*

Survivors can continue to be referred via our Survivor Referral Form or by calling our mainline at 303-355-9969.

When reading through this document, it is important to note the following:

- All considerations for changes or improvements based on findings from FY20 data appear in the "Goals/Changes for FY21" part of each section, as they relate to future activities and not those carried out within FY20.

- Data in each program area are commonly aggregated to regions and county designations. These geographic breakdowns provide context in understanding how consistently and equitably services are offered and accessed statewide. *Figure 7* and *Figure 8* are maps that show Colorado counties aggregated into five regions (Denver Metro, Southern, Central Mountain, Western Slope, and Northern) and three county designations (Urban, Rural, and Frontier).
- Comparative analysis with FY19 data is included as appropriate throughout this report. This type of analysis will be more valuable beginning in FY21, with FY19 and FY20 data to compare against because there will be sufficient baseline data to illuminate trends over time (which requires at least three data points). The focus in FY19 and FY20 has been on establishing baseline data and implementing process improvements as needed, whereas programmatic improvements are unlikely to be recommended within this contract cycle.
- MINDSOURCE is still working to establish meaningful anchor data for demographics. Without this, there is little that can be concluded about whether specific demographic groups are adequately served by this contract; thus, there is little by way of analysis in the demographic sections of this report.
- All data and analysis included in this report is derived from the approved Data Reporting Table (*Appendix I: FY20 Reporting Table*) developed in collaboration between BIAC and MINDSOURCE at the start of FY20. Additional analyses may be available upon request to BIAC Director of Client Programs, Kate Kerkmans, Kate@BIAColorado.org.

Outreach

Program Overview

At the beginning of each fiscal year, priorities for outreach are set based on the previous year's annual data. MINDSOURCE and BIAC meet to discuss gaps in regions, demographics, program areas, and the ways BIAC can strive to improve outreach. For FY20, BIAC and MINDSOURCE decided on the following goals for outreach:

1: Increase participation of residents from rural and frontier counties in BIAC programs by 50%. This was expected to be achieved by delivering trainings and outreach to Centers for Independent Living (CILS) in Colorado targeting agencies in Morgan and Otero counties and tracking where referrals are coming from.

2: Increase participation in the Self-management Program. Identifying and targeting information towards agencies that are interested in learning about this program and referring their clients. Increased participation became increasingly possible as the self-management program had more time to develop and have clients successfully complete the program.

3: Increase participation of non-white Hispanic individuals with brain injury in BIAC programs through targeted outreach and dissemination of Spanish materials.

4: Increase knowledge gained about BIAC services and referral process during trainings. Through the utilization of the Audience Response System and various virtual training platforms we were able to poll audiences' sense of increased knowledge following a BIAC training.

5: Support 10 professionals in becoming Certified Brain Injury Specialists (CBIS). The Director of Professional Programs, at the time this goal was written, was a CBIS – Trainer and planned to deliver training to internal and external professionals preparing to take the exam.

Outreach & Training

BIAC provides outreach and training to community agencies with the goal of building capacity within professionals that work with clients with brain injury and to solicit referrals to BIAC programs, addressing each of the goals listed in the outreach plan above. 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 (example: 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. Depending on the organization's level of engagement with clients who may potentially be survivors of a brain injury, training can also include screening tools and a short workshop session on how to administer such tools.

The Director of Professional Programs position had a change of personnel and, unfortunately, that meant there was not a CBIS-T on staff to offer training and certification support for internal and external professionals. Therefore, all eligible BIAC staff members in need of completing training and passing the exam for CBIS status were able to do so but no external professionals received support. In May of 2020, the new

Director of Professional Programs obtained CBIS-T and, looking ahead, will be able to offer this support to staff and the community.

Data in this and all subsequent sections are commonly aggregated into regions and county designations to show the distribution of services offered and accessed across the state. *Figure 7* and *Figure 8* are maps that show how Colorado counties are aggregated into five regions (Denver Metro, Southern, Central Mountain, Western Slope, and Northern) and three county designations (Urban, Rural, and Frontier). County designations are defined by Colorado Rural Health Center, State Office of Rural Health, while regions are defined by BIAC.

Figure 1 - Outreach and Training Activities by Region (n=177)

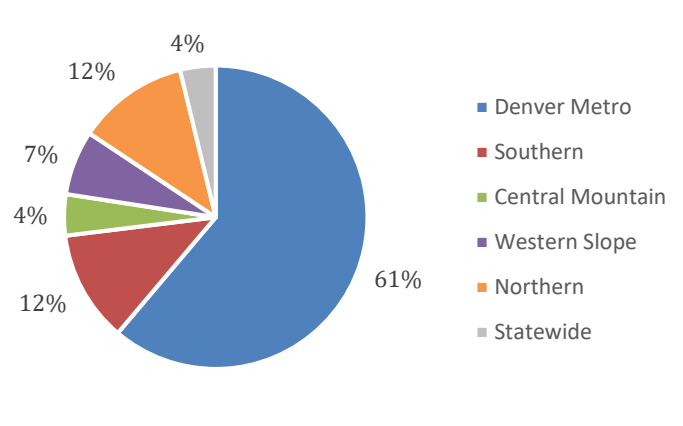
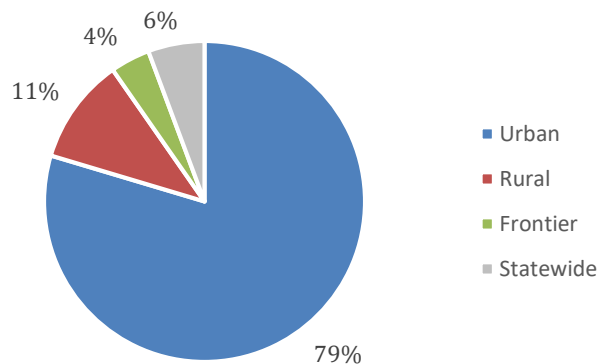


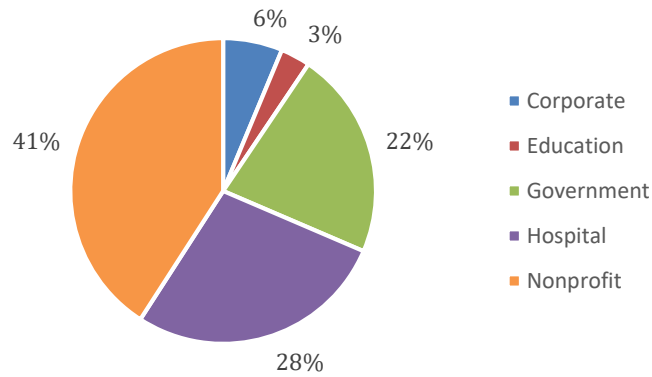
Figure 2 - Outreach and Training Activities by County Designation (n=177)



One hundred and seventy-seven outreach activities and trainings took place in FY20, a 41% increase from FY19. However, 2,117 individuals attended trainings and events which is a 27% decrease from last year. Many of the trainings this year were long and in-depth, focusing on agency specific accommodations and needs. This could explain why fewer audience members attended as many professionals only need, or can commit to, brief hour-long trainings on brain injury basics and resources. The decrease from last year may also be due to cancelled training activities due to COVID-19. There were 168 hours spent on outreach and training this year; just 1 hour less than FY19. Though the activities were higher, there was not an increase in time spent

partly due to efficient utilization of time and travel related expenses. *Figure 3* displays the breakdown of outreach activities that were delivered to the different organizational sectors. The sectors that received the greatest amount of outreach were nonprofits and hospitals. While outreach and training delivery is reactive to education requests by external professionals, intentional outreach was given to address goals 1, 2, & 3.

Figure 3 - Outreach Training Activities by Organization Type (n=177)

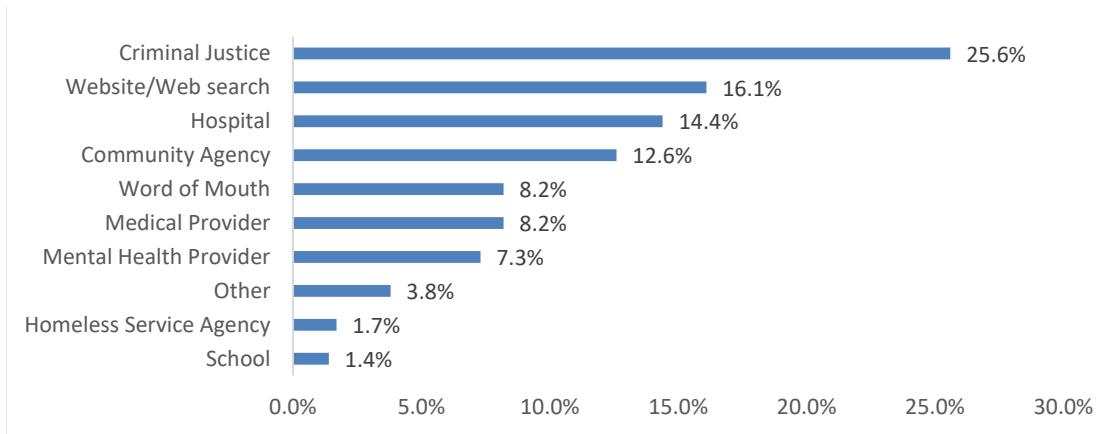


Referrals

Figure 4 shows BIAC received 956 referrals for services, which is a 2% increase from last year. Referrals come in through faxes, emails, phone calls, social media messages, walk-ins, and an online referral form. Some individuals self-refer while others are referred by friends, family members, or professionals in the community. In FY20, criminal justice agencies were the largest referral source category. This is a 7% increase from FY19. This could suggest there is an overall greater need for BIAC services from justice-involved survivors or that the capacity building within other sectors is mitigating the need for their clients to access BIAC services. It is clear, however, that outreach time spent in the criminal justice system is directly correlated to referrals.¹

¹ Referral categories that make up less than 1% of referrals received were not included in this chart. Those categories are: DVR (.3%), Event (.2%), and Support Group (.3%).

Figure 4 - Referrals by Type of Referral Source (n=956)

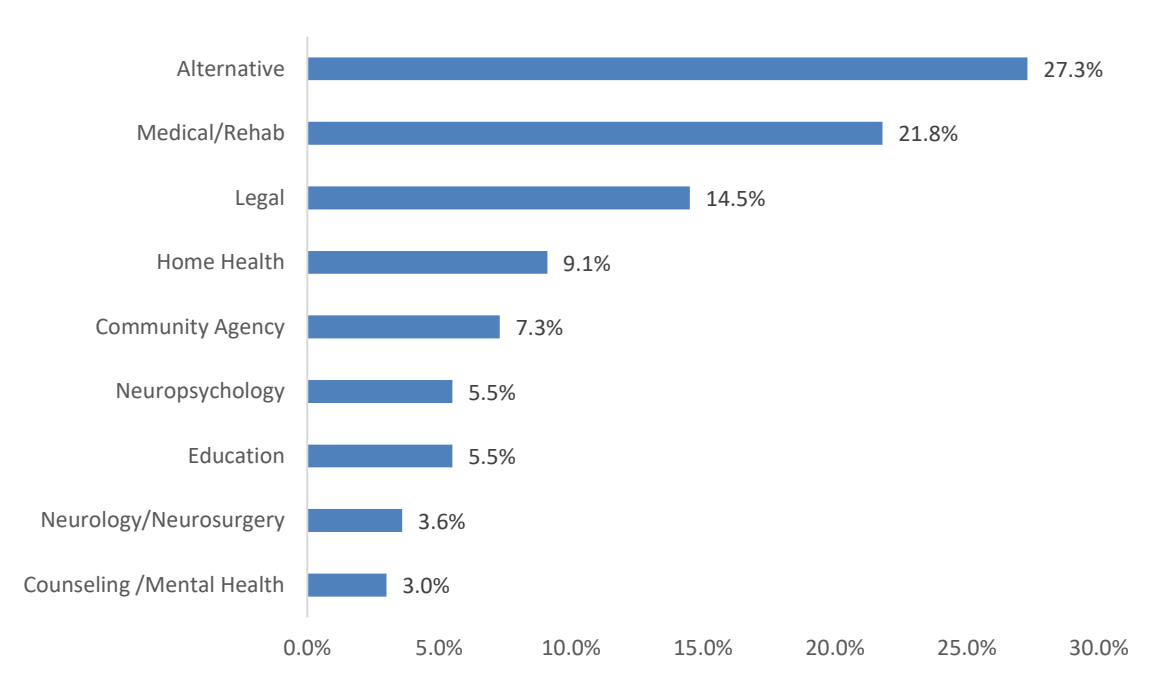


Resource Directory

BIAC maintains an online Resource Directory with providers listed from around Colorado (and some nationwide) that provide services to individuals with brain injury. Nearly 1,000 entries currently exist in this directory. BIAC staff and those visiting the website can use this directory to navigate resources. During this reporting period, 55 new entries were added to the directory (*Figure 5*).

While this was a 3.5% decrease from FY19, BIAC received an additional 14 entries submitted that were not included as they were deemed not appropriate. The Alternative (alternative treatments and therapies) category continued to receive the largest number of resource directory submissions.

Figure 5 - New Resource Directory Entries by Type (n=55)



Evaluation

Knowledge Attainment

Background and Objectives

BIAC uses an Audience Response System (ARS) to collect data from participants before, during, and after they receive training to assess knowledge attainment and participant satisfaction with the trainings. This system is also utilized for intermittent lighthearted polls to solicit attendee engagement.

Methodology

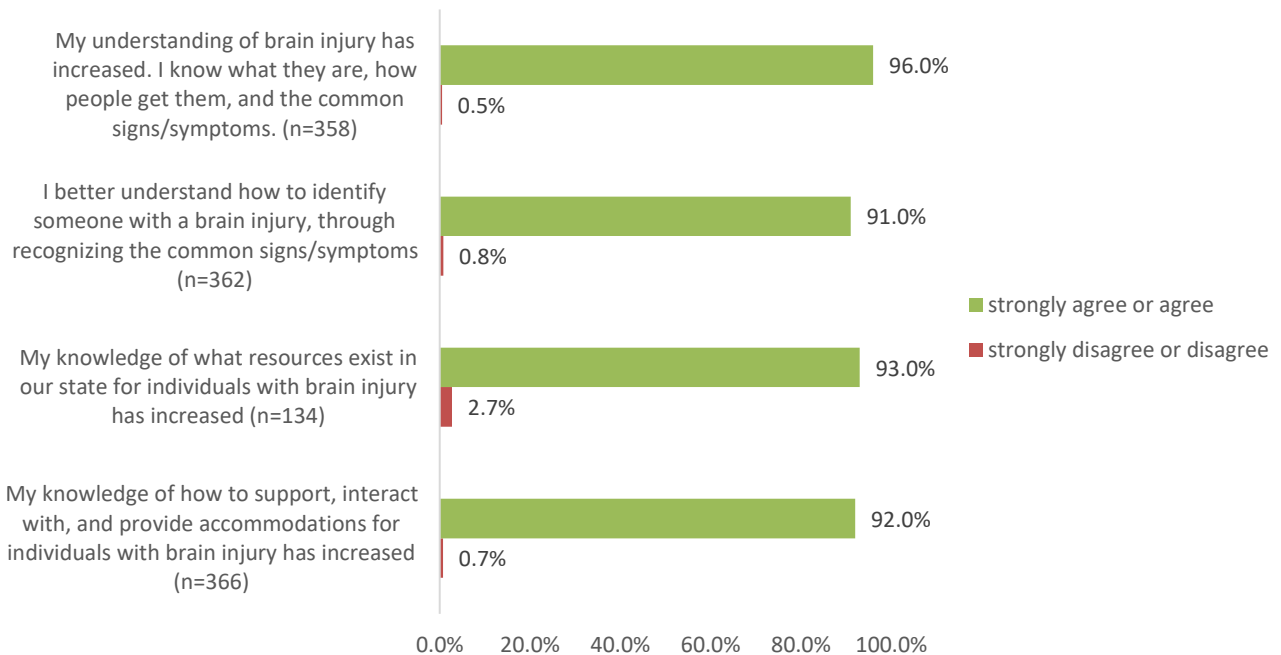
As referenced in goal 4, during BIAC trainings, audience members are provided with a remote clicker to answer the statements below with one of the following: strongly agree, agree, neutral, disagree, strongly disagree.

- My understanding of brain injury has increased. I know what brain injuries are, how people get them, and the common signs/symptoms.
- I better understand how to identify someone with a brain injury, through recognizing the common signs/symptoms.
- My knowledge of how to support, interact with, and provide accommodations for individuals with brain injury has increased.
- My knowledge of what resources exist in our state for individuals with brain injury has increased.

Results

In FY20, BIAC continued to see both confidence and 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 (Figure 6).^{2,3} Not reflected in the chart is the number of training recipients who learned of BIAC for the first time upon the training; 36.9% of individuals polled did not know of BIAC prior to the training or outreach activity.

Figure 6 - Outreach and Training Activities, Knowledge Attainment Summary



Conclusions

The extensive outreach was made possible through other funding sources MINDSOURCE has obtained that support the ACL Systems Outreach Coordinator and Justice Assistance Grant (JAG) funded position, Systems Outreach Coordinator – Criminal Justice. These two positions focused much of their work on reaching hospital and criminal justice systems. This also allowed a greater reach within organizations to focus on provider-specific challenges.

Based on feedback from professionals attending training and on ARS data that shows individuals increased understanding of brain injury after a training, we realize that receiving training once is simply not enough to feel confident working with survivors. Professionals noted the benefit of having received a refresher or follow up training for the information to really sink in. Refresher trainings can allow professionals time to practice knowledge gained before reviewing again.

² Sample size varies on question responses since resource question is not always appropriate (i.e. law enforcement professionals) and often attendees step out of training room or do not fully answer the questions.

³ Full choices are: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree. Neutral is omitted from this chart.

COVID-19 this year required that BIAC quickly pivot to virtual training offerings. Initially, this led to several cancellations from community agencies that were scheduled to receive training. However, BIAC has been able to resume many outreach activities through various virtual platforms. Despite the dip in outreach activities in the last 4 months of FY20, BIAC still received a slight increase in referrals compared to FY19. Additionally, the necessity to move to virtual learning platforms has enabled BIAC to evaluate ways that capacity building can more readily be available on a statewide scope.

Testimonials

"You guys were terrific! Thank you for all the good information. You are a great resource for our advocates."

-CASA of Adams and Broomfield Counties

"Interactive. Relevant and instructive on how to deal with persons with a TBI."

- Jefferson County CIT Police Officer

"Training was good, looking forward to taking it back to caseload because pretty sure there are several."

- Participant in 1.5-day Brain Injury Specialist in Criminal Justice training

Key Accomplishments

- Capacity building and referrals saw an increase this year, despite the significant disruption in daily activities due to COVID-19. BIAC continued to be able to grow its footprint in the community and raise knowledge and awareness of brain injury and BIAC services.
- Educational requests came in from agencies such as Denver Sheriff's Department and Rose Anom Center to support BIAC's effort in raising awareness of brain injury among justice-involved individuals and those having experienced domestic violence.
- Participation in the Self-Management Program increased, as prioritized by goal 2 and outreach activities increased to the Western Slope and Northern regions.

Goals for FY21

BIAC and MINDSOURCE, utilizing input from the Colorado Brain Injury State Plan and recent events such as a greater push for social equity and COVID-19 health crisis, established the following goals for FY21:

- Deliver outreach and training with both in-person and virtual options across the state.
- Increase participation in the Self-management program by 28%.
- Increase outreach efforts to organizations that serve minorities such as Hispanic, Black, Indigenous, and people of color with brain injury.
- Maintain knowledge gained about BIAC services and referral process during trainings.
- Support eligible BIAC staff and community professionals in becoming Certified Brain Injury Specialists (CBIS)
- Increase outreach to criminal justice professionals by growing and maintaining partnerships in the criminal justice system.

Direct Client Services

BIAC's direct client service programs are Resource Navigation, Self-Management, Education Consultation, and Classes & Workshops. The following four sections speak to each of these programs individually and include the following components:

- a program overview,
- client demographics,
- service participation,
- evaluation,
- key accomplishments, and
- goals for FY21.

Resource Navigation

Program Overview

This is the foundational support program for survivors, family members, and caregivers. It is intended to be quick and easy to access. People of all ages may access this free support, and support is available by phone, email and in-person as needed. This service is on-demand and clients may access it as often as they like. Examples of support include finding medical providers, understanding brain injury, filling out paperwork, connecting to community-based resources, and problem-solving.

In concert with BIAC's ongoing effort to provide support from a person-centered approach, individuals may access the Resource Navigation services in a variety of formats:

- over the phone
- via SMS text messaging
- over email
- via video conference
- in-person in their home community

Examples of support that can be provided through Resource Navigation include, but are not limited to:

- finding medical providers
- understanding brain injury
- filling out paperwork
- connecting to community-based resources
- problem-solving

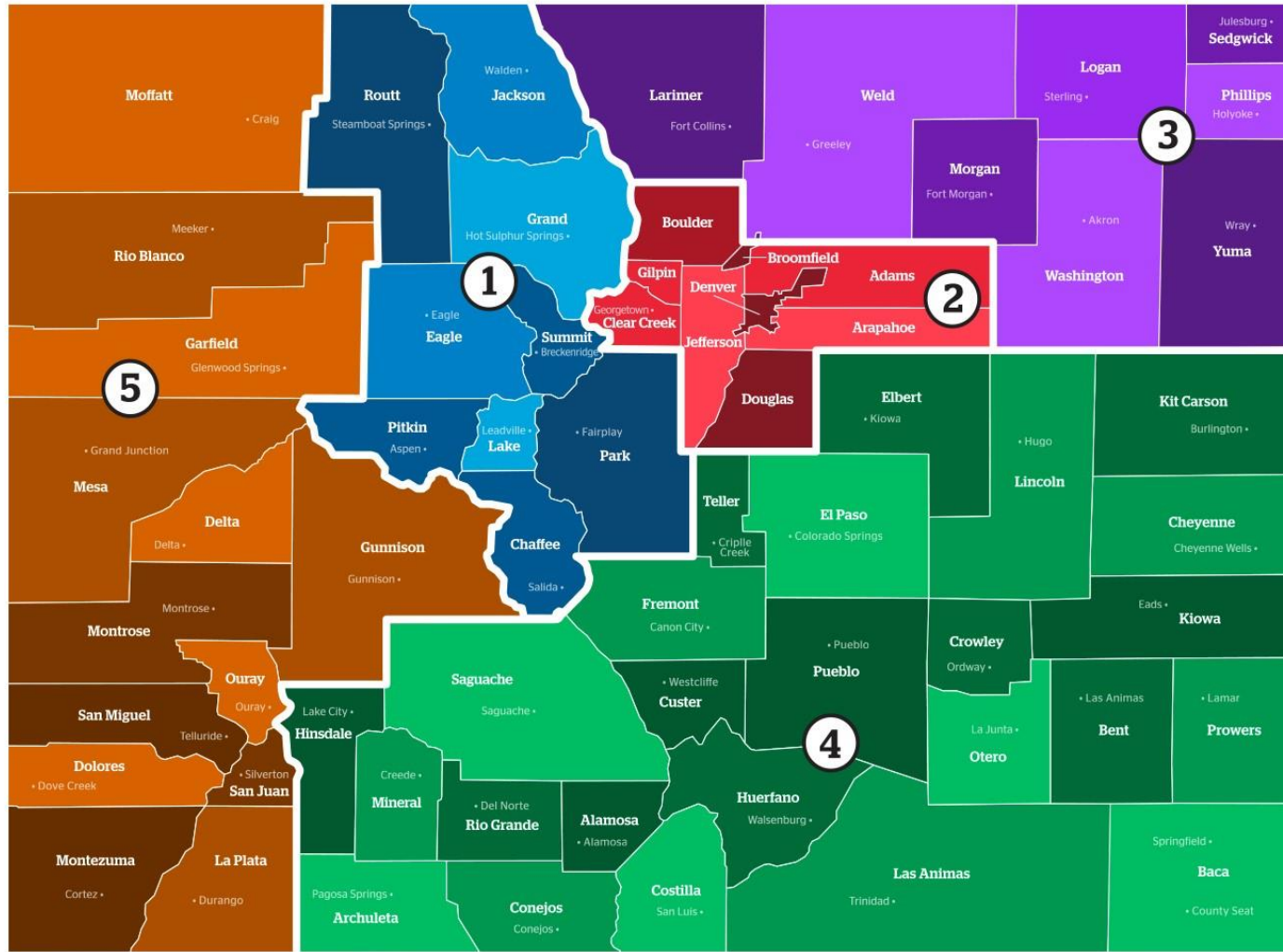
Client Demographics

Of all the BIAC programs funded by MINDSOURCE, Resource Navigation has the broadest and most diverse reach across the state. *Figure 7* and *Figure 8* show how the state is divided into regions (Denver Metro, Southern, Central Mountain, Western Slope, and Northern) and county designations (Urban, Rural, and Frontier as defined by Colorado Rural Health Center, State Office of Rural Health) for the purposes of service delivery and reporting.

In FY20, 867 unique individuals interacted with the Resource Navigation program and 1014 cases were opened. Seven hundred seventy-three clients opened at least one case, while 867⁴ closed at least one case.

⁴ This includes individuals that opened cases in FY19 that were closed in FY20.

Figure 7 - Colorado County Map by Service Region

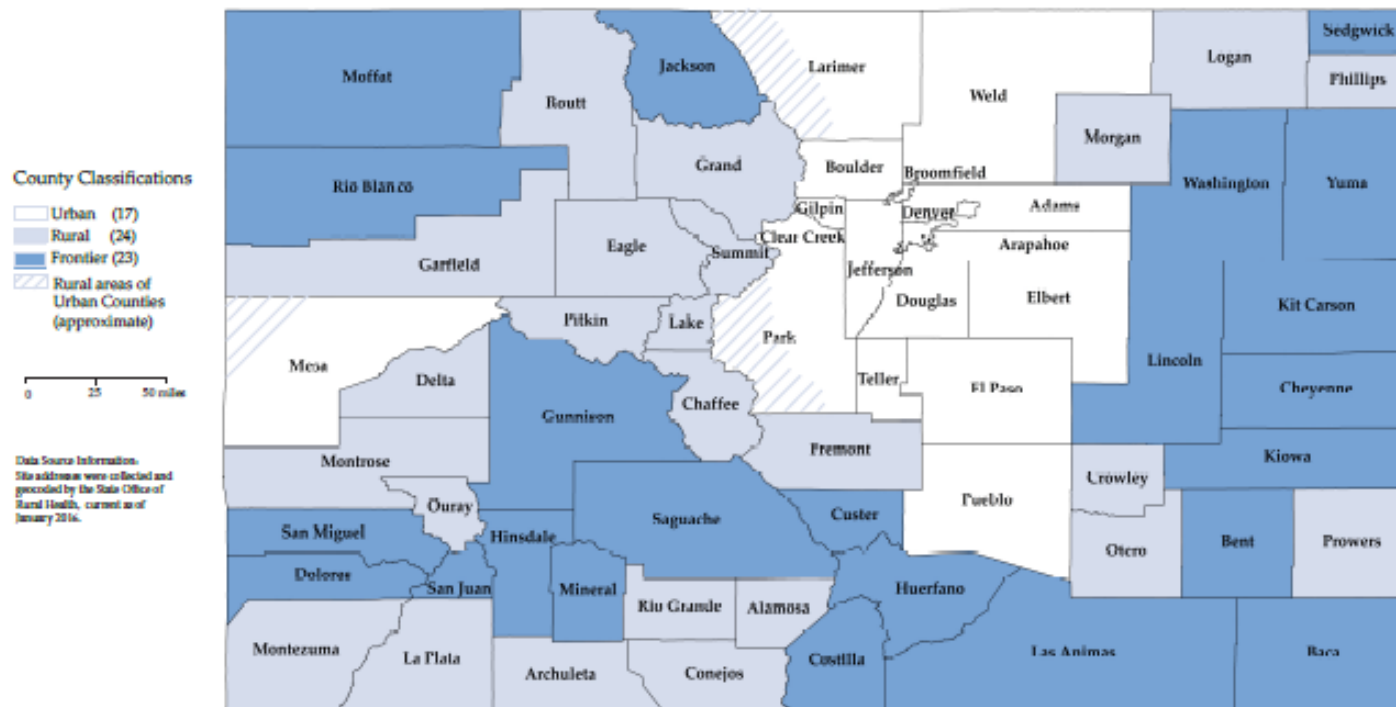


- 1** Central Mountain Region
- 2** Denver Metro Region
- 3** Northern Region
- 4** Southern Region
- 5** Western Slope Region

Figure 8 - Colorado County Map by County Designation



Colorado: County Designations, 2018



The definition of rural and frontier varies depending on the purpose of the program or policy in which they are used. Therefore, these are referred to as programmatic designations, rather than definitions. One designation commonly used to determine geographic eligibility for federal grant programs is based on information obtained through the Office of Management and Budget: *All counties that are not designated as parts of Metropolitan Areas (MAs) are considered rural.* The Colorado Rural Health Center frequently assumes this designation, as well as further classifies frontier counties as those counties with a population density of six or fewer persons per square mile. You may visit the Rural Health Grants Eligibility Advisor to determine if a county or address is designated rural, or contact the Office of Rural Health Policy at (301) 443-0835.

COLORADO
RURAL HEALTH
CENTER
The State Office of Rural Health

Resource Navigation is provided to youth and adult clients who have sustained at least one traumatic brain injury. Most clients (96%) that opened at least one case in FY20 were adults (*Figure 9*) and first-time clients (73%) (*Figure 10*).

Figure 9 - Resource Navigation Clients, Youth and Adults (n=773)

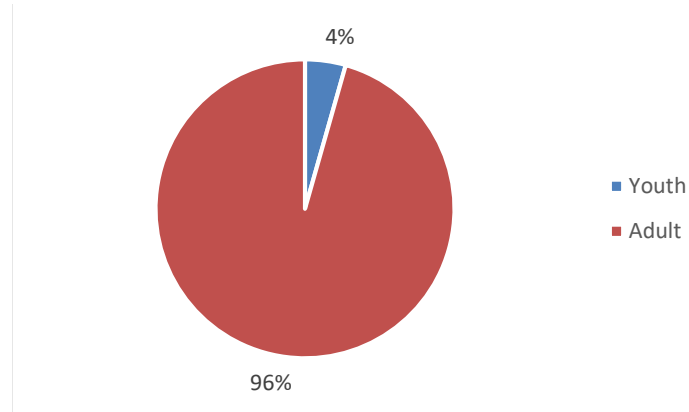
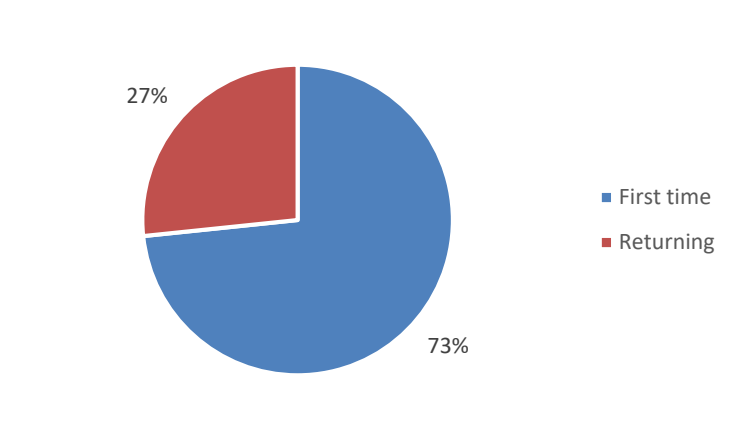


Figure 10 - Resource Navigation Clients, First-time and Returning (n=773)



Of the unique individuals that were served by Resource Navigation in FY20, most clients who completed at least one instance of support in Resource Navigation reside in Urban counties and the Denver Metro region. Frontier counties and the Central Mountain region had the least number of Resource Navigation clients (*Figure 11*, *Figure 12*).

Figure 11 - Resource Navigation Clients by County Designation (n=867)

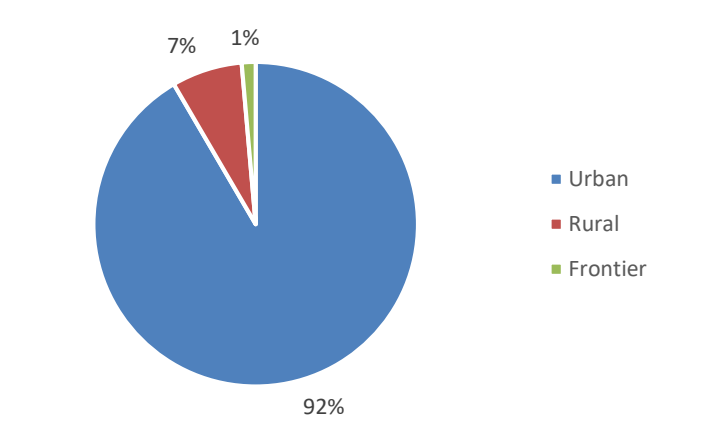
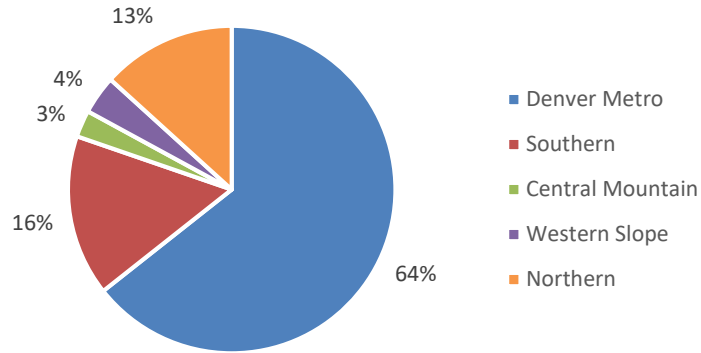
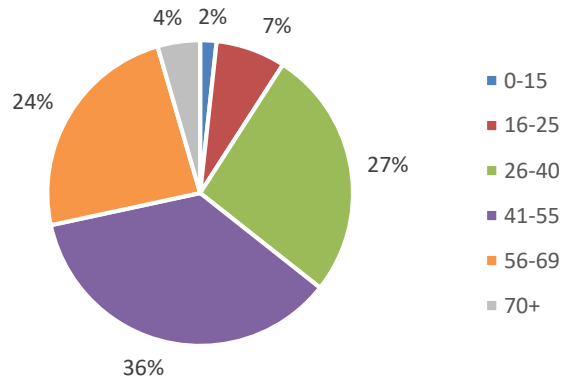


Figure 12 - Resource Navigation Clients by Region (n=867)



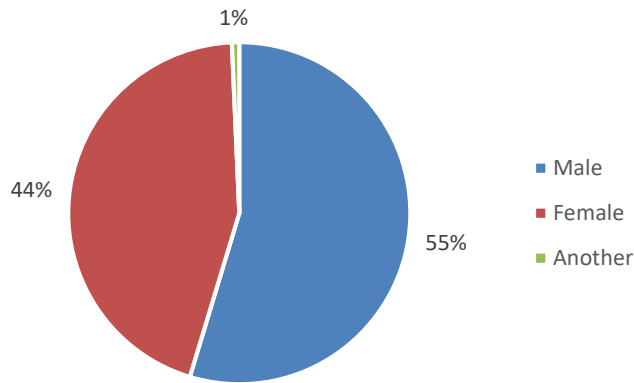
Resource Navigation is available for survivors of brain injury of all ages. Every age range was served in FY20, with the largest number of clients falling in the range of 41-55 years old (Figure 13).

Figure 13 - Resource Navigation Clients by Age Range (n=867)



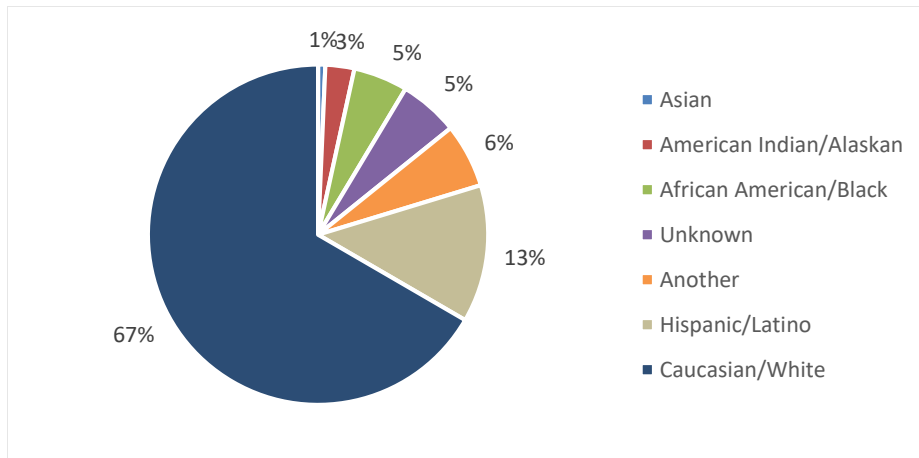
The distribution by gender was close to evenly split, with the slight majority being male (Figure 14). Six clients reported as “Another”, indicating that they do not fit into the binary gender categories offered.

Figure 14 - Resource Navigation Clients by Gender (n=867)



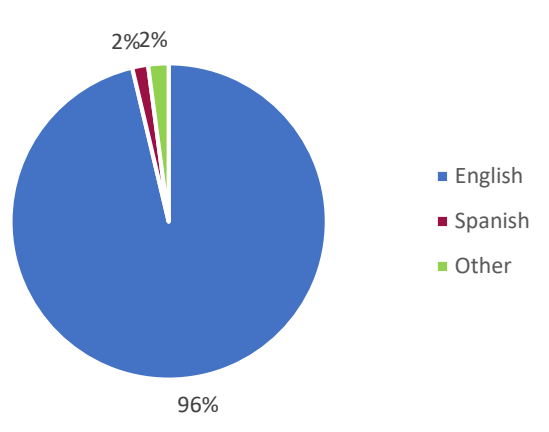
Like age, all tracked races/ethnicities were represented in Resource Navigation. Two-thirds of clients identified as Caucasian/White clients. Those that identified as Hispanic/Latino accounted for 13% (Figure 15).

Figure 15 - Resource Navigation Clients by Race/Ethnicity (n=867)



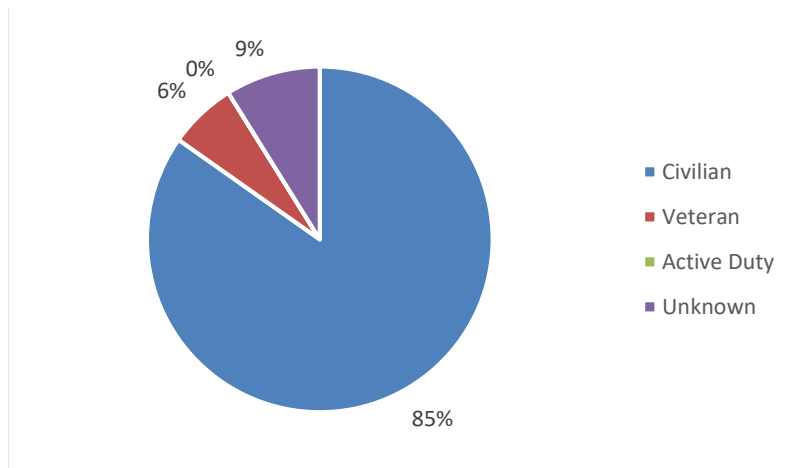
In FY20, over five times more clients than in FY19 (+3%) reported a preferred language other than English. Fifteen clients (2%) preferred Spanish while the remaining (2%) preferred “other” languages including Karen and Arabic (Figure 16).

Figure 16 - Resource Navigation Clients by Preferred Language (n=867)



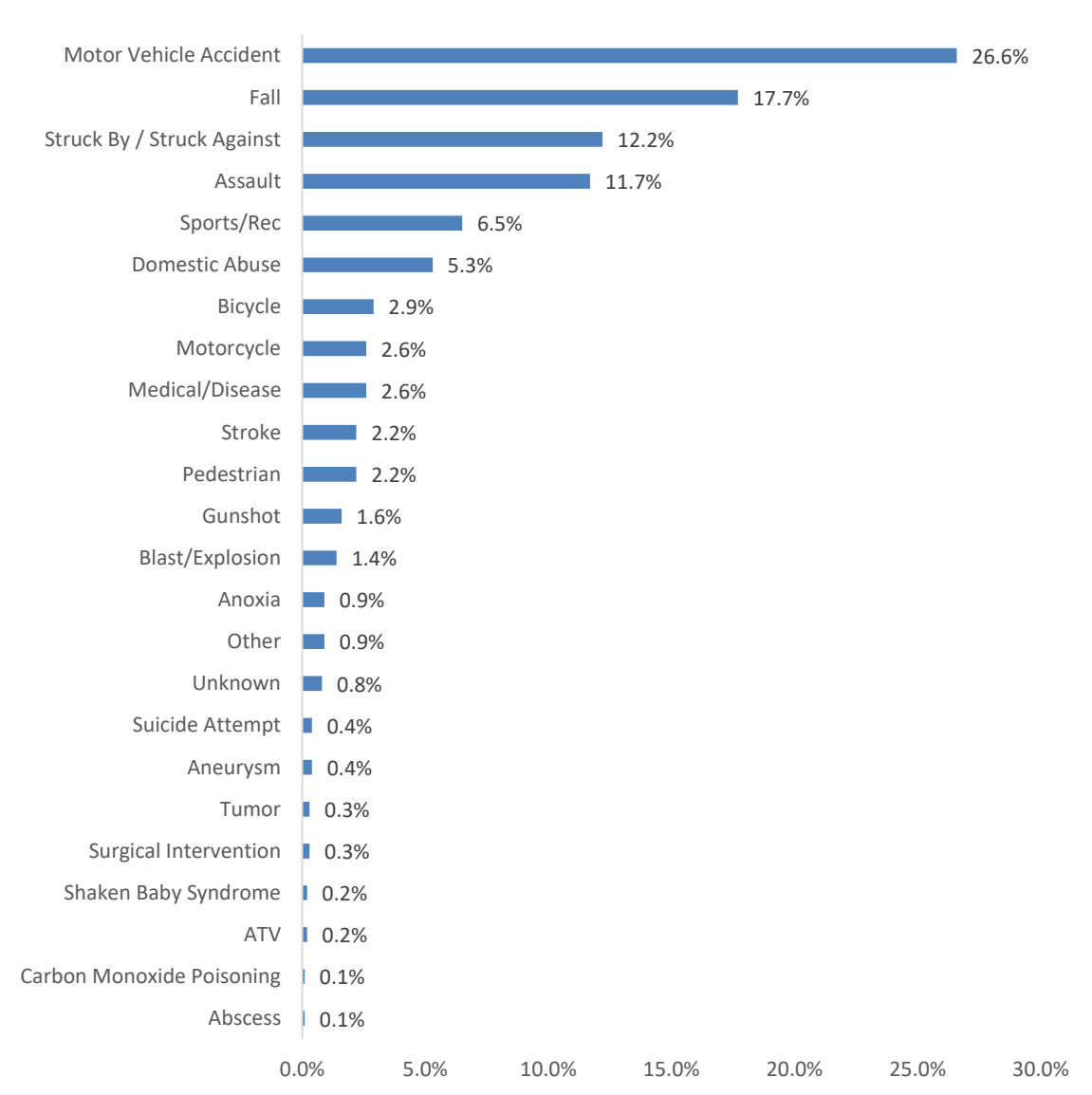
No active duty members of the military participated in Resource Navigation in FY20, and less than 10% were veterans. The remaining 90% were civilians or did not report a military status (Figure 17). With the high rate of TBI among military service members this may seem like a low number accessing a core TBI support program. However, Colorado is lucky to have a strong military specific TBI support program called Operation TBI Freedom that BIAC frequently refers service members to if they are interested.

Figure 17 - Resource Navigation Clients by Military Status (n=867)



BIAC also collected data from Resource Navigation clients about their injury history via self-report (Figure 18). It is important to note that this figure includes *all* causes of brain injury – both traumatic (TBI) and non-traumatic (non-TBI) - however, all clients represented in the data, reported *at least one TBI* making them eligible for MINDSOURCE-funded services. In FY20 a total of 1,291 injuries were reported by the 867 unique individuals served, with an average of 1.9 injuries per client. Nearly half of clients (46.7%) reported a history of two or more injuries. The average age of the client at the time of their first brain injury was 26 years old.

Figure 18 - Frequency of Injury by Cause of Injury as Self-reported by Resource Navigation Clients (n=1291)



Causes of injuries for survivors continue to be diverse. The most common causes reported in FY20 were consistent with FY19, with motor vehicle accidents accounting for about just over a quarter of all injuries reported (26.6%), followed by fall (17.7%), struck by/struck against (12.2%) and assault (11.7%).

Service Participation

BIAC estimated a range of 671-2,300 clients being served by Resource Navigation in FY20. In actuality, 867 were served, which falls within the estimated range and is 129% of the minimum estimated.

Resource Navigation emphasizes ease of access for clients, on-going support as needs persist, and delivery of support in a variety of formats. No paper or online application is required for an individual to access support. If a need arises, a survivor from anywhere in Colorado can contact BIAC's main phone number, submit an

online referral or email Info@biacolorado.org and an intake will be completed over the phone to gather the survivor’s contact information, key demographics, injury history, areas of need, and the source of the referral.

Once a client need is identified, a case is opened, and a goal is created that one or more BIAC Resource Navigators and the client work on together. Additional goals are added to the case as other needs arise. If the client and the resource navigation team are actively working on a goal the case remains open. Once all goals are achieved or closed, the case is closed. If at any time the client identifies a new need or wants to re-engage with support related to the same previously established needs, a new case is opened, and the process starts again. This cycle is repeated as frequently as the client’s needs dictate.

This model of Resource Navigation allows clients to be met where they are without jumping through the all-too-common hoops of similar programs. Support can be provided over the phone, email, video conferencing or through a scheduled in-person visit in the client’s home or other location in the client’s home community. In-person services were suspended in March 2020 due to COVID 19 regulations and impacted the way BIAC served clients and is reflected in the following data.

In FY20, Resource Navigation served 867 unique individuals across Colorado and 773 opened at least one case during the year. Due to the ongoing needs related to living with a brain injury, many clients returned for support and opened a subsequent case to work on a new or ongoing need that resurfaced. On average, each client in FY20 had 1.3 cases. When looking at this figure across county designations, clients from Frontier area had the highest average of 1.7 cases each (*Figure 19*). Regionally, the average number of cases per client was more consistent, between 1.2 and 1.4 cases each (*Figure 20*).

Figure 19 - Average Number of Cases per Client by County Designation (n=867)

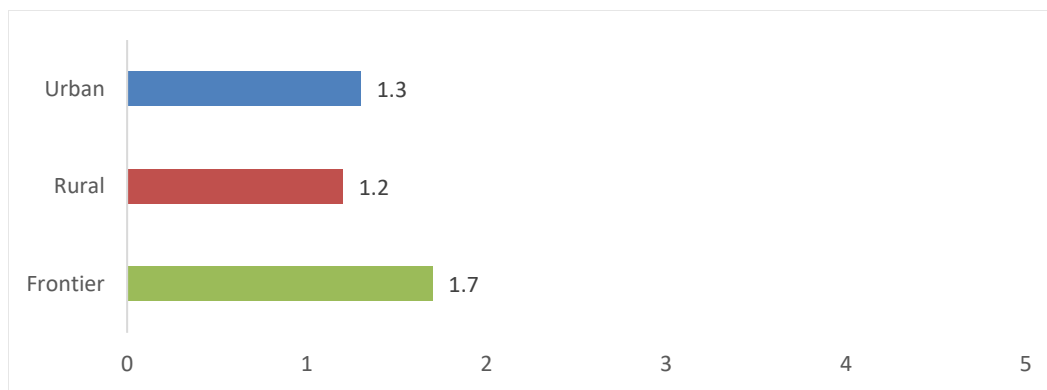
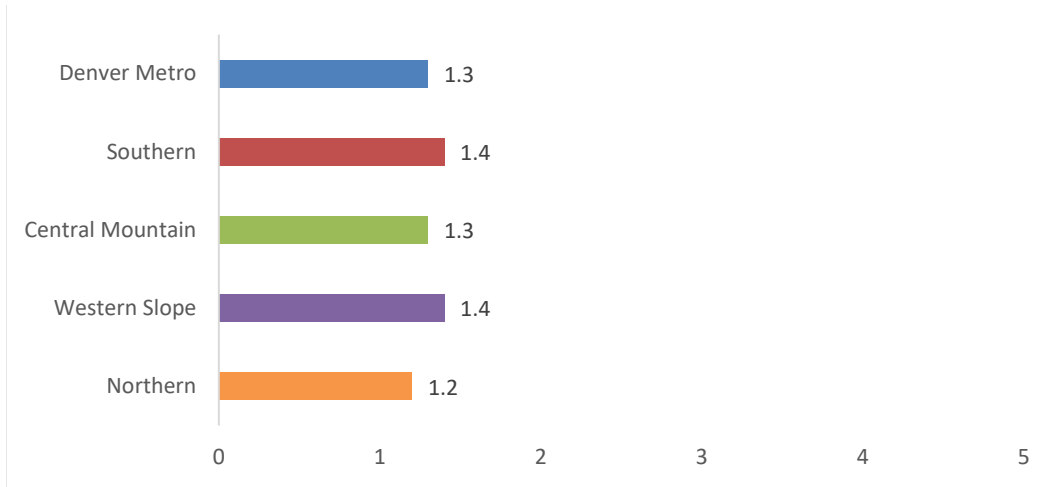


Figure 20 - Average Number of Cases per Client by Region (n=867)



Looking at goals statewide, each client had an average of 3.3 goals that were worked on across all their cases. Survivors from Urban counties had the highest average at 2.6 goals each (Figure 21).

Figure 21 - Average Number of Goals per Client by County Designation (n=867)

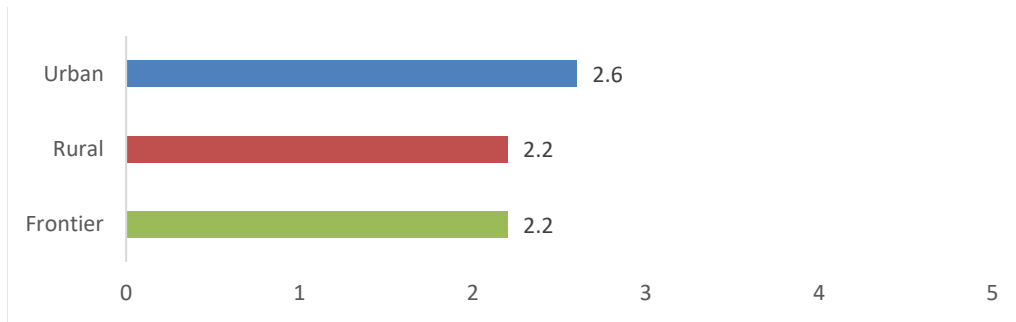
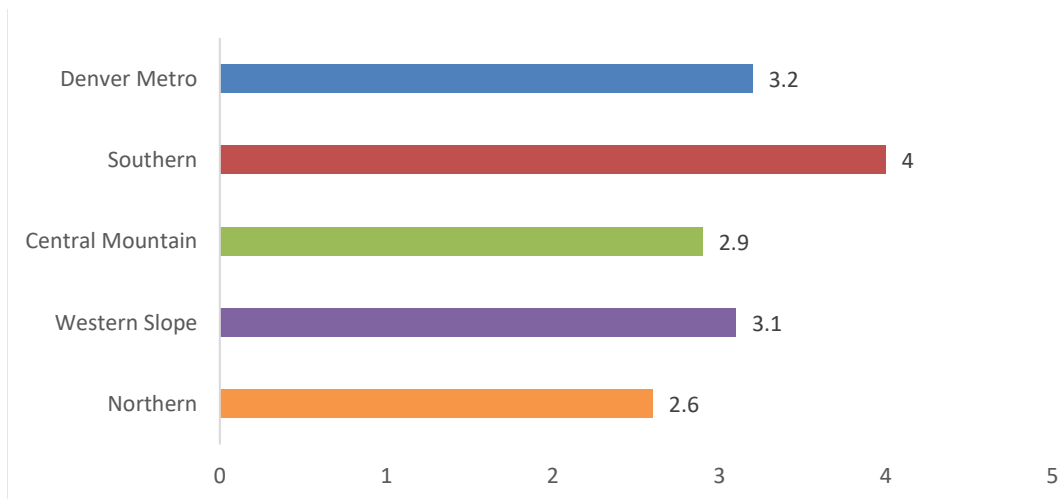


Figure 22 - Average Number of Goals per Client by Region (n=867)



Within each Resource Navigation goal, a category is assigned to represent the area in which the client needs assistance. There are 22 high-level categories, and 44 overall including sub-categories. For more detailed explanation of goal categories please refer to [Appendix A: Resource Navigation Goal Category Explanations](#).

As in FY19, Personal Support System goals were most popular in FY20, with 23.8% of goals falling into the category. This category houses any activity where the Resource Navigator connects clients to other professionals who can assist them with their needs. After that, the most common goals were in the financial (9.1%) and housing (9.0%) categories. Financial goals are any tasks that involve assisting clients with non-restricted cash assistance such as Social Security Insurance, Social Security Disability Insurance, Aid to the Needy and Disabled, Old Age Petitioners, and Temporary Assistance to Needy Families. Housing goals may include helping clients enter the low-income housing lotteries, sourcing financial assistance for rent payments, or supporting clients in searching for stable housing.

Figure 23 – Percent of Total Goals by Goal Type Statewide (n=2804)

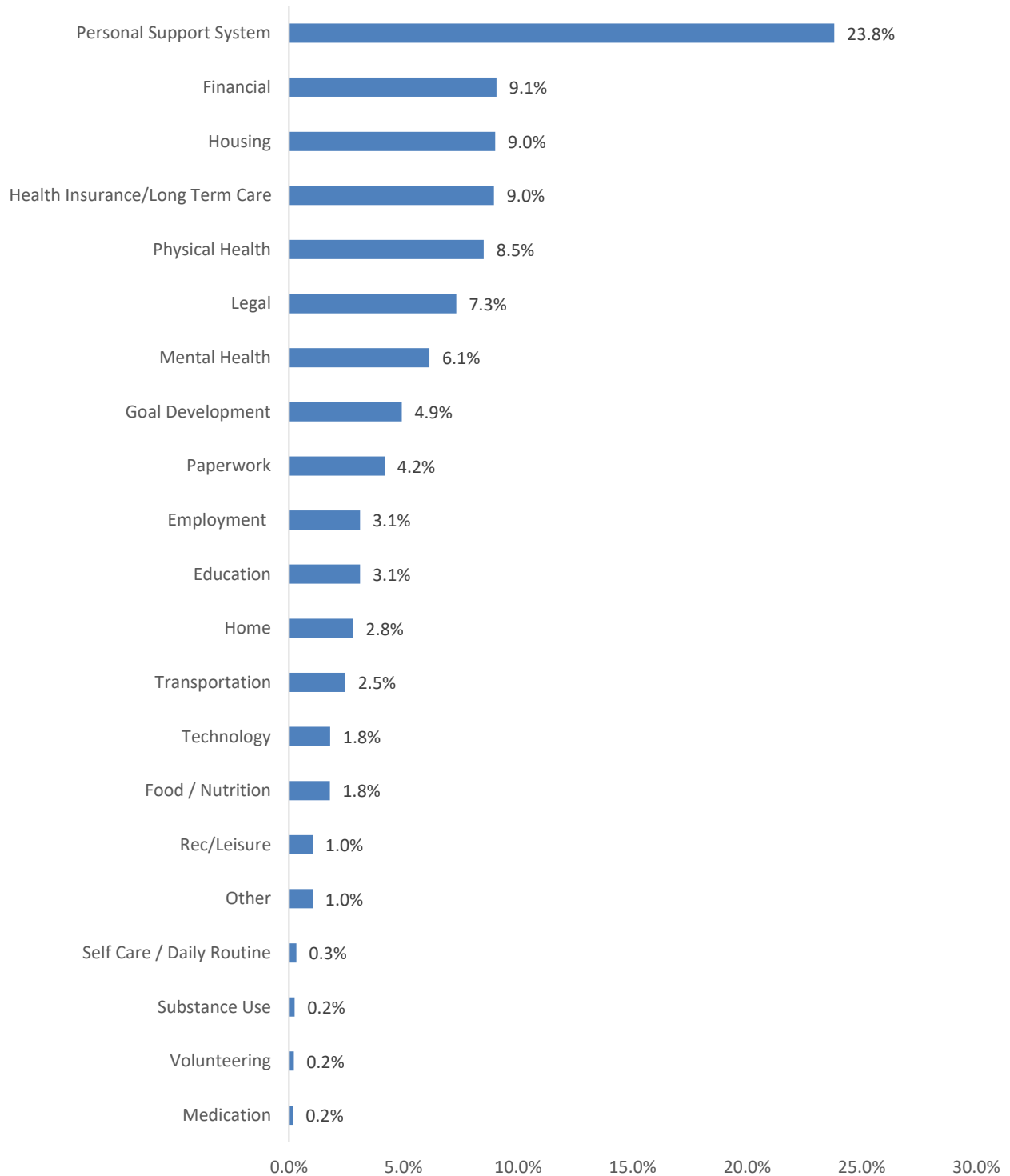


Figure 24 and Figure 25 show the top goal categories for each county designation and region. For a breakdown across all goal categories for county designation and region, see [Appendix B: Resource Navigation Goal Categories by County Designation](#) and [Appendix C: Resource Navigation Goal Categories by Region](#).

Figure 24 - Percent of Goals by Top Goal Categories and County Designation (n=2804)

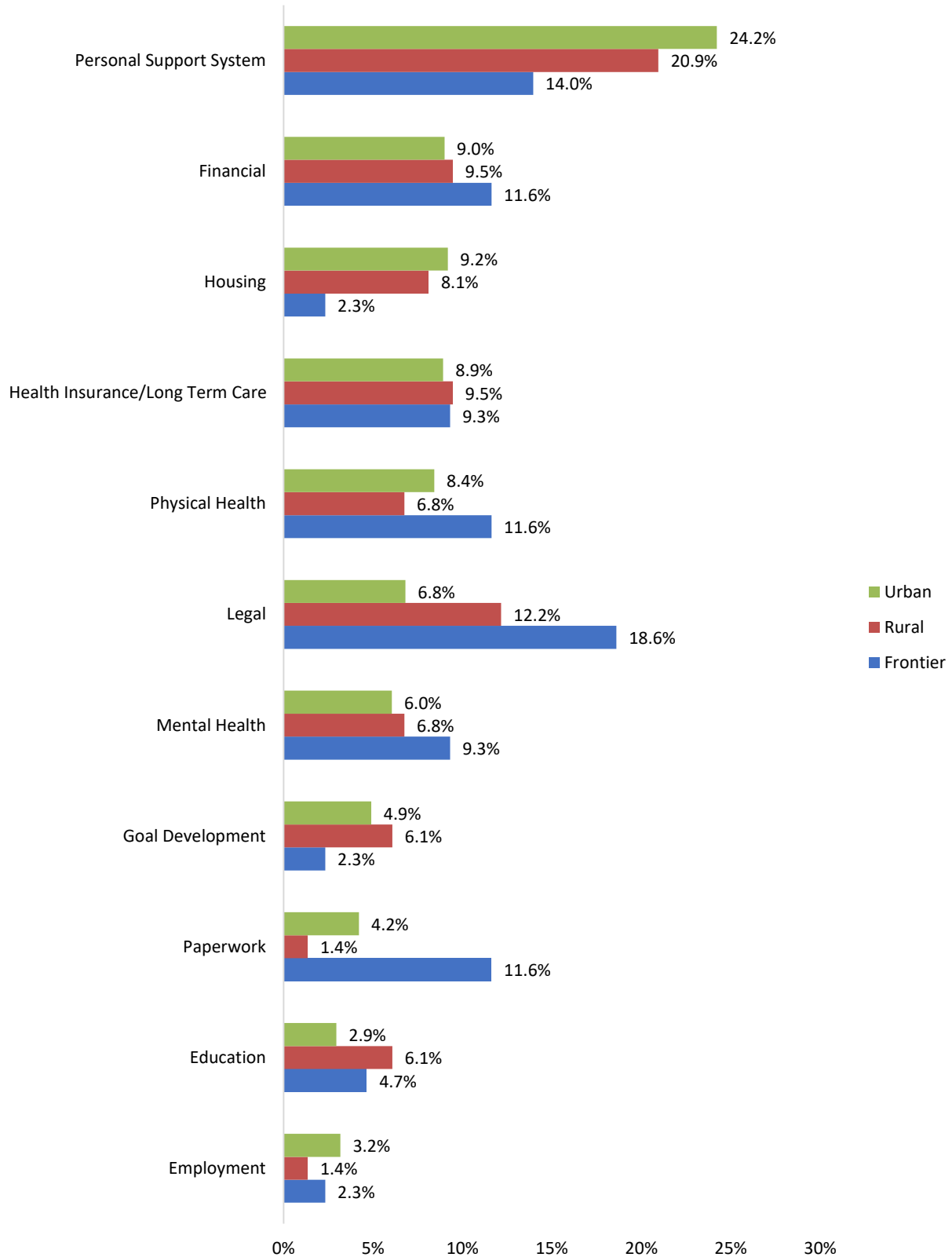
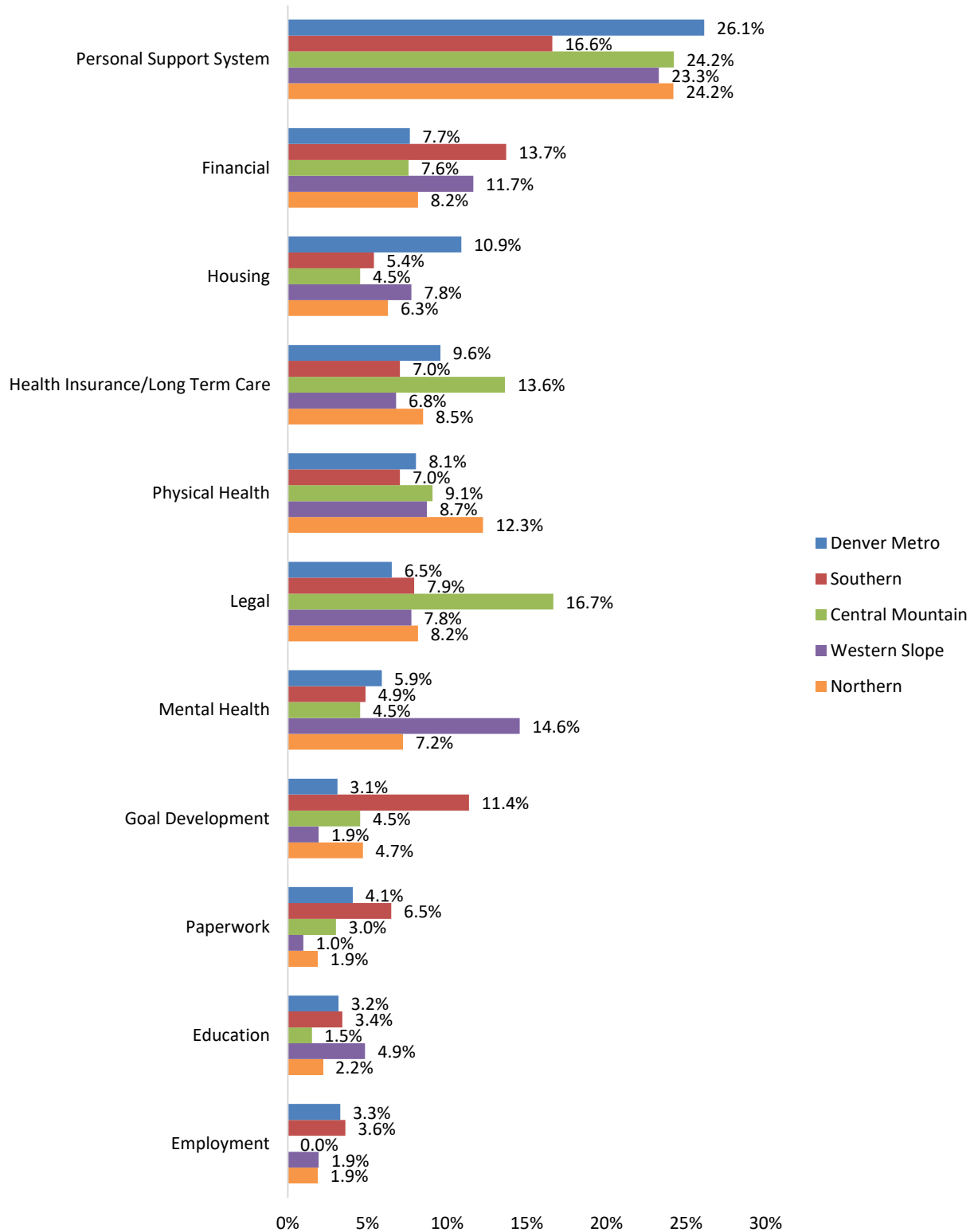


Figure 25 - Percent of Goals by Top Goal Categories and Region (n=2804)



Another way to assess the extent of the average client’s needs is to examine how long each individual case lasts. Statewide, the average was 60 days per case. Geographically, clients in rural areas had the highest average number of days spent on each case at 64 (*Figure 26*). When examining clients by region, clients in the Northern Region had the highest average number of days spent on each case at 169 which was significantly higher than last year. The disparities from region to region were mainly due to inconsistent documentation methods across staff members and will be addressed with staff training in early FY21.

Figure 26 - Average Number of Days from Case Creation to Case Closure by County Designation (n=1132)

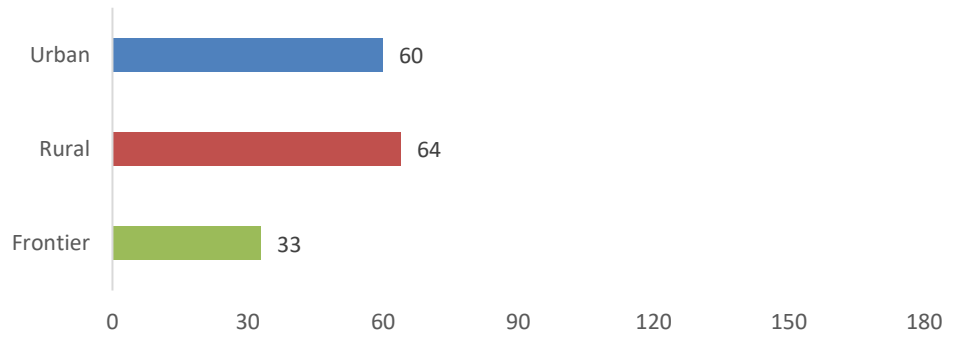
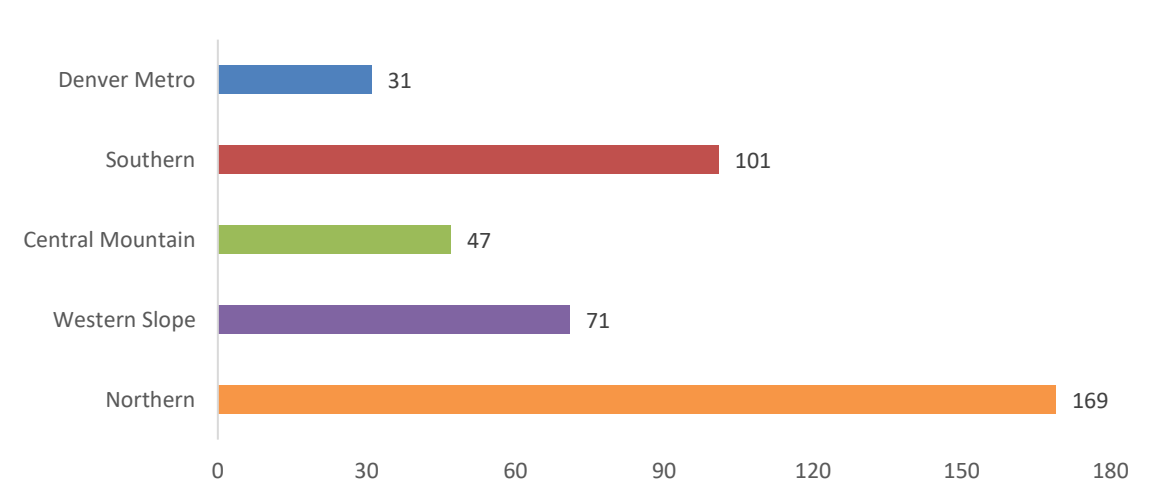


Figure 27 - Average Number of Days from Case Creation to Case Closure by Region (n=1132)



Lastly, because of the person-centered approach that BIAC applies to its services, clients have the option of working with an In-person Resource Navigator if they would like to or if the nature of their needs demands face-to-face support - for example, assistance with paperwork or attending an appointment together. In FY20, 195 (22%) clients accessed support from an In-person Resource Navigator throughout the state. From March 16th, through the end of the fiscal year (3 ½ months), BIAC did not offer any in-person services due to COVID-19. Across county designations, clients in Urban counties met with an In-person Resource Navigator most frequently (*Figure 28*). Regionally, clients in the Southern region accessed In-person support the most (31.8%) followed by the Denver Metro region (24.5%) (*Figure 29*).

Figure 28 - Percent of Clients by County Designation Accessing In-person Resource Navigation Support (n=195)

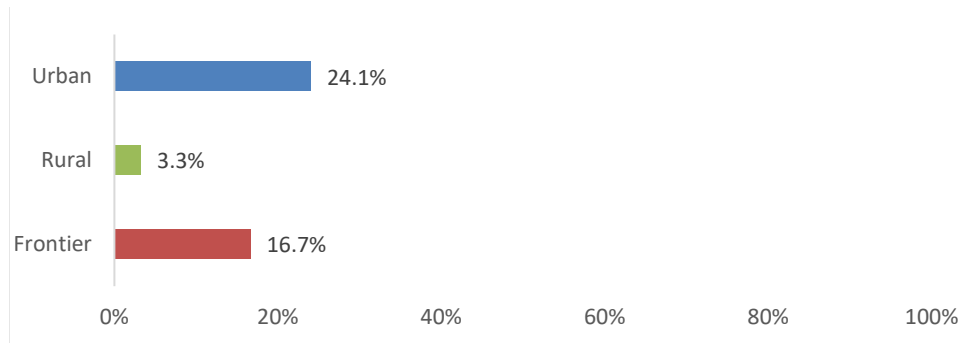
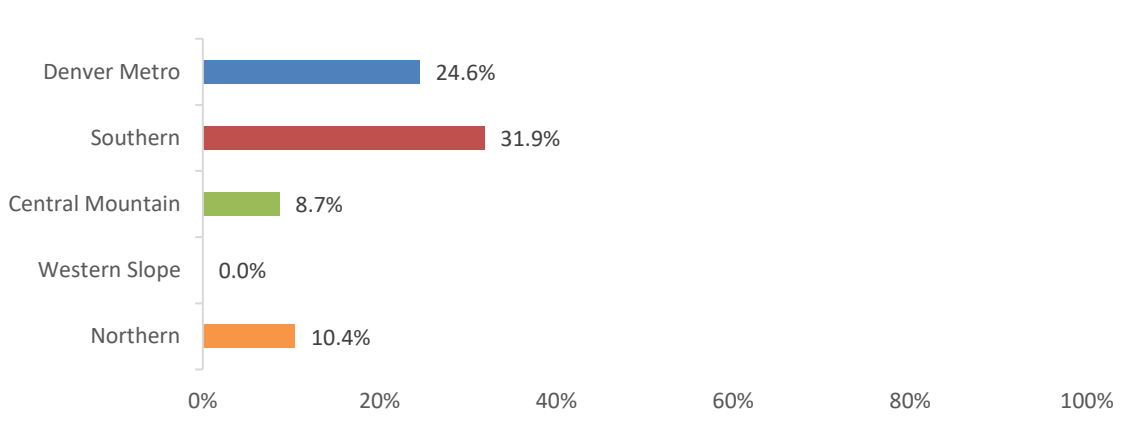


Figure 29 - Percent of Clients by Region Accessing In-person Resource Navigation Support (n=195)



Evaluation

Resource Navigation has two methods of evaluation: goal achievement and client satisfaction surveys. Goal achievement assesses the success of program staff assisting the client in navigating available resource supports. It does not assess the client's ultimate achievement of their goal (see more information below in [Conclusions \(Goal Achievement\)](#)). Client satisfaction surveys are used to assess the quality and effectiveness of Resource Navigation services, as well as employee performance in delivering Resource Navigation services, from the perspective of Resource Navigation clients, their caregivers, or other designated preferred contacts. The results of the surveys are used to inform service improvements and guide staff training and development.

Goal Achievement

Background & Objectives (Goal Achievement)

In Resource Navigation, client goals are written to reflect the specific need a client shares with their Resource Navigator and are written by the Resource Navigator in the client's case. Goals are worked on collaboratively with the client, the Resource Navigator, and sometimes other professionals working as a part of the team.

Methodology (Goal Achievement)

There are three possible statuses for each goal: open, closed, and achieved. Open goals reflect needs that are in the process of being addressed by one or more people on the team. Achieved goals are needs that have

been met through the support provided by a Resource Navigator. Closed goals represent needs that are unable to be addressed for any one of the following reasons:

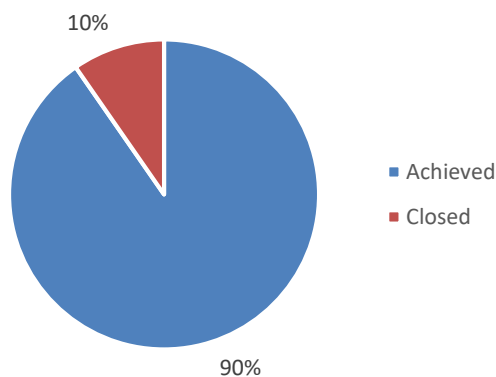
- client requested goal closure,
- goal no longer applicable,
- resources / options exhausted, or
- client case closed.

Goal achievement is only reported once a case has closed and all goals have been either achieved or closed within that case.

Results (Goal Achievement)

In FY20, 2,804 goals were reported within 1,132 total closed cases. The goal achievement rate for FY20 was 90%, comparable with FY19's rate of 89% (*Figure 30*).

Figure 30 - Resource Navigation Goal Status (n=2804)



Conclusions (Goal Achievement)

Because Resource Navigation is designed for quick response to client needs and as a result has a limited intake and eligibility process, there is an inherent bias present in the way in which goals are written by Resource Navigation staff. Specifically, goals are not written in the client's own words, but instead in the interpreted language of the Resource Navigator based on what the program is able to assist with. For example, if a client's need is to obtain legal representation for a personal injury case that caused their injury the goal would not be written as "Obtain legal representation." Instead, the goal would be written as "Provide client with referrals for legal representation" or "Assist client with exploring legal representation options." The reason for this is that many of the needs that present in Resource Navigation are beyond the control of BIAC staff. In this example, a Resource Navigator's success in supporting the client cannot be evaluated on the legal legitimacy of their case.

Therefore, in this example if a client is provided with a list of potential attorneys by their Resource Navigator, the goal is marked achieved, regardless of whether the attorneys provided take the client's case. If in this example there were no attorneys at all available for the client to contact, the goal would be marked closed with a reason of "Resources/options exhausted." Similarly, if the client notified the Resource Navigator mid-goal that they no longer want assistance finding attorneys, the goal would be marked closed with a reason of "client requested goal closure."

Satisfaction Surveys

Background & Objectives (Satisfaction Surveys)

Resource Navigation satisfaction surveys assess two components of the program: the usefulness of the support provided and the quality of the client's interaction with the BIAC resource navigator(s). The results of the Resource Navigation Satisfaction Survey are used to evaluate staff performance and inform process decisions related to service delivery. Additionally, over time the survey responses help to identify recurring areas of need that were unable to be met which can lead to resource finding initiatives, outreach goals, and professional partnerships in long-term strategic planning.

Methodology (Satisfaction Surveys)

Surveys were administered via short message service (SMS aka text message) in a sequential format. When a client's case is closed, a BIAC supervisor reviews the case for completeness and sends survey question 1 (see [Appendix D: Resource Navigation Satisfaction Survey SMS Messages](#)) to the appropriate phone number on file for that client. The appropriate phone number may be the client's number, or any alternate contact designated by the client, such as a spouse or caregiver, another professional working with the client, or friend of the client. If a response to survey question 1 is received, survey question 2 (see [Appendix D: Resource Navigation Satisfaction Survey SMS Messages](#)) is automatically sent to the same primary phone number. All SMS messages are sent and received through the BIAC Salesforce database and responses are logged and linked to the client case that the survey is related to. The Director of Client Programs reviews all responses received on a quarterly basis and aggregates the responses into "yes," "no," and "N/A" buckets based on the client's original response. For example, a response to Question 1 in FY20 of, "👍" has been coded as "yes" for the purpose of reporting. Similarly, a client response of, "Can you remind me of services please" has been coded as "N/A".

The data in this report for FY20 represents the survey responses from individuals following each case closure between July 1, 2019 and June 30, 2020. Only responses received prior to September 1, 2020 are included due to reporting deadlines.

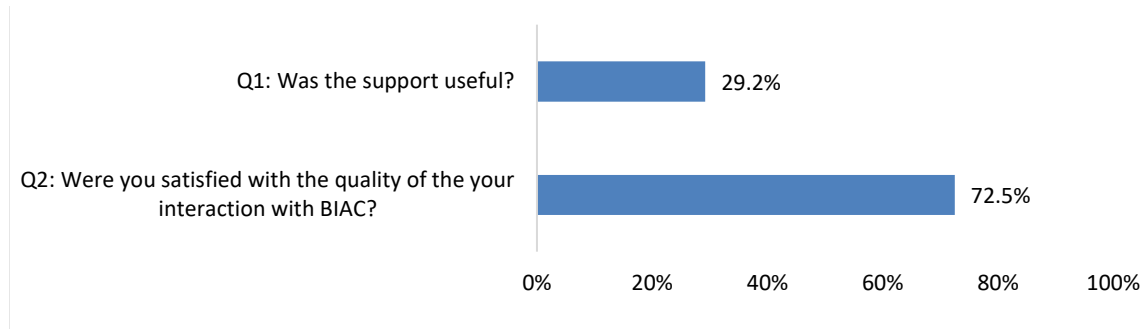
Important to note:

- Unique individuals can submit satisfaction survey feedback multiple times within the same fiscal year should they open multiple cases representing multiple instances of support. The rationale behind this is that each instance of support may be very different from the others in both types of need (speaking to question 1) and which Resource Navigator the client worked with (speaking to question 2).
- Due to the SMS method of surveying clients there are multiple biases present within this approach. First, only those with a phone number are being sent the survey. In some cases, clients do not provide a phone number, or they do not have a phone number, such as clients who received services while incarcerated and have not yet been released. Second, there is the possibility that for those who do have a phone number, the number listed for a client is not SMS capable, such as a landline. BIAC makes efforts to capture the type of phone number (landline vs. mobile) a client provides, however this is not always accurate. Considering these factors, because only those with SMS capable phone numbers are receiving the opportunity to provide feedback, the responses do not constitute a representative sample of the service population.

Results (Satisfaction Surveys)

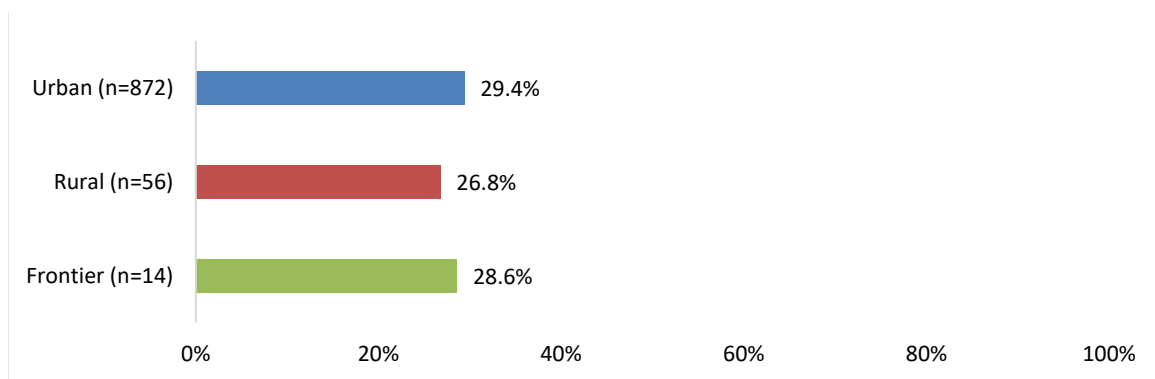
A total of 942 surveys were initiated for Resource Navigation in FY20, representing 83.2% of the closed cases. Of those 942 SMS messages with Question 1, 275 responded for a response rate of 29.2%. Question 2 was subsequently sent to 265 of the 275 who responded to Question 1. Of those 265 sent, 192 responded for a response rate of 72.5% (Figure 31).⁵

Figure 31 - Resource Navigation Satisfaction Surveys Response Rate by Question



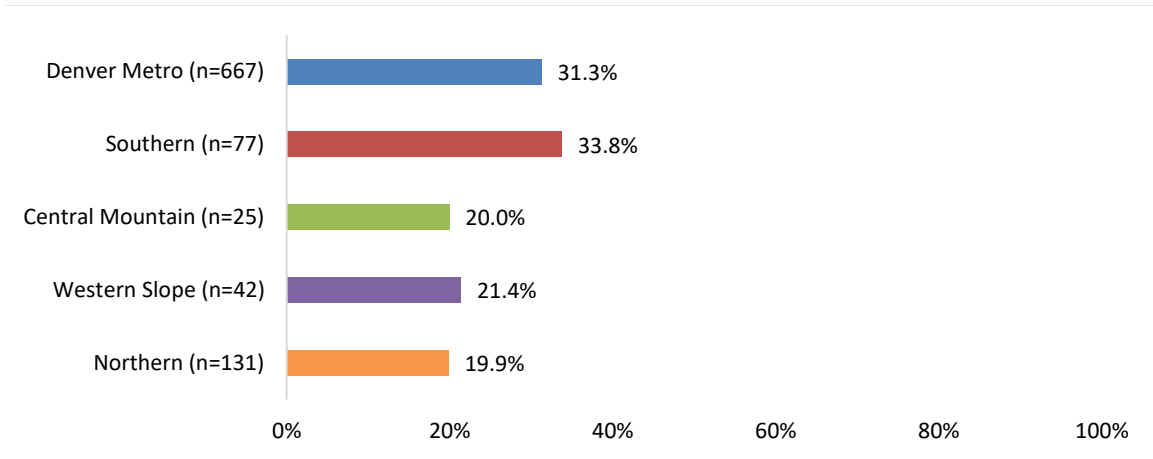
Question 1 had very similar response rates across county designations, ranging from 26.8% to 29.4%. With respect to regions, the response rate was highest in the Southern region (33.8%) and lowest in the Northern region (19.9%) (Figure 32, Figure 33).

Figure 32 - Resource Navigation Satisfaction Survey Response Rate by County Designation, Q1: Was the support useful? (n=942)



⁵ Ten instances of question 2 were not automatically sent following a response to question 1 (265 question 2 sent vs. 275 question 1 responses received). The reason for this is an unknown cause of technical malfunction by the SMS system within the database.

Figure 33 - Resource Navigation Satisfaction Survey Response Rates by Region, Q1: Was the support useful? (n=942)



Question 2's response rate was highest in Urban counties (73.4%) and lowest in Rural counties (57.1%). By region, the response rate was highest in the Denver Metro region (73.3%) and lowest in the Western Slope region (57.1%) (Figure 33, Figure 34).

Figure 34 - Resource Navigation Satisfaction Survey Response Rate by County Designation, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=265)

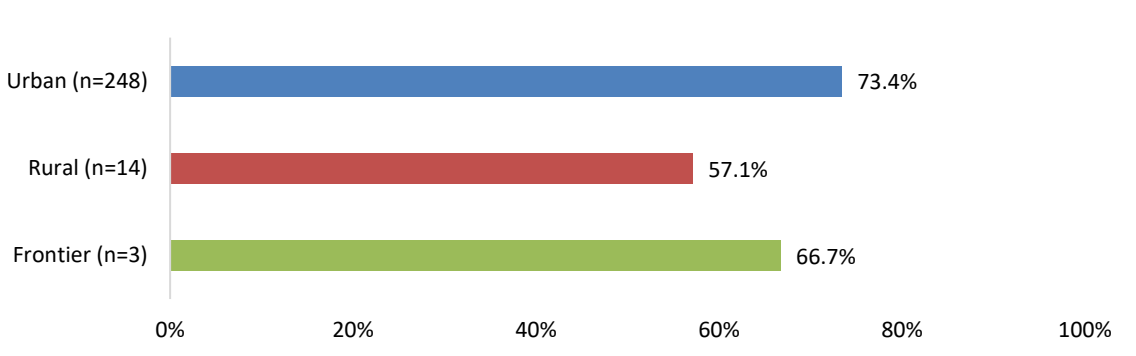
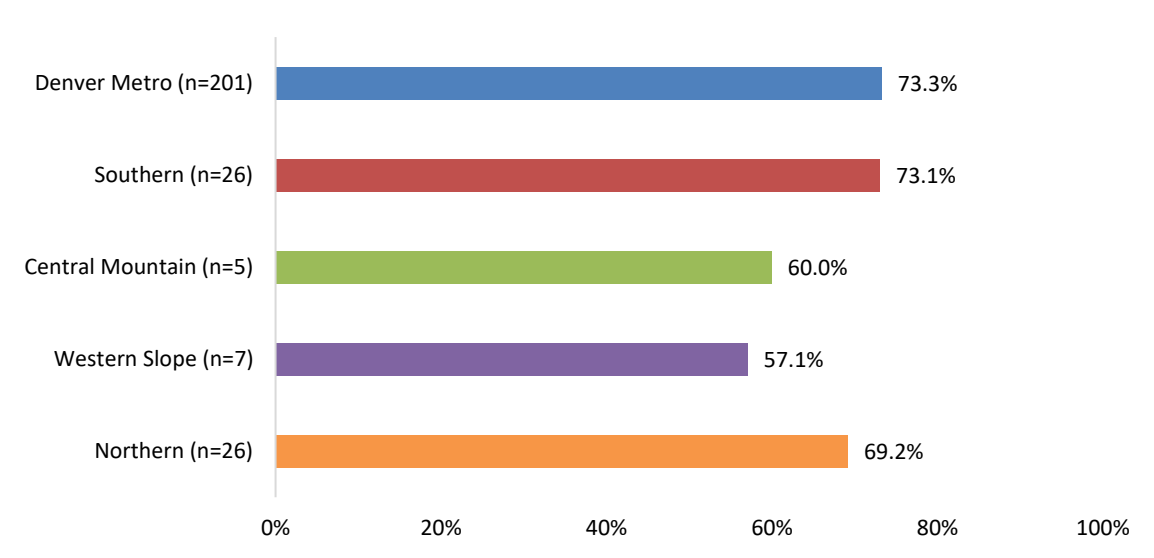
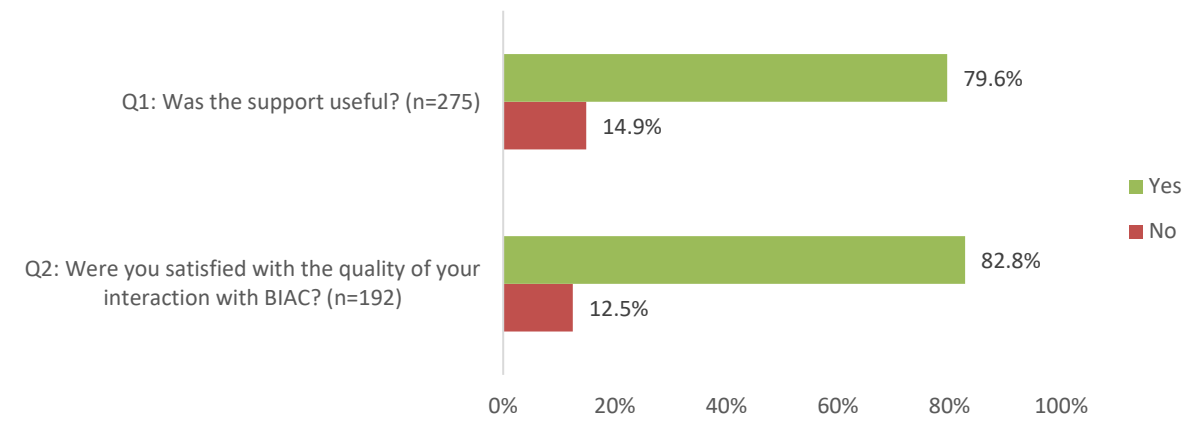


Figure 35 - Resource Navigation Satisfaction Survey Response Rate by Region, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=265)



Feedback from clients who received and responded to one or both survey questions was largely positive. Statewide, 82.8% of clients responded yes to question 1 and 79.6% responded yes to question 2 (Figure 36).

Figure 36 - Resource Navigation Survey Responses Statewide by Question



For question 1, the highest rates of affirmative responses came from clients in Urban counties (81.6%) and the lowest came from clients in Frontier counties (25.0%). The majority of respondents in urban and rural regions indicated the support they received was useful. Regionally, the highest rates of affirmative responses came from the Southern region (92.3%) while the lowest came from the Central Mountain region (40%) (Figure 37, Figure 38). The majority of respondents in all but the Central Mountain region indicated the support they received was useful.

Figure 37 - Resource Navigation Satisfaction Survey Responses by County Designation, Q1: Was the support useful? (n=275)

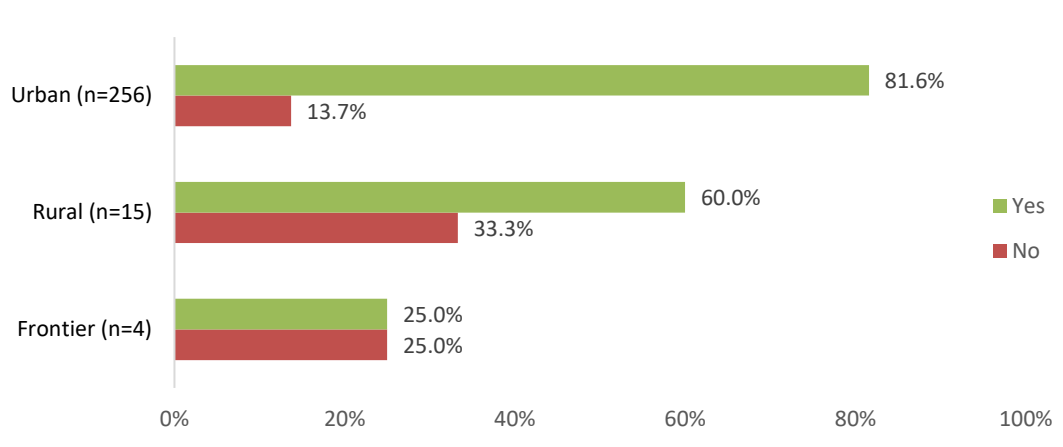
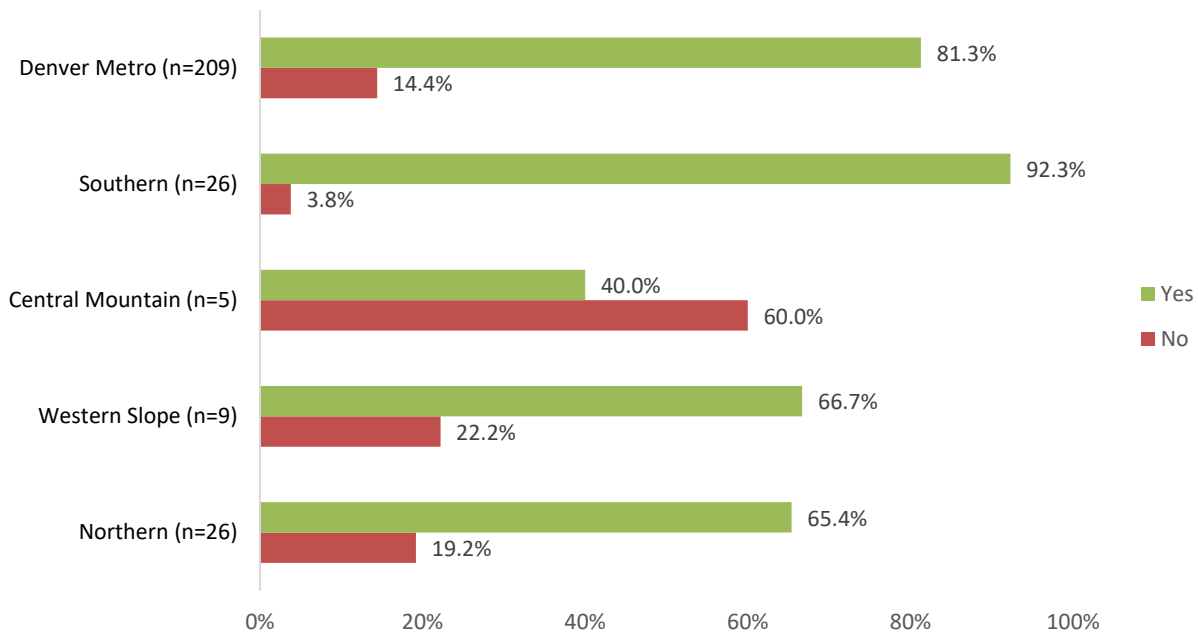


Figure 38 - Resource Navigation Satisfaction Survey Responses by Region, Q1: Was the support useful? (n=275)



For question 2, the highest rates of affirmative responses came from clients in Urban counties (84.1%) and the lowest came from clients in Frontier counties (50.0%). Across all county designations, half or more of the respondents indicated they were satisfied with the quality of their interaction. Regionally, the highest rates of affirmative responses came from the Western Slope region (100.0%) while the lowest came from the Central Mountain region (33.3%) (Figure 39, Figure 40). In all regions except the Central Mountain region, the majority of respondents indicated they were satisfied with the quality of their interaction.

Figure 39 - Resource Navigation Satisfaction Survey Responses by County Designation, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=192)

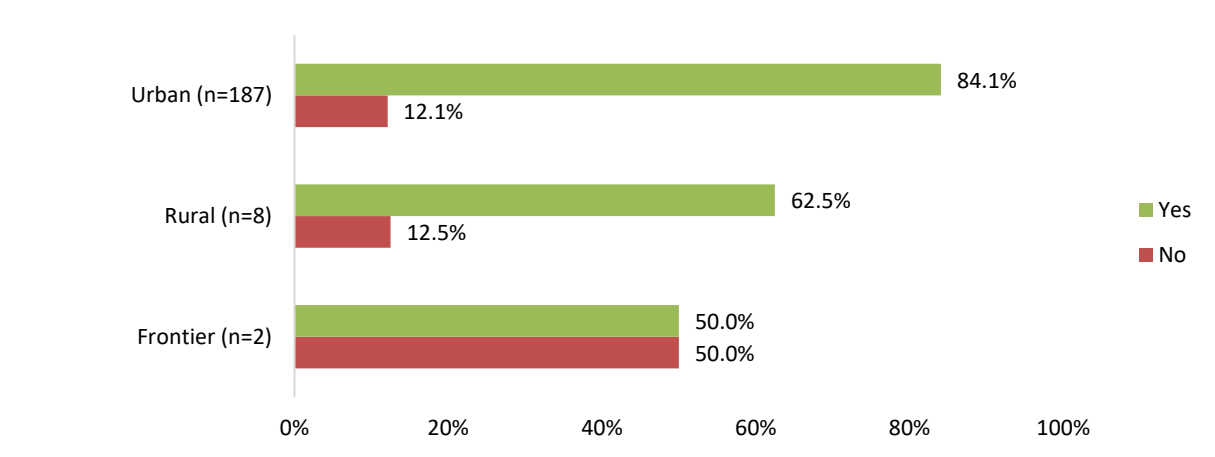
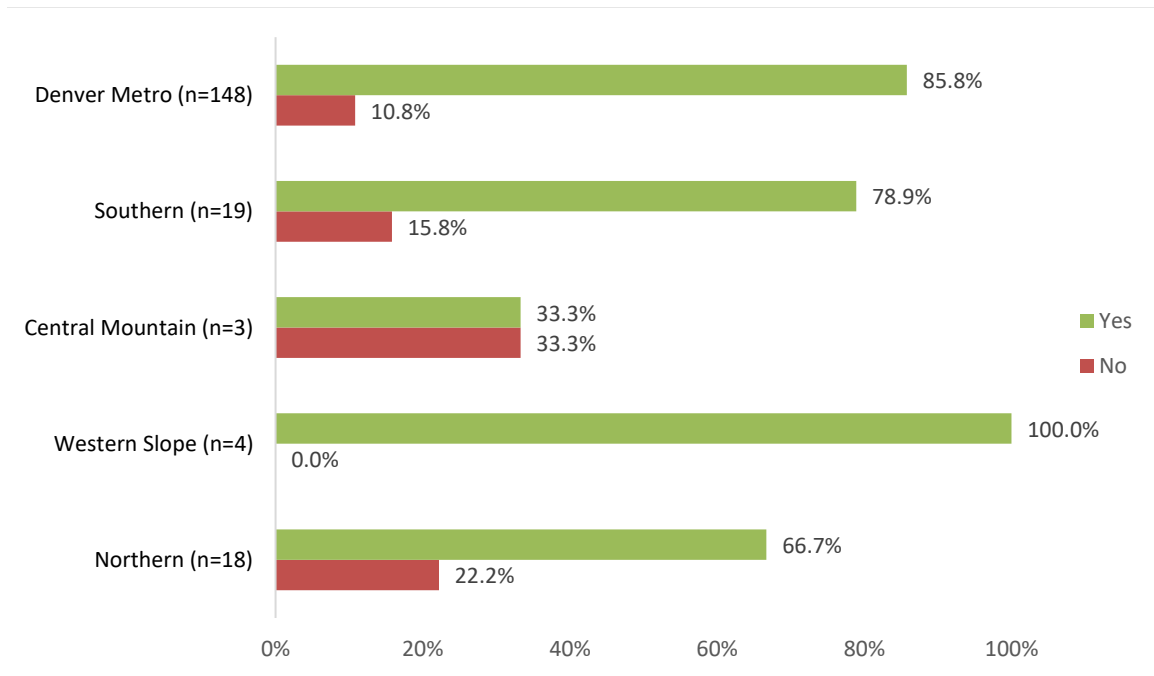


Figure 40 - Resource Navigation Satisfaction Survey Responses by Region, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=192)



Across both questions, it is important to recognize that Frontier counties, as well as the Central Mountain and Western Slope regions represent very small proportions of clients.

Conclusions (Satisfaction Surveys)

This is the second year that the program has implemented SMS as a survey methodology and the results remain positive with some areas for potential growth. Anecdotally, clients share with their Resource Navigation support team that SMS is increasingly their preferred method of communication. This is not something that the current data tracking captures. For those that use this technology, the ease of response

and integration into their already established communication patterns makes SMS an obvious choice for surveying clients' satisfaction with services. On the other hand, using only SMS for Resource Navigation Satisfaction Surveys does introduce bias into the results since not all clients are able to respond using this methodology. This is an important factor for BIAC and MINDSOURCE to weigh moving forward as BIAC attempts to expand the number of clients offered the survey.

As MINDSOURCE program areas and service offerings have diversified, the frequency at which BIAC solicits client feedback has similarly increased. Accordingly, it is possible that clients accessing multiple program areas and service offerings, particularly those with cognitive impairments, will tire, or become confused, when asked to complete multiple surveys throughout the year. This can lead to inaccurate feedback or a reduction in feedback (as indicated by lower response rates or higher rates of incomplete responses) over time. This has not been the case thus far, however, as response rates in FY20 were similar or better than response rates in FY19. For question 1, the response rate this year was .1% higher compared to last year and for question 2 the response rate this year was 3.4% higher compared to last year.

Overall, feedback on Resource Navigation remained positive in FY20, but rates of satisfaction are a bit lower than in FY19. In FY20, most respondents indicated the support they received was useful at 79.6%, lower than last year's rate of 87.4% (-7.8%). Similarly, most respondents indicated they were satisfied with the quality of their interaction with BIAC at 82.8%, lower than last year's rate of 87.5% (-4.7%).

Testimonials

"There are no words for how your call impacted me, given me hope - changed my life. I don't know what to say. I had given up ... and I've never, ever been a giver-upper ... but I did. The last weeks I knew, there was no other choice, I had no more energy. Not because I wanted to, because there was nothing else to do but surrender to it. I thought maybe this is just how it's supposed to end. I'm at a friend's writing this - it's my November accomplishment. I apologize if it's hard to understand or I repeat myself. Sometimes when I go back and read something I've written after a day ... ouch. Thank you for your kindness and reaching out to me."

- Resource Navigation Client

"Super nice and helpful! Thanks so much!"

- Resource Navigation Client

"Wonderful and so helpful"

- Resource Navigation Client who moved into a place that better suits him

"I just want to thank you again. Last night was the first night in a long time that [client name] slept through the night.... It is a very nice set."

- Mother of a Resource Navigation client who worked with a Resource Navigator to get the client a new bed

Key Accomplishments

- 867 unique individuals interacted with Resource Navigation in FY20, a 12% increase from FY19 and 129% of the minimum requirement.

- In FY20, RN completed 2804 goals with a 90% achievement rate. In FY19, RN completed 1996 with an achievement rate of 88% indicating improvement in both quality and quantity of services provided.
- Key second year baseline data for the new model of services was established allowing comparative analysis for this and subsequent years of programming.
- Virtual modalities (phones, email, text message, video conferencing) were utilized, providing continuous services to clients through the COVID-19 pandemic.

Goals for FY21

- Maintain or increase Resource Navigation goal achievement rate.
- Increase consistency of service delivery and documentation across all Resource Navigators.
- Continue to explore and offer alternative means of accessing services, such as more telehealth-style support, especially to those in Rural and Frontier areas.
- Monitor and compare year-three FY21 data to baseline data established in FY19 and FY20, looking for patterns that inform potential process and/or programmatic improvements.
- Continue efforts to meet or exceed minimum survey response rates of 25% at the state, region, and county designation levels by ensuring that Resource Navigators notify clients that the text survey will be coming when closing their case and encouraging them to complete it.

Self-management

Program Overview

FY20 is the second year BIAC has offered Self-management (SM) to survivors over the age of 16. This program is designed and available for TBI survivors who want to invest time in improving their skills in specific areas that can be challenging after a brain injury. Clients work one-on-one with an advisor to assess strengths and weaknesses in their life and develop strategies for building specific skills related to communication, scheduling/planning, and prioritization/organization with the goal of greater self-sufficiency. This is a six to nine-month program and clients meet with their advisor for an average of four hours each month. Upon completion, clients must wait six months before re-applying.

BIAC Advisors worked one-on-one with each participant to assess their strengths and weaknesses, identify natural supports in their life, and develop strategies for building specific skills with the goal of greater self-sufficiency and increased self-confidence.

Initially, Self-management was offered as a six-month program. During FY20, BIAC and MINDSOURCE agreed to allow participants to extend their participation up to nine months if the Advisor and client both agree that it would be beneficial to achieving their goals. Participants strive to meet with their Advisor for an average of four hours per month to work on skill-building.

Participants have regular homework outside of meetings with their Advisor which is reviewed each time they meet.

The program focuses on specific skills, called functional tasks, in three categories (*Table 1*) that participants can elect to work on with their Advisors. During each six-month period, participants can work on up to three unique functional tasks at a time if they choose.

Table 1 - Self-management Functional Tasks by Category

Communication	Scheduling/Planning	Prioritization/Organization
Calling and scheduling appointments	Using a calendar	Organizing and managing paperwork
Pre-planning for meetings with professionals	Managing schedules	Managing important contacts
	Meal planning	Sorting mail and understanding its contents
		Creating and prioritizing a to-do list

Once a participant has completed the program with their Advisor, they must take a mandatory six-month break from Self-management services to allow them to practice their new skills independently. Should they feel a need to return to the program for additional skill-building support following this six-month practice period, they may re-apply for services at that time.

The COVID-19 pandemic presented an additional challenge to the Self-management program. On March 16th, 2020, all of BIAC's services moved to a virtual platform. Advisors worked with each client to create a plan that would best serve them in this new environment. Clients were given the opportunity to "pause" their SM program until BIAC had a better understanding of what the program would look like in the future. Twenty-two clients chose to pause services because the virtual environment was not good a fit for them. Clients will be allowed to resume services and be assured that their active time in the program will be six-to-nine months. Twenty-eight clients chose to continue to services in the virtual environment and Advisors worked to create a tailored plan that best supported the client's ability to work towards their goals virtually or create new goals at that time.

Client Demographics

In FY20, a total of 99 unique individuals applied for Self-management services. Of those 99 individuals, 81 started services within FY20. Reasons that an individual might not start services after being approved for them include: a change in life circumstances that makes participation difficult, a client moving out of state, or a client who is unable to be reached by program staff to begin services. By the end of FY20, 77 unique individuals completed Self-management services.

In FY20, Self-management clients primarily resided in Urban counties (*Figure 41*) and the Denver Metro region (*Figure 42*). The Northern region had Self-management clients for the first time. The Western Slope region did not have any Self-management clients. Potential reasons for this could be insufficient or ineffective outreach about the program in that region or limitations with program delivery due to the availability of the Advisor in that region. It is also possible that the content of the SM program may be less relevant to survivors in that part of the state. These considerations provide areas of opportunity in FY21.

Figure 41 - Self-management Clients by County Designation (n=77)

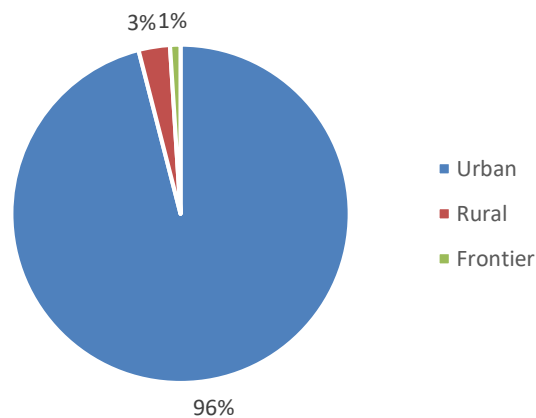
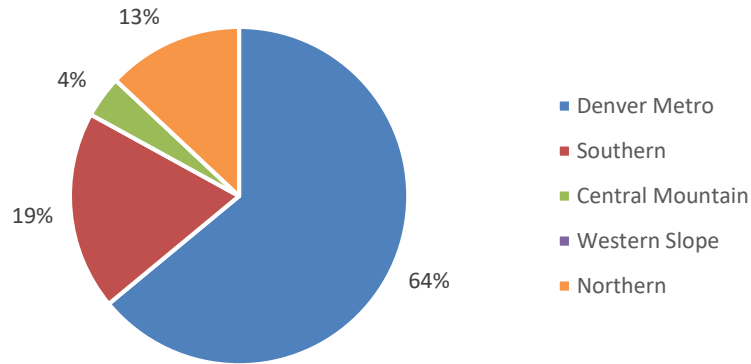
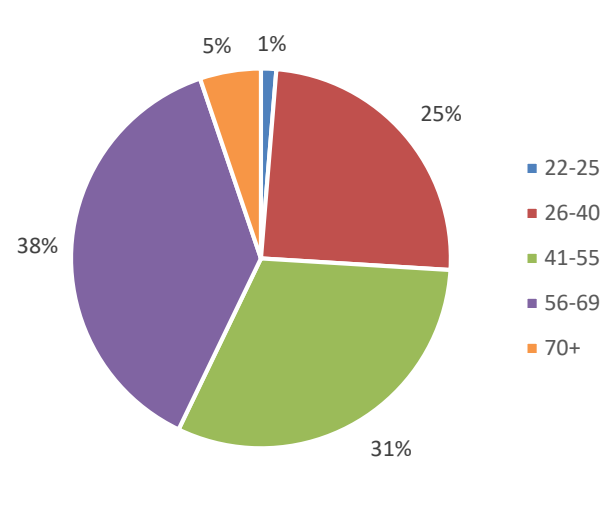


Figure 42 - Self-management Clients by Region (n=77)



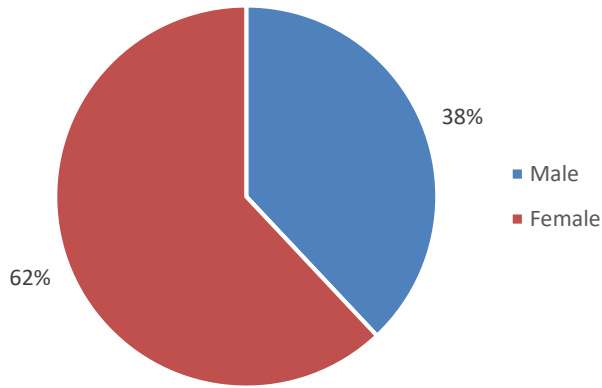
Self-management services are available for survivors who are 16 years or older and able to participate in the program independently. This year, the youngest client was 22 years old. It was also noted that the largest group of participants shifted from 41-55 years old in FY19, to 56-69 years old in FY20 (Figure 43).

Figure 43 - Self-management Clients by Age (n=77)



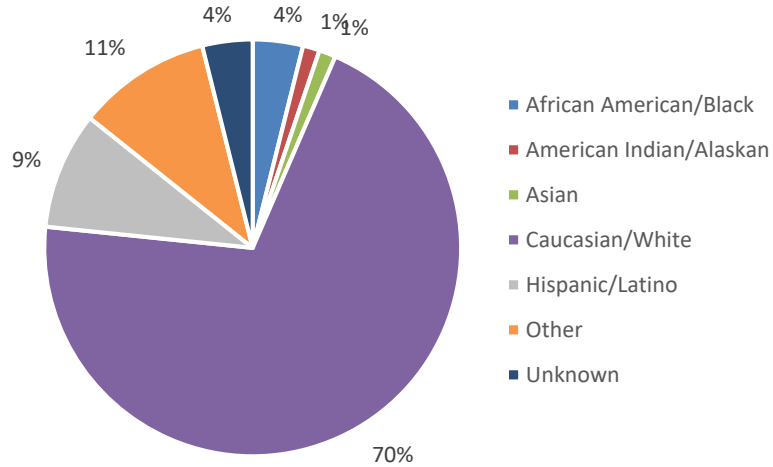
The gender distribution in Self-management remained significantly more female than male in FY20, with nearly double the female participants (Figure 44).

Figure 44 - Self-management Clients by Gender (n=77)



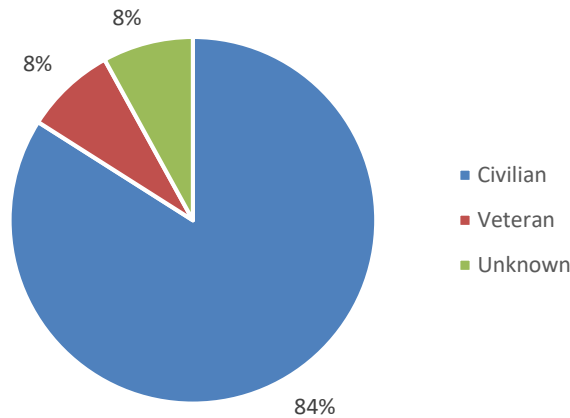
In contrast to FY19, all races/ethnicities were represented in FY20 Self-management clients. Caucasian/white survivors remained the majority of all clients. One client had a preferred language other than English, and that language was Arabic. This client successfully completed the program using translation services provided by BIAC.

Figure 45 - Self-management Clients by Race/Ethnicity (n=77)



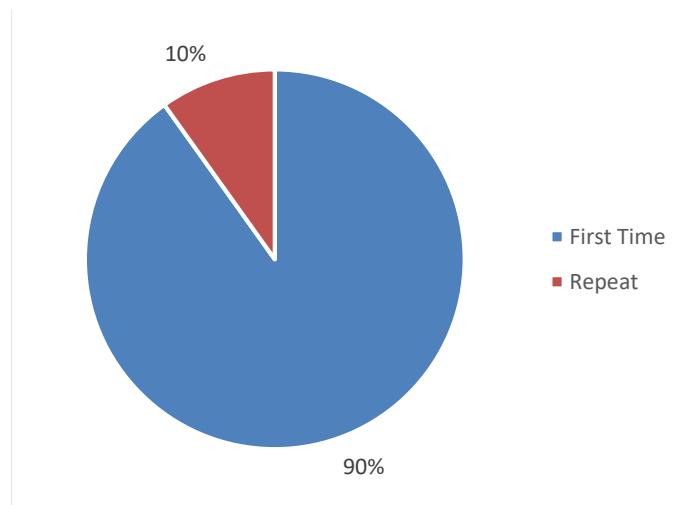
In FY19, one veteran was involved in the Self-management program. This year’s veteran participation increased to eight. This is an incidental finding, as no specific outreach was directed to veterans. All other Self-management clients reported as civilian or unknown (Figure 46).

Figure 46 - Self-management Clients by Military Status (n=77)



In FY20, all participants were adults. There were no youth participants, which was a change from FY19. This demonstrates an opportunity to provide additional outreach to youth which might be accomplished with support from BIAC’s Youth Services Coordinator. Nearly three-quarters (73%) of participants were first time clients. Eight clients re-applied to the program, indicating they saw value in the program and wanted to continue to benefit from Self-management services.

Figure 47 - Self-management Clients, First-time and Repeat (n=81)



Service Participation

Clients apply for the Self-management program by submitting a completed application and World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) ([Appendix E: World Health Organization Disability Assessment Schedule 2.0 \(WHODAS 2.0\)](#)) referral to the program may come from a professional, family member or friend, or the client themselves. Unlike other services offered by BIAC, the Self-management program requires a documented confirmation of a brain injury. This can be proven through medical records or the Ohio State University Traumatic Brain Injury Identification method (OSU TBI-ID). Clients identify the specific skill areas (functional tasks) they want to build or improve upon and are then

assigned to a Brain Injury Advisor and work with that assigned Advisor for the duration of the program. The Advisor and client work together to create specific goals (functional task goals). Eighty-one individuals started services in FY20.

Collectively, clients worked on 130 functional task goals, with an average of 1.7 functional tasks goals per client. The Frontier region shows a higher number of average functional task goals than the other regions. There was only one client in that region, who had three functional task goals, which raised the average for that region. This is a change from FY19, when the Southern region had the highest number. The Western Slope had no Self-management participants (*Figure 48, Figure 49*).

Figure 48 - Average Number of Functional Task Goals per Client by County Designation (n=130)

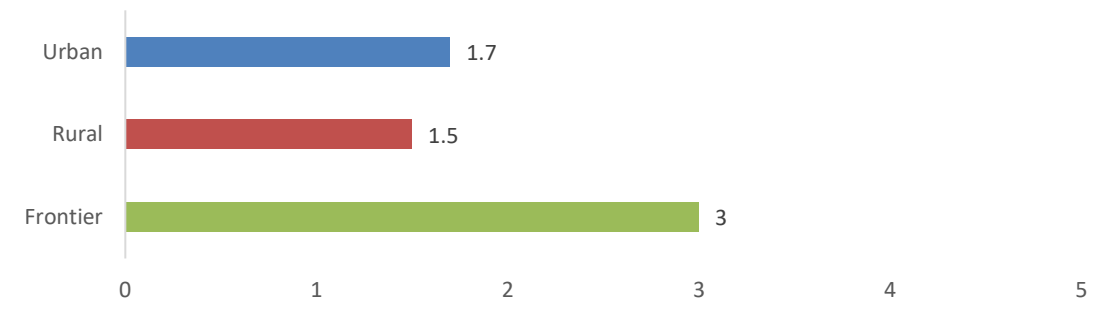
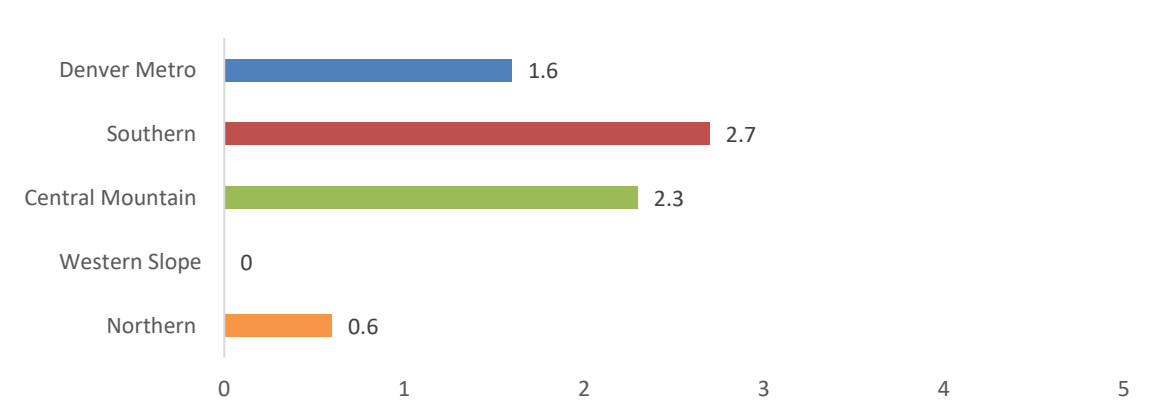
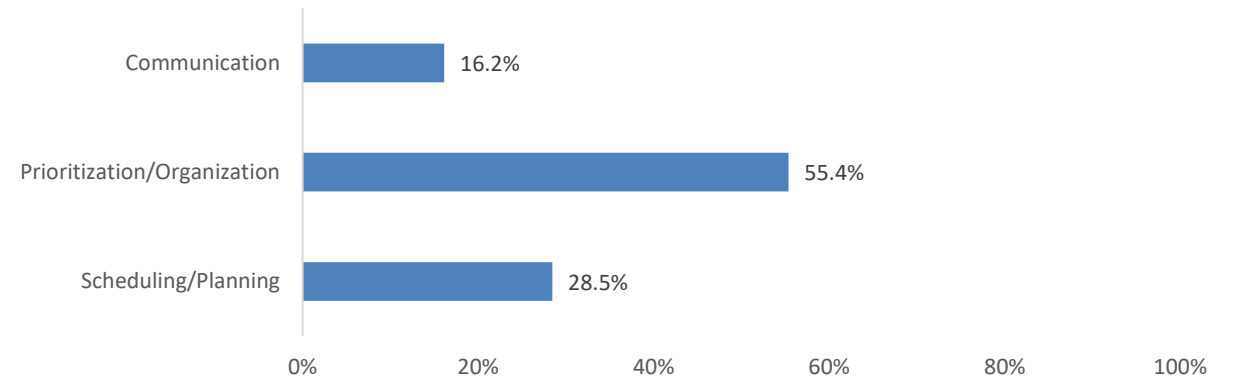


Figure 49 - Average Number of Self-management Functional Task Goals per Client by Region (n=130)



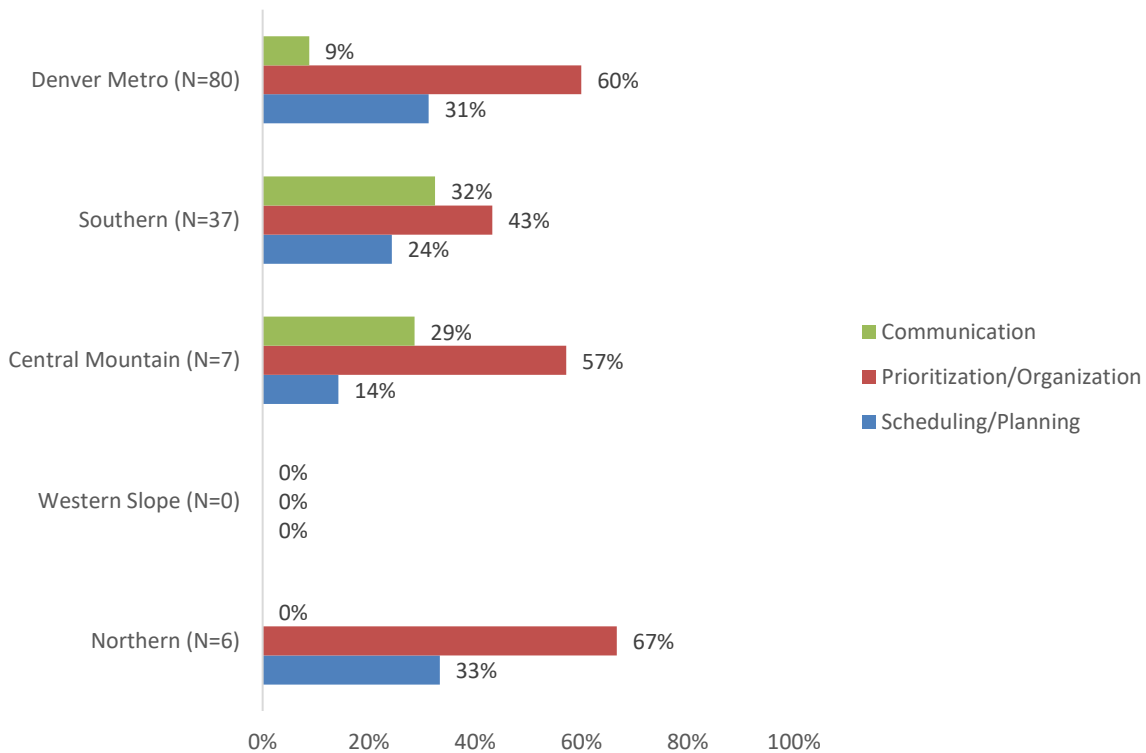
Of the 130 functional task goals, more than half fell under the prioritization/organization category. Although the communication category was the least selected at 16.2%, this was still a 31% increase from FY19 (*Figure 50*).

Figure 50 - Percentage of Self-management Functional Task Goals by Category (n=130)



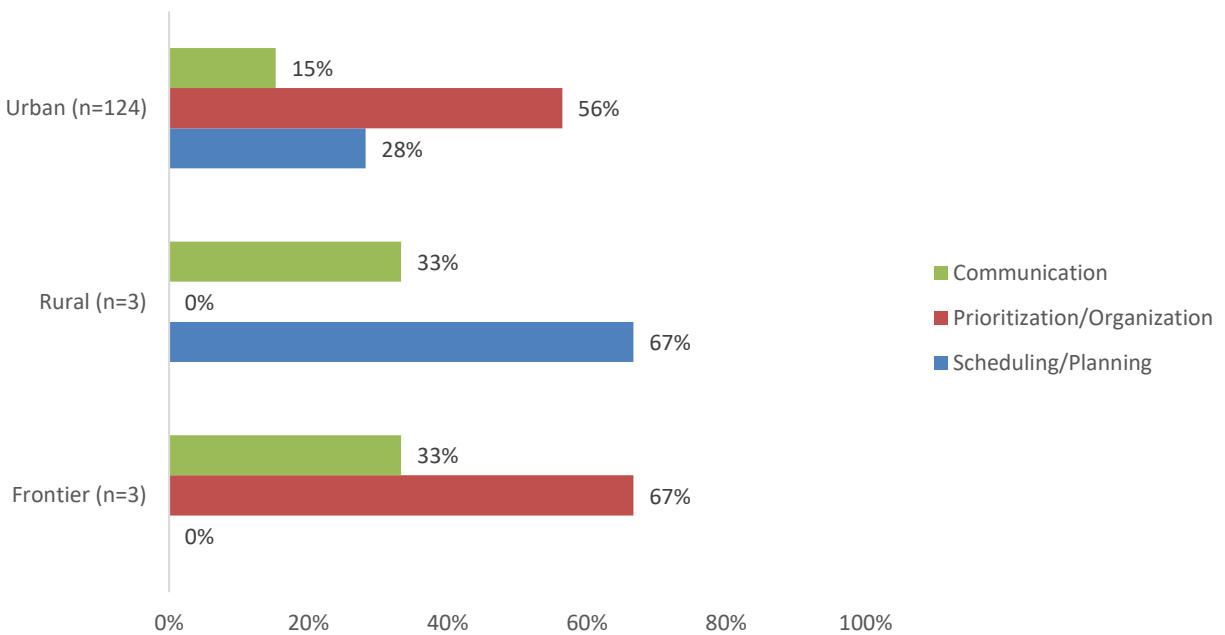
There were changes in which categories functional task goals were chosen by clients this year. Functional task goals within the communication category were selected more frequently than those within the scheduling/planning category in the Southern and Central Mountain regions, but not selected at all by clients in the Northern region. FY19 numbers were comparable in the Denver metro area with a slight increase in the percent of functional task goals within the communication category. The Southern region also doubled the percent of functional task goals within the communication category. Last year in the Northern region 100% of clients chose functional task goals within the prioritization/organization category; whereas in FY20, 33% chose functional task goals within the scheduling/planning category and 67% chose functional task goals within the prioritization/organization category.

Figure 51 - Percent of Self-management Functional Task Goals by Category and Region (n=130)



Scheduling/planning tasks were chosen by 67% of Rural Self-management clients and by 2% of Urban clients, but not selected by any Frontier clients. Prioritization/organization tasks were selected by 67% of Frontier clients and by 56% of Urban clients. No Rural clients chose this category. Communication tasks were selected by clients in all three regions, but less frequently by Urban clients. This demonstrates that priorities vary by county designation and is consistent with findings from FY19 (Figure 52).

Figure 52 - Percent of Self-management Functional Task Goals by Category and County Designation (n=130)



Evaluation

Evaluation of Self-management uses three methodologies: goal attainment scales (GAS), confidence scales, and client satisfaction surveys. GAS and confidence scales are used to assess the progress clients are making towards success in their Self-management goals. The client satisfaction surveys provide an opportunity for person-centered feedback on the quality and effectiveness of Self-management services, as well as employee performance in delivering Self-management services, from the perspective of clients. Survey results are used to inform service improvements and guide staff training and development.

Goal Attainment Scales

Background & Objectives (Goal Attainment Scales)

Through a collaboration with Craig Hospital and Colorado Brain Recovery, MINDSOURCE and BIAC leadership collaborated with two Speech/Language Pathologists on the program design and structure for Self-management. Goal attainment scales (GAS) are a tool recommended by both that have been used in various formats of the Cognitive Rehabilitation setting for brain injury with success. GAS offers both client and Advisor a simple, clear tool to track progress and report outcomes.

Methodology (Goal Attainment Scales)

For each goal created by the client and Advisor, a corresponding GAS is collaboratively developed to track each goal's progress. The GAS is comprised of five levels to monitor a client's progress: -1, 0, 1, 2, 3. This is slightly different than the traditional GAS scaling of -2 to +2, an intentional decision by BIAC and MINDSOURCE leadership. The rationale behind this decision is tied to the program's intention to be strength-based. BIAC and MINDSOURCE determined that allowing for more precise evaluation of progress was a higher priority than greater measurement of regression.

To illustrate goal attainment scaling, an example from a FY20 Self-management client is summarized below.

*The client's goal is in the prioritization/organization functional task category. The goal name is **to accurately track appointments**.*

The goal description is: [Client] would like to create a system to keep all appointments that is more efficient and functional.

The strategies developed by the Advisor and the client are:

- *Purchase a day planner and large calendar to display on refrigerator.*
- *Keep sticky note by front door to remind you to take planner to appointments.*
- *Write new appointments down in planner immediately – take an extra minute at the doctor's office to do this.*
- *Write in pencil in case appointment changes.*
- *Transfer all appointments to calendar when you get home.*
- *Review weekly with advisor during Self-management meetings.*

Next, the goal attainment scaling is developed and written out with descriptions.

Zero represents the client's baseline when starting a goal. Baseline represents where along the scale the client is when services begin. In this example, the baseline description is: No appointments being tracked

The rest of the scaling is discussed, and a reasonable and attainable final goal is established by the client and the Advisor using the +3 description. For this goal the scaling was:

<i>+3 Description</i>	<i>100% of appointments written on planner and on calendar - no missed appointments</i>
<i>+2 Description</i>	<i>Most appointments written in planner and on calendar</i>
<i>+1 Description</i>	<i>Some appointment written in planner and on calendar</i>
<i>0 Baseline Description</i>	<i>No appointments being tracked</i>
<i>-1 Description</i>	<i>Reduction in frequency or level of function – missing appointments, chaos</i>

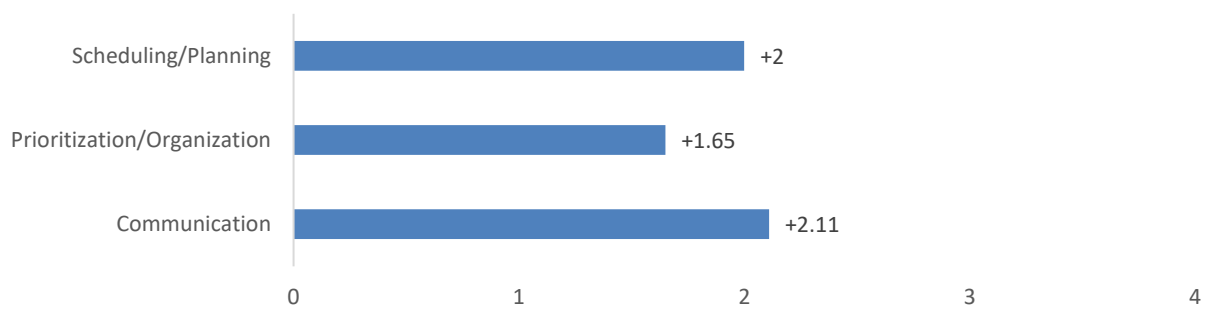
As services progress, the Advisor and client regularly check-in using this scaling as a guide to assess how the client is doing with each goal that is being worked on. The Advisor records the GAS and confidence scores at regular intervals (baseline, mid-point, and program completion) in client binder and Salesforce so that progress is evident.

Results (Goal Attainment Scales)

In FY20, from baseline to completion, GAS scores across all functional task goals had an average change of +1.92, indicating notable progress made by all clients toward goal achievement.

When broken down by functional task type, the greatest amount of progress was seen in the communication category, with program completion scores more than doubling baseline scores (change of +2.11) (Figure 53). Scheduling/planning task category demonstrated an increase of +2 from baseline and prioritization/organization rose +1.65 from baseline. These findings are consistent with scores of FY19 and indicate client achievement in all functional task categories, demonstrating program success. It is also important to note that no clients regressed or had a reduction in level of function.

Figure 53 - Self-management Average Change in Goal Attainment Scaling by Functional Task Category (n=130)



Conclusions (Goal Attainment Scales)

In the Self- Management program, clients continue to show improvement in their efforts to attain and grow new skills. This positive growth can be objectively measured thanks to the Goal Attainment Scale method. As Self-management continues to expand, monitoring GAS scores will be useful for measuring impact of services over time. Program expansion in areas demonstrating more success may be considered in the future.

Confidence Scales

Background & Objectives (Confidence Scales)

Like GAS, confidence scales are a tool used by Advisors and clients to measure and track progress while in the Self-management program. While the GAS provides the team an objective approach to measuring progress, confidence scales are an evaluation tool that provides the team a more subjective view into how much more confident the client feels in their ability to achieve a goal, regardless of measurable achievement. The reason why BIAC uses this to measure success is two-fold. First, BIAC believes that progress should be recognized in all forms, especially emotional forms that may be holding a client back from achieving their goals. Low self-confidence in one's ability to perform a task can be a detriment to even attempting to learn a new skill. In many cases, it is step one on the path to achieving a goal. The second reason why BIAC evaluates program outcomes with client confidence is because of the frequent issues with initiation that survivors of brain injury

face which lead to inaction. BIAAC believes that if confidence in one’s ability to perform a task rises, that positive momentum will lead to fewer issues with initiation and greater success in learning or fine-tuning existing skills.

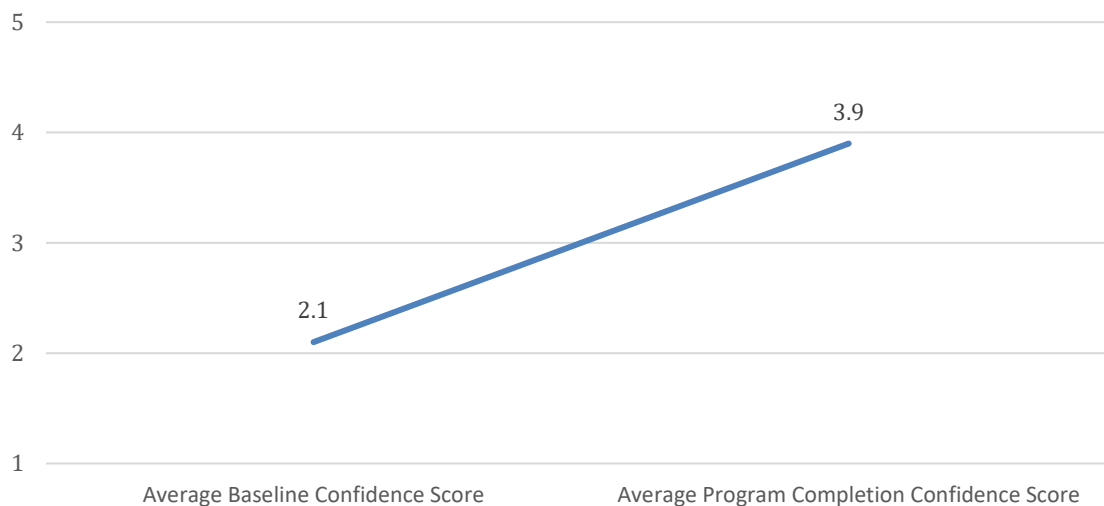
Methodology (Confidence Scales)

The confidence scale is administered at baseline, midpoint, and program completion by asking the client to self-report their own confidence level for each goal on a scale of one to five where 1 = not at all confident, 2 = a little confident, 3 = pretty confident, 4 = confident, and 5 = very confident. Unlike GAS, each client’s confidence scale is different for each of their goals.

Results (Confidence Scales)

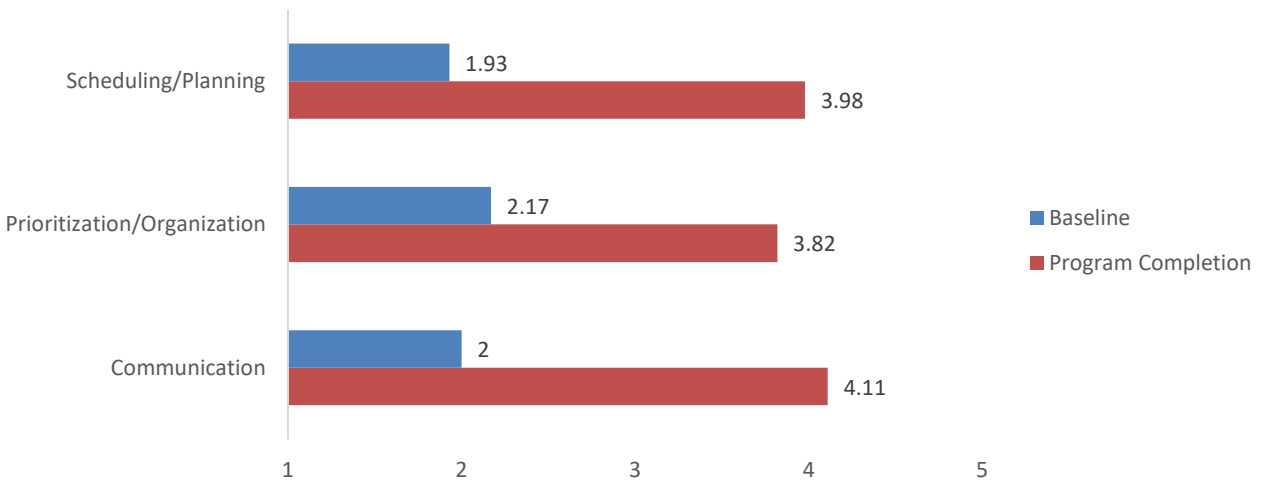
Average baseline confidence scores were slightly lower than FY19 (2.1 vs 2.3) and scores at program completion were higher this year than FY19 (3.9 vs 3.4). These figures demonstrate an 85% increase in confidence for FY20 (Figure 54), this is a notable increase from FY19, when confidence scores rose by 48%. Clients in FY20 were “confident” at program completion compared to “pretty confident” in FY19. Building confidence is key to goal achievement.

Figure 54 - Self-management Average Change in Confidence Score



Breaking down client confidence by functional task category, clients entered services with the highest confidence in prioritization/organization and the least confidence in scheduling/planning goals. By program completion, the greatest improvement in confidence occurred in communication goals. Confidence scores in the scheduling/planning category from baseline to program completion increased +2. The prioritization/organization task demonstrated a +1.65 increase. Confidence scores in the communication category increased the most at +2.11 (Figure 55). These figures represent a significant change from the same categories in FY19, which demonstrated an average increase of +1.1.

Figure 55 - Self-management Average Change in Confidence by Functional Task Category



Conclusions (Confidence Scales)

Confidence scale scores increased in all functional task areas. As the program continues into its third year (FY21), and more clients re-enter services after their six-month period of practice, BIAC will be looking to compare the confidence scores and GAS scores of repeat clients to determine patterns that reveal how repeated participation in the program impacts clients over time. Confidence scores could be measured in comparison to GAS scores to find correlations between the two.

Satisfaction Surveys

Background & Objectives (Satisfaction Surveys)

Self-management Satisfaction Surveys are used to assess the quality and effectiveness of the Self-management services, as well as employee performance in delivering Self-management services, from the perspective of clients. The results of the survey are used to inform service improvements and guide staff training and development.

Methodology (Satisfaction Surveys)

Surveys were provided to the client at the end of services by their Advisor. Surveys were available to the client in two formats: as a SurveyMonkey webform provided as a link in an email and as a hardcopy paper survey provided in-person during the final meeting or mailed with a self-addressed and stamped envelope following the final meeting. The format of the survey was the choice of the client.⁶ Participation in the survey was voluntary but encouraged.

⁶ MINDSOURCE and BIAC have made a concerted effort to expand person-centered programming and policies, and as such, have agreed that the format of the survey will be based on the client's preferred method of communication. This can lead to inconsistencies in the completeness of survey responses (i.e., a "required" question on an electronic survey can be left blank on a hard-copy survey).

In an attempt to increase participation, in July 2020, a second round of surveys were sent to those that had successfully completed the Self-management program during FY20 but had not yet responded to the survey. Those with email addresses on file received the reminder survey as a SurveyMonkey webform provided as a link in an email; those without email addresses on file were mailed hard copies with self-addressed and stamped envelopes.

All responses were automatically collected within SurveyMonkey when the client completed the survey online. Hardcopy responses were manually entered into the SurveyMonkey platform by BIAC staff as they arrived. The full questionnaire is included in [Appendix F: Self-management Satisfaction Survey](#)

Results (Satisfaction Surveys)

In FY20, 77 individuals (100%) were offered the opportunity to complete the end of program Satisfaction Survey. Of those 77, 15 (19.5%) submitted responses. Response rates were highest in Rural counties at 50.0% while there were no responses from clients in Frontier counties. By region, response rates were highest in the Denver Metro region and no responses were received from clients in the Central Mountain region. No clients in the Western Slope region completed the Self-management Program in FY20 ([Figure 56](#), [Figure 57](#)).

Figure 56 - Self-management Satisfaction Survey Response Rates by County Designation (n=77)

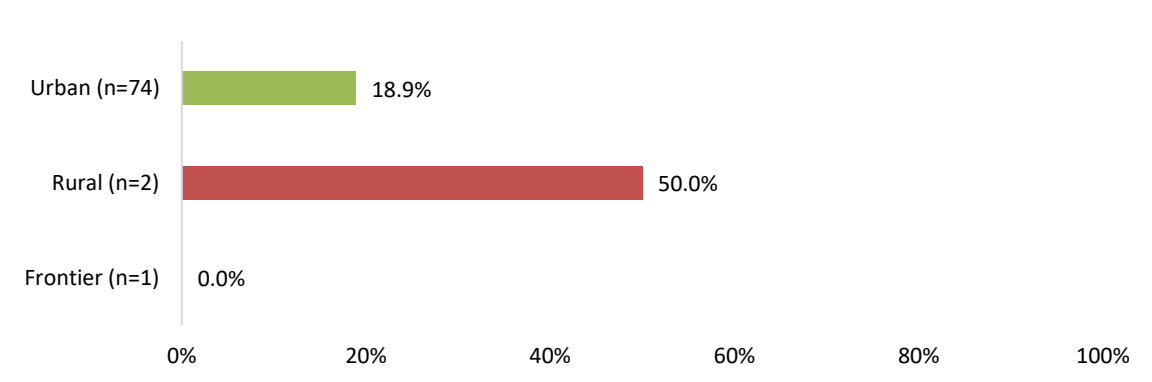
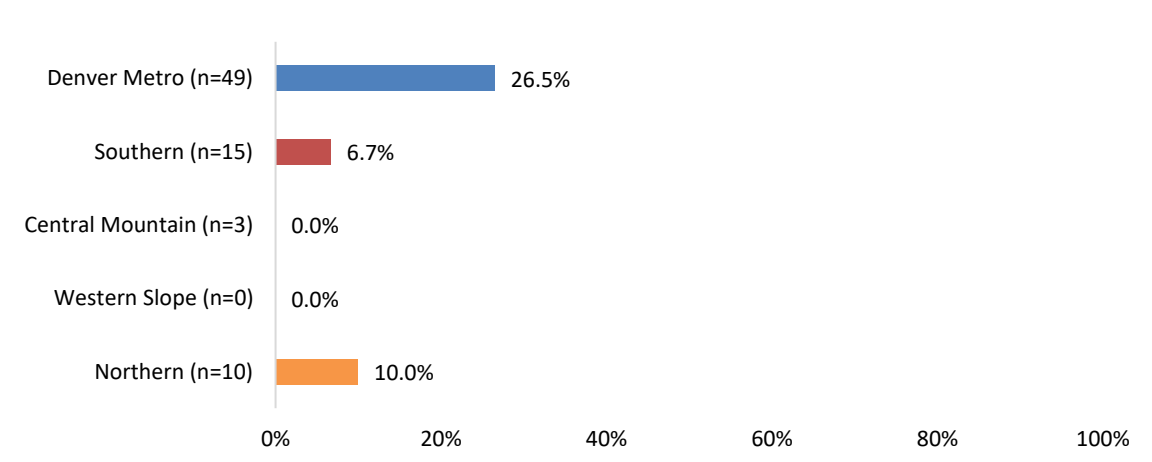
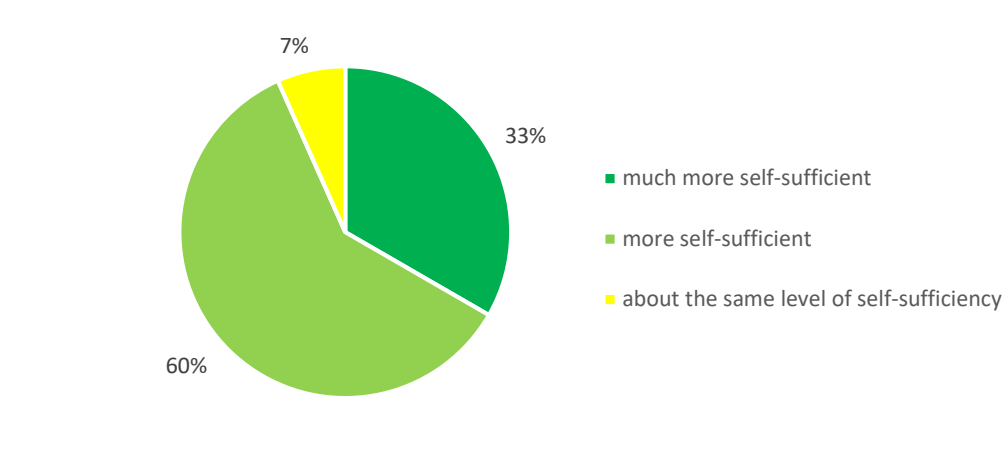


Figure 57 - Self-management Satisfaction Survey Response Rates by Region (n=77)



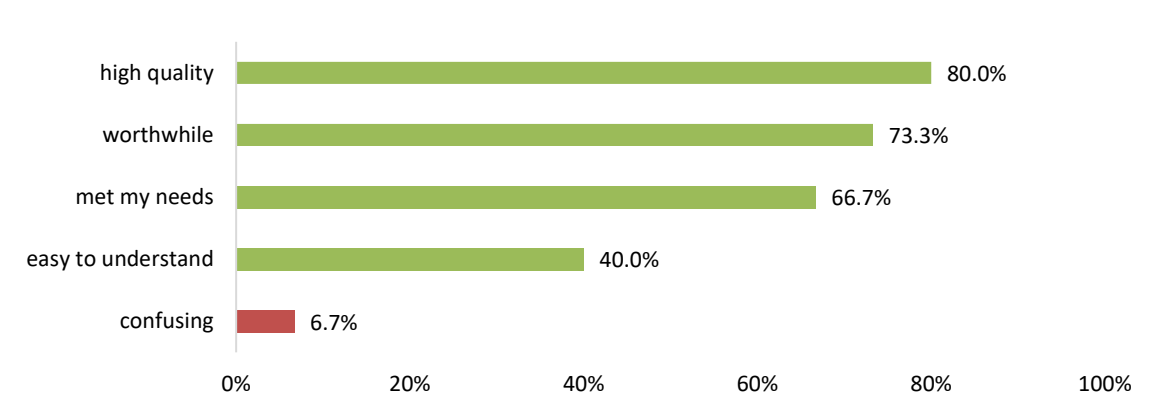
When asked “Overall, how self-sufficient do you feel since you began participating in BIAc's Self-management program?” nearly every respondent (93%) indicated that they felt “much more self-sufficient” (33%) or “more self-sufficient” (60%) (*Figure 58*).

Figure 58 - Self-management Satisfaction Survey, Question: Overall, how self-sufficient do you feel since you began participating in BIAc's Self-management program? (n=15)



When asked “Which of the words below would you use to describe BIAc's Self-management program? Select all that apply.”, feedback was nearly all positive. Most respondents said the program was high quality (80.0%), worthwhile (73.3%), met my needs (66.7%). Forty percent said the program was easy to understand. One respondent indicated that the program was confusing (6.7%) (*Figure 59*).⁷

Figure 59 - Self-management Satisfaction Survey, Question: Which of the words below would you use to describe BIAc's Self-management program? Select all that apply. (n=15)

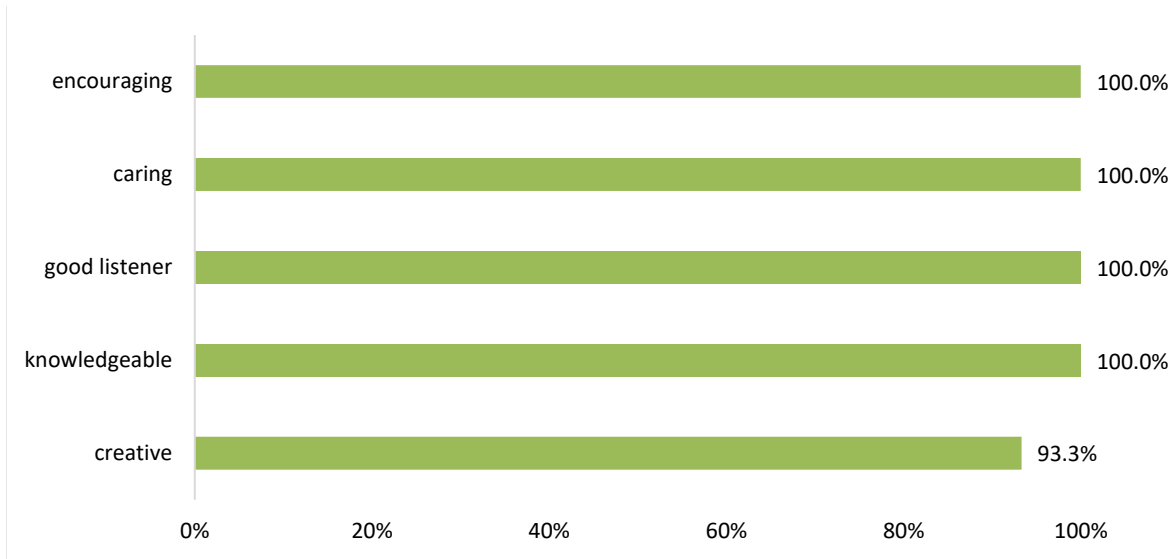


All but one respondent (93.3%) indicated the working relationships with their brain injury advisor was very positive. When asked “Which of the words below would you use to describe your brain injury Advisor? Select all that apply.” all clients had positive feedback about staff approach. One hundred percent of respondents

⁷ Response options included: high quality, worthwhile, met my needs, easy to understand, poor quality, not a good use of my time, did not meet my needs, confusing.

indicated that their brain injury advisor was encouraging, caring, a good listener, and knowledgeable; all but one also indicated their brain injury advisor was creative (93.3%) (Figure 60).⁸

Figure 60 - Self-management Satisfaction Survey, Question: Which of the words below would you use to describe your brain injury advisor? Select all that apply. (n=15)

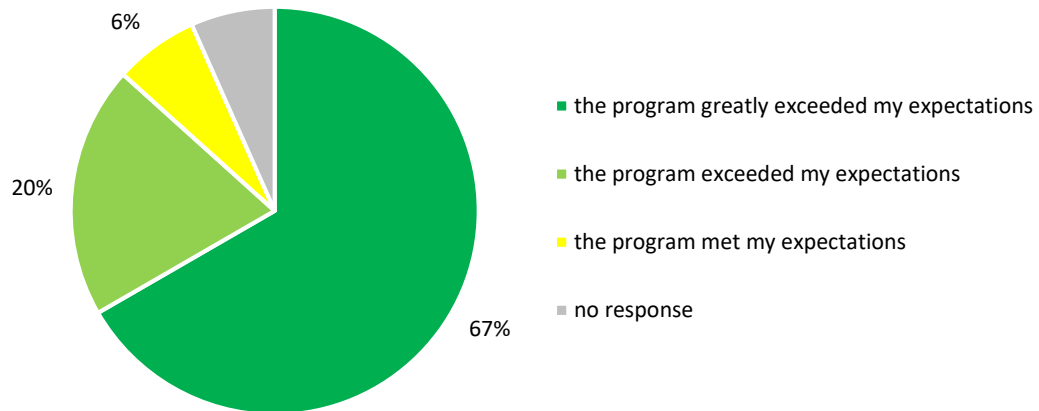


Most respondents indicated that the self-management program greatly exceeded, exceeded, or met their expectations and one respondent did not answer the question (Figure 61).⁹ One hundred percent of respondents said they would recommend the program to others.

⁸ Response options included: encouraging, caring, good listener, knowledgeable, creative, discouraging, uncaring, poor listener, unknowledgeable, and uncreative.

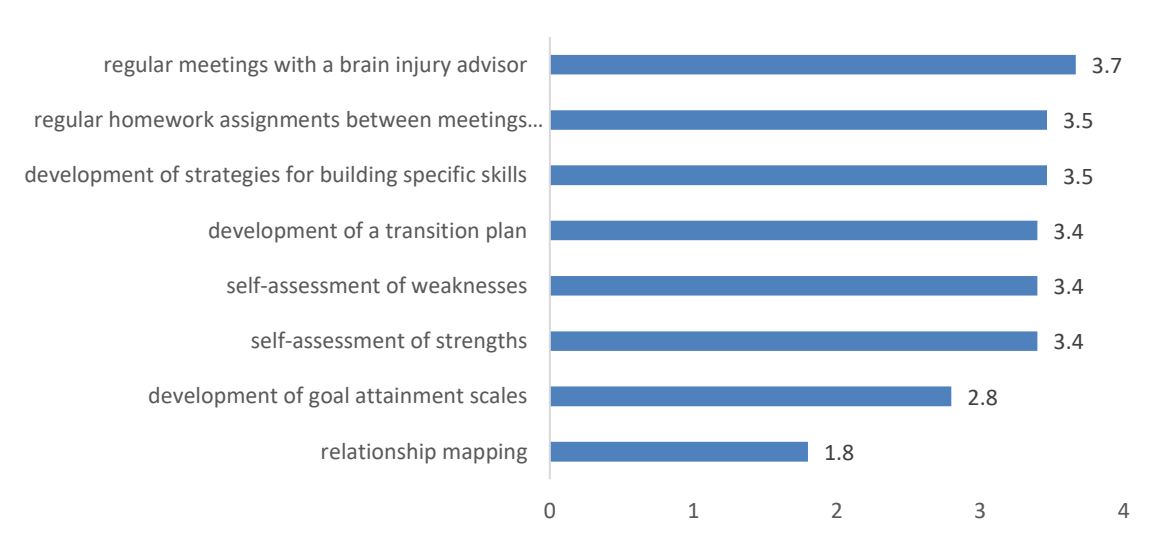
⁹ Response options included: the program greatly exceeded my expectations, the program exceeded my expectations, the program met my expectations, the program fell below my expectations, the program fell far below my expectations, no response.

Figure 61 - Self-management Satisfaction Survey, Question: Overall, how did BIAC's self-management program align with your expectations? (n=15)



When assessing the components of the Self-management program, regular meetings with Advisors ranked highest in value with an average rating of 3.7, between somewhat valuable and very valuable. Relationship mapping was the least valuable tool at 1.8, between not at all valuable and a little bit valuable ¹⁰ (Figure 62).

Figure 62 - Self-management Satisfaction Survey, Question: In your experience, how valuable were each of the following components of BIAC's Self-management program in helping you become more self-sufficient? (n=15)



¹⁰ For this question, 0 = does not apply to me, 1 = not at all valuable, 2 = a little bit valuable, 3 = somewhat valuable, and 4 = very valuable.

Conclusions (Satisfaction Surveys)

As mentioned previously, MINDSOURCE program areas and service offerings have diversified, and the frequency at which BIAC solicits client feedback has similarly increased. This means that clients accessing multiple program areas and service offerings, particularly those with cognitive impairments, may tire, or become confused, when asked to complete multiple surveys throughout the year which, in turn, could lead to inaccurate feedback or a reduction in feedback (as indicated by lower response rates or higher rates of incomplete responses) over time.

Response rates in FY20 were significantly lower in FY20 at 19.5% compared to FY19 at 40.0% (-20.5%), despite the additional effort of sending reminder surveys to those that did not respond to the initial survey. Anecdotally, we suspect that challenges related to COVID-19, such as technology fatigue, may be contributing factors in lower response rates in FY20.

Overall, feedback on the Self-management program remained very positive in FY20 and is consistent with that received in FY19. Clients are feeling more self-sufficient at the end of the program, are working well with their advisors, and reporting that the program exceeds their expectations and that they would recommend it to others.

Testimonials

"I don't know where I'd be presently, without the kindness, wisdom, and brain injury problem-solving skills of my advisor, and the whole program. Again, I feel so blessed and grateful!!"

– Self-management Client

"Thank you for offering this program & others thru BIAC. INVALUABLE!"

– Self-management Client

"I used to spin with thought and Idea and didn't know where to start - Now I use the organization skill notes, to do list, time manage and am able to function better."

– Self-management Client

"I had a much-too-expansive goal in mind, and my advisor helped me break it down to find an appropriate focus area. Their visioning is so much appreciated; I didn't have a good grasp of where I was at in my injury journey, and their knowledge and understanding, gave me clarity and confidence."

– Self-management Client

"I had no idea how much help I would receive. There was help in identifying what I was struggling with, and what areas would be most useful to work on first. My Advisor helped me most with prioritizing and planning, and even helped get me a planner that worked well with my way of thinking."

– Self-management Client

Key Accomplishments

- 17.39% increase in participants from FY19
- Successfully continued the Self-Management Program virtually by working with clients by phone or Zoom during COVID pandemic.

- Increased regional program participation to 4 out of 5 regions.
- Increase in goal attainment scale scores.
- 85% increase in Perceived Confidence Scale Scores.
- 92% of survey responses reported “more” or “much more” self-sufficiency.

Goals for FY21

- Increase the number of clients participating in the Self-management program to meet the projected range of 110-280. Focus specifically on Rural and Frontier areas as well as youth, through targeted outreach and program marketing. This goal will be achieved in partnership with the Outreach Coordinator and the Education Consultation Coordinator. This will also be achieved with a full-time staff member now serving the Western Slope and Central Mountain regions.
- One of the biggest challenges in the Self-management program is clients who are in the program cancelling appointments or “no call/no show”. This greatly impacts efficiencies and productivity of both client and staff. In FY21, decrease the number of missed or cancelled appointments through improved reminder systems and new policies regarding these concerns.
- Continue efforts to meet or exceed minimum survey response rates of 25% at the state, region, and county designation levels. Ensure that Advisors provide the surveys to clients using their preferred method of communication, identify supports for completing the survey if needed, remind clients of the importance of providing feedback to maintain, improve and grow the program, and systematically follow up with non-responders.

Youth Education Consultation

Program Overview

The education support provided by BIAC is a 10-month position intended to be aligned with the school year, and therefore services were available August through May of FY20. The Youth Education Liaison delivered consultative services in four out of five regions of Colorado to parents, school professionals and community providers. The services provided in FY20 are the same as those provided in previous years of the contract, and included:

- Phone and in-person meetings with parents and school teams to discuss student-specific strengths, challenges, and education plans.
- 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.).
- Professional presentations at conferences and professional development for school personnel and community agencies.

Client Demographics

In FY20, a total of 33 unique individuals were referred to Education Consultation services. Of those 33 individuals, 32 were found eligible, and 32 received services within FY20. Most youth clients (94%) accessed services in urban areas, while 6% accessed services in rural areas, and zero clients accessed services in frontier areas (*Figure 63*). Services were concentrated in the Denver Metro region with 66% of clients accessing services there; however, services reached three additional regions of the state with 13% accessing services in the Southern region, 19% in the Northern region, and 3% in the Western Slope region. There were no students served in the Central Mountain Region in FY20 (*Figure 64*).

Figure 63 - Education Consultation Clients by County Designation (n=32)

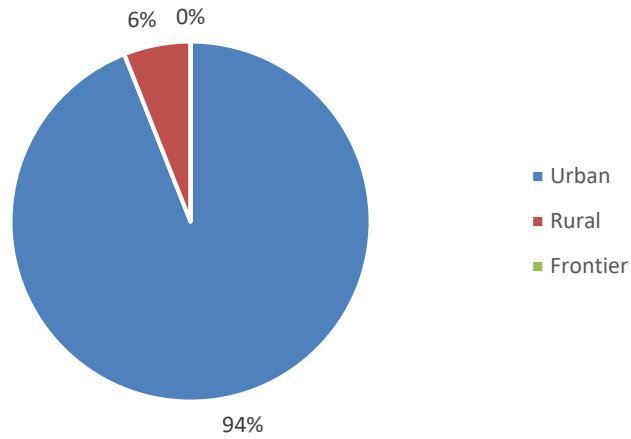
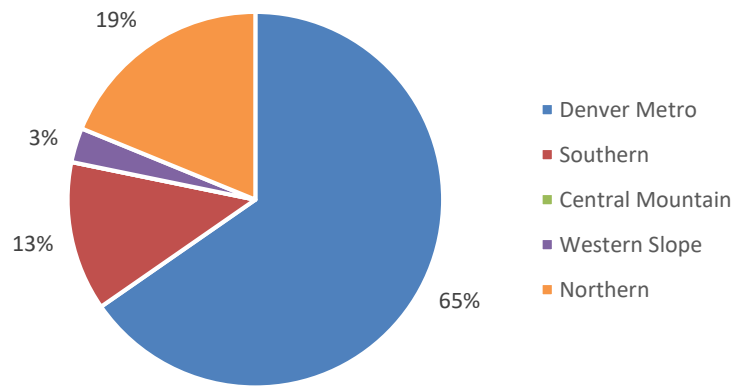
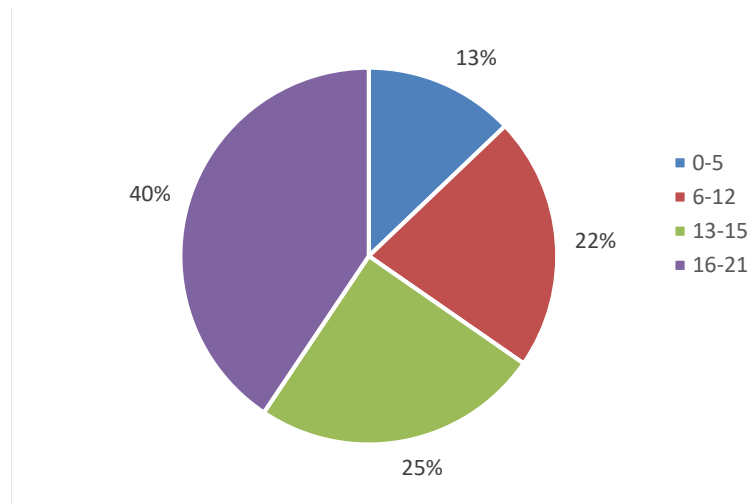


Figure 64 - Education Consultation Clients by Region (n=32)



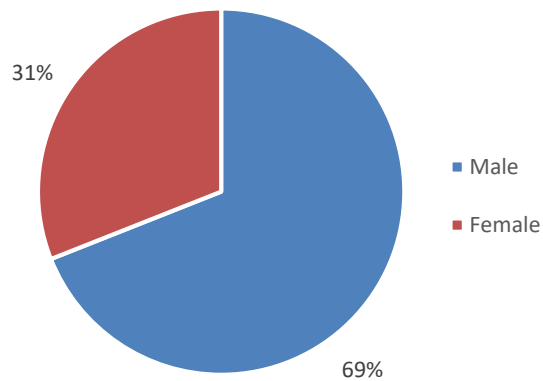
Youth clients must be 21 years or younger to be eligible for Education Consultation services. Clients were nearly equally distributed across the elementary (22%), middle (25%), and high school and older (41%) age groups, with a smaller number of clients (13%) falling into the early childhood age group (Figure 65).

Figure 65 - Education Consultation Clients by Age Range (n=32)



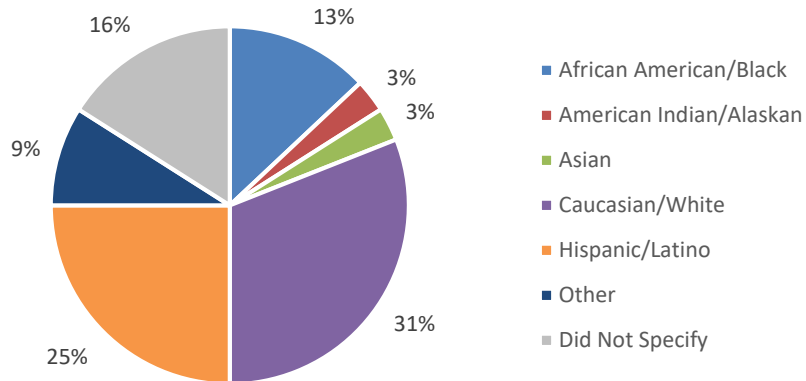
The majority (69%) of youth clients were males, and the minority (31%) were female (Figure 66).

Figure 66 - Education Consultation Clients by Gender (n=32)



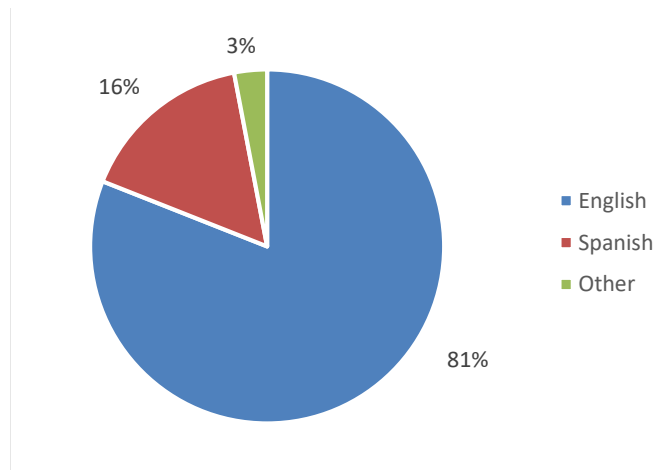
Almost one third of youth clients identified as Caucasian/White (31%), with one quarter identifying as Hispanic/Latino (25%). Thirteen percent identified as being African American/Black. Equal proportions (3%) identified as American Indian/Alaskan or Asian. Of the remaining, 9% identified as Other and 16% did not specify (Figure 67).

Figure 67 - Education Consultation Clients by Race/Ethnicity (n=32)



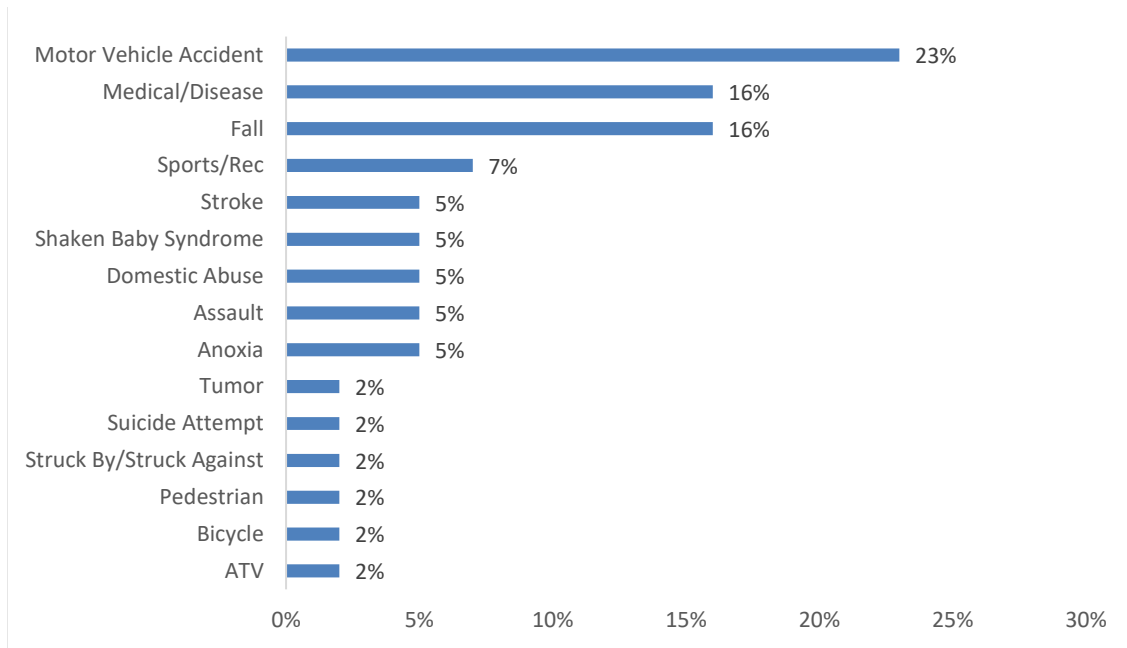
English was the preferred language for most youth clients (81%), with the remaining 16% preferring Spanish and 3% preferring “Other”; in this instance, Karen (*Figure 68*).

Figure 68 - Education Consultation Clients by Preferred Language (n=32)



BIAC also collected data from Education Consultation clients about their injury history via self-report (*Figure 69*). It is important to note that this figure includes *all* causes of brain injury – both traumatic (TBI) and non-traumatic (non-TBI) - however, all clients represented in the data, reported *at least one TBI* making them eligible for MINDSOURCE-funded services. A total of 43 injuries were reported for clients receiving Education Consultation services. The minority (44%) reported a single injury, while 56% of clients reported two or more injuries. The average number of injuries per youth client was 1.34, and the average age of youth clients at the time of their first injury was 7 years. The most common types of injuries reported by youth clients were motor vehicle accidents (23%), falls (16%), and medical/disease (16%), together comprising over half of all injuries reported.

Figure 69 - Frequency of Injury by Cause of Injury as Self-reported by Education Consultation Clients (n=43)



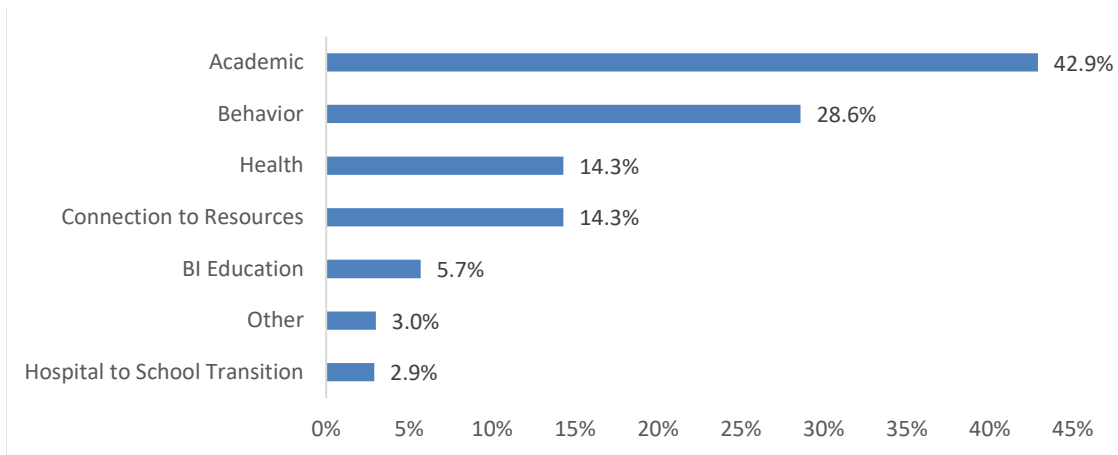
Service Participation

During FY20, Education Consultation clients were able to open a case, or start services, at any point during the academic year from August through May. All open cases were closed at the end of the academic year in May. As written in the contract, it was expected that a total of about 80 youth might be served by Education Consultation in FY20. In actuality, 32 clients (40% of estimate) accessed Education Consultation services, of which 13 (40.6%) were first-time clients.

Once a case is opened, one or more goals are created related to the client's needs. A total of 35 goals were created during the year, with an average of 1.09 goals per client. Well over one third of the goals created were Academic (42.9%), and just over a quarter were related to Behavior (28.6%). The remaining were related to brain injury education, hospital to school transitions, connection to resources, health, and other (Figure 70).¹¹

¹¹ The goal that fell into the "other" category was to provide BI informed considerations for the transition to high school

Figure 70 - Education Consultation Goals by Type (n=35)



Evaluation

Satisfaction Surveys

Background & Objectives

Education Consultation Client Satisfaction Surveys are used to assess the quality and effectiveness of Education Consultation services, as well as employee performance in delivering Education Consultation services, from the perspective of youth clients and/or their caregivers. The results of the surveys are used to inform service improvements and guide staff training and development.

Methodology

All 32 clients that received Education Consultation services during the fiscal year were invited to complete the Education Consultation client satisfaction survey in June following the end of the academic year. The survey was made available to the client's primary contact in the client's preferred language. Those with an email address on file received a SurveyMonkey webform provided as a link in an email from a BIAC staff member. Those without an email address on file received the survey by mail with a self-addressed and stamped envelope included. All responses were automatically collected within SurveyMonkey when the client completed the survey online. Completed surveys received by mail were manually entered into SurveyMonkey by a BIAC staff member as they arrived.¹²

To increase participation, reminder surveys were sent a week later, and again a month after the first survey, to those that had not yet responded. Those with email addresses on file received the reminder surveys as a SurveyMonkey webform provided as a link in an email; those without email addresses on file were mailed hard copies with self-addressed and stamped envelopes.

¹² MINDSOURCE and BIAC have made a concerted effort to expand person-centered programming and policies, and as such, have agreed that the format of the survey will be based on the client's preferred method of communication. This can lead to inconsistencies in the completeness of survey responses (i.e., a "required" question on an electronic survey can be left blank on a hard-copy survey).

The questionnaire used for this survey solicited both qualitative and quantitative data and used a combination of multiple-choice and open-ended questions to assess each respondent’s satisfaction with the Education Consultation services they received. The full questionnaire is included in *Appendix G: Youth Education Consultation Satisfaction Survey*. Of the 32 surveys distributed, six (18.8%) were completed. Twenty percent of the 30 surveys distributed to those in Urban areas were completed; neither of the two distributed to those in Rural areas were completed and none were distributed or completed in Frontier areas (*Figure 71*). By region, 19.0% (4) of Denver Metro region, 25.0% (1) of Southern region, and 16.7% (1) of Northern region clients completed the survey (*Figure 72*).

Figure 71 - Education Consultation Satisfaction Survey Response Rates by County Designation (n=32)

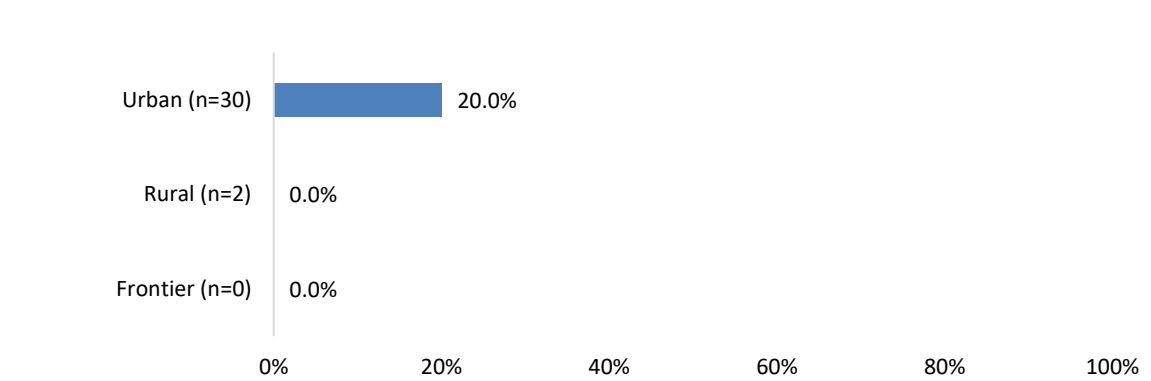
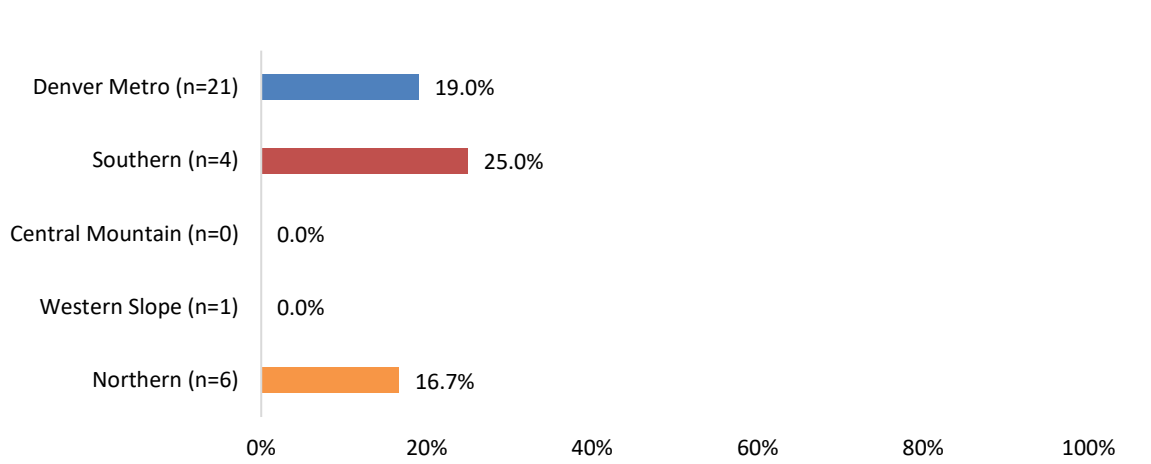


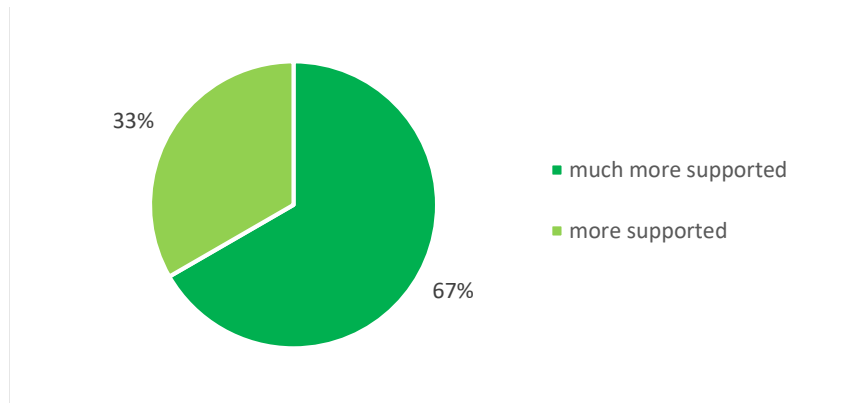
Figure 72 - Education Consultation Satisfaction Survey Response Rates by Region (n=32)



When asked “Overall, how supported do you feel since you began receiving Education Consultation services from our Youth Education Liaison this school year?” one hundred percent of respondents indicated they felt much more supported (67%) or more supported (33%) (*Figure 73*).¹³This is a

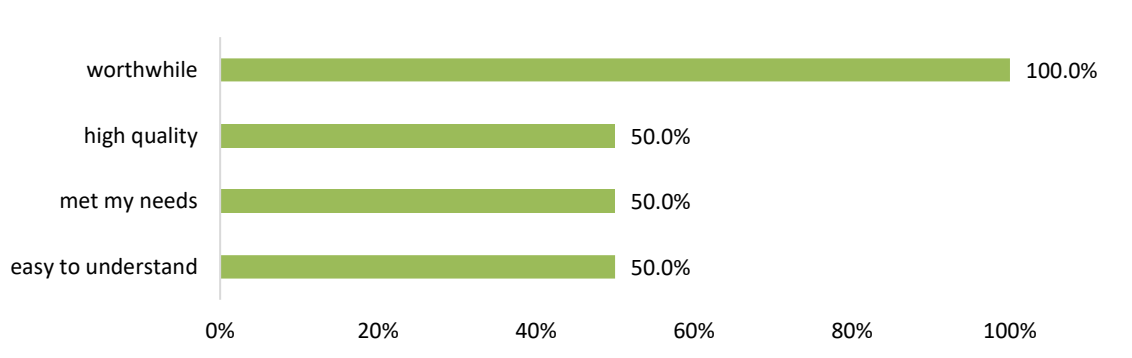
¹³ Response options included: much more supported, more supported, about the same level of support, less supported, and much less supported.

Figure 73 - Education Consultation Satisfaction Survey, Question: Overall, how supported do you feel since you began receiving Education Consultation services from our Youth Services Coordinator this school year? (n=32)



When asked which words describe the Education Consultation services, all respondents selected worthwhile (100.0%) and half (50.0%) selected high quality, met my needs, and easy to understand (Figure 74). No respondents selected poor quality, not a good use of my time, did not meet my needs, or confusing to describe BIAC’s education consultation services.¹⁴

Figure 74 - Education Consultation Satisfaction Survey, Question: Which of the words below would you use to describe BIAC's education consultation services? Select all that apply. (n=7)

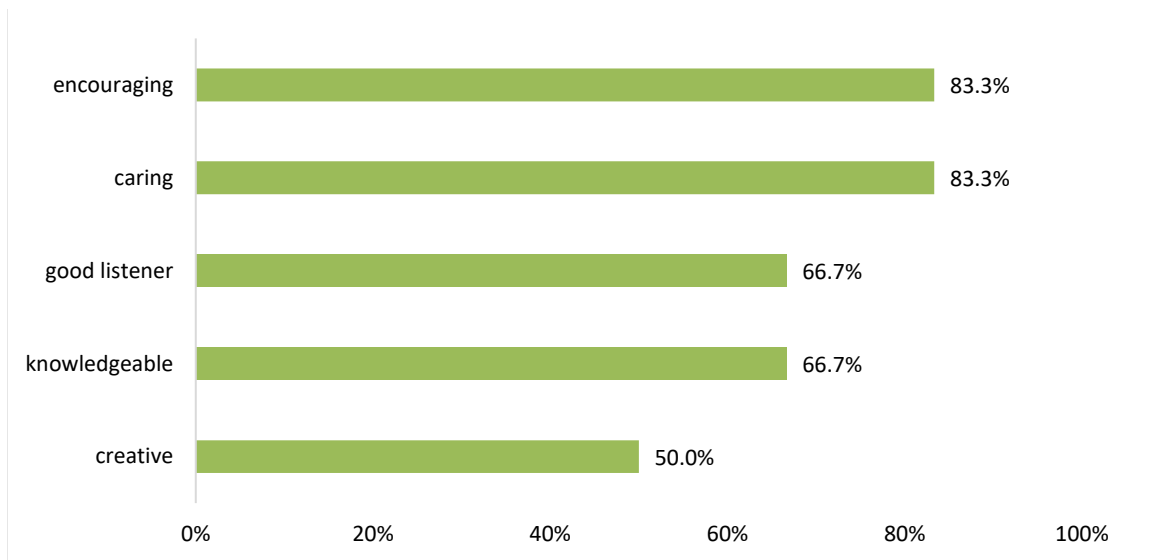


All respondents described their working relationship with their Youth Services Coordinator as very positive. When asked which words describe their Youth Services Coordinator, all but one respondent selected encouraging (83.3%) and caring while two-thirds of respondents selected good listener (66.7%), and knowledgeable (66.7%). No respondents used the words discouraging, uncaring, poor listener, unknowledgeable, or uncreative to describe their Youth Services Coordinator (Figure 75).¹⁵

¹⁴ Response options included: high quality, worthwhile, met my needs, easy to understand, poor quality, not a good use of my time, did not meet my needs, confusing.

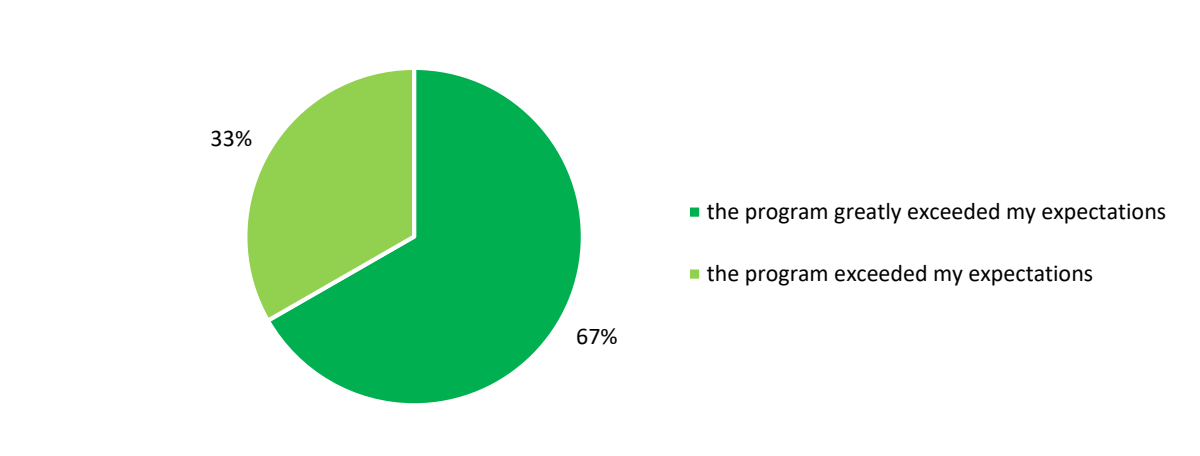
¹⁵ Response options included: encouraging, caring, good listener, knowledgeable, creative, discouraging, uncaring, poor listener, unknowledgeable, and uncreative.

Figure 75 - Education Consultation Satisfaction Survey, Question: Which of the words would you use to describe the Youth Services Coordinator? (n=7)



Similarly, all respondents said that BIAC’s education consultation services either greatly exceeded (66.7%) or exceeded (33.3%) their expectations (Figure 76).¹⁶ One hundred percent of respondents said they would recommend BIAC’s Education Consultation services to others.

Figure 76 - Education Consultation Satisfaction Survey, Question: Overall, how did BIAC's education consultation services align with your expectations? (n=6)



Conclusions

As mentioned previously, MINDSOURCE program areas and service offerings have diversified, and the frequency at which BIAC solicits client feedback has similarly increased. This means that clients accessing multiple program areas and service offerings, particularly those with cognitive impairments, may tire, or

¹⁶ Response options included the services greatly exceeded my expectations, the services exceeded my expectations, the services met my expectations, the services fell below my expectations, and the services fell far below my expectations.

become confused, when asked to complete multiple surveys throughout the year which, in turn, could lead to inaccurate feedback or a reduction in feedback (as indicated by lower response rates or higher rates of incomplete responses) over time.

Response rates were lower in FY20 at 18.8% compared to FY19 at 25.8% (-7.0%), despite the additional effort of sending two reminder surveys to those that did not respond to the initial survey. Anecdotally, it is suspected that challenges related to COVID-19, such as technology fatigue and changes within school systems, may be contributing factors to lower response rates in FY20.

Overall, feedback on Education Consultation services remained very positive in FY20 and marks improvement from FY19. Respondents are feeling more supported or much more supported at higher rates, up from 70.6% in FY19 to 100% in FY20 (+29.4%). They are also reporting that the program exceeded their expectations or greatly exceeded their expectations at higher rates, up from 70.6% in FY19 to 100% in FY20 (+29.4%). The percent of respondents that indicated they would recommend BIAAC's Education Consultation services to others similarly increased, from 82.4% in FY19 to 100% in FY20 (+17.6%).

Testimonials

"I really appreciate how easily accessible they are, as well as their level of dedication to providing support for the ever-changing and unique needs of the BI community."

– Parent of Education Consultation client

"Our youth services coordinators (we've had three) have all been extremely supportive, knowledgeable, and have attended all of the IEP meetings with us which has been so comforting as it can be as stressful process for families. We are so grateful to BIAAC for everything you do for us!"

– Parent of Education Consultation client

"Great at keeping in contact, they helped me on how to advocate for my child. They truly just went above and beyond while making sure my daughter got what she needed and deserved."

– Parent of Education Consultation client

"They made my son's schoolteacher aware of his brain injury and how to better work with him and his specific needs."

– Parent of Education Consultation client

"Great [program/service]! Especially when families do not have prior experience dealing with the educational system. Having that extra support, knowledge, and expertise is very beneficial to my family and I am sure to other families as well."

– Parent of Education Consultation client

Key Accomplishments

- Education Consultation services reached 4 out of 5 regions in the state.
- Satisfaction survey responses and testimonials continue to demonstrate the value and need for this service. Survey responders reported they felt more supported or much more supported, a 29.4% increase from FY19; that the program exceeded or greatly exceeded their expectations, also an

increase of 29.5% from FY19; and they would recommend BIAC's education consultation services to others at an increase of 17.6% from FY19.

- Despite unexpected changes with staffing and COVID, Education Consultation continued to provide services remotely to youth clients and their families, ensuring continuity of support.

Goals for FY21

- Increase the number of families served to meet the or exceed the minimum threshold of 70. BIAC will work with MINDSOURCE to improve strategies for outreach and strive to further develop and deepen relationships with stakeholders, such as Children's Hospital and the Division of Youth Services.
- Review processes to identify possible barriers to service and to better understand how to most effectively support youth clients, their families, and providers.
- In FY21, the Youth Services Coordinator will play a key role in developing and facilitating classes that are specifically designed to support youth clients and their families. Classes will be designed to accommodate for changes, precautions, or limitations due to COVID-19.
- Promote Self-Management Program for eligible youth.
- Continue efforts to meet or exceed minimum survey response rates of 25% at the state, region, and county designation levels. Ensure that the Youth Services Coordinator administers the surveys to clients using their preferred method of communication, identifies supports for completing the survey if needed, reminds clients of the importance of providing feedback to maintain, improve and grow the program, and systematically follows up with non-responders.

Classes and Workshops

Program Overview

In FY20, BIAC offered a total of 140 individual offerings of classes and workshops throughout the state of Colorado to youth and adults living with a brain injury. Five classes and workshops were specific to youth survivors and the remaining were offered to adult survivors. Four of the adult classes moved to a virtual setting in the last quarter of the fiscal year.

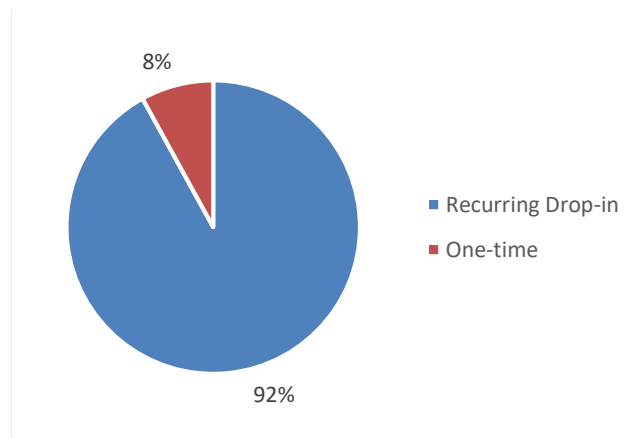
The selection of these classes and workshops were informed by feedback from multiple sources, including the classes and workshops satisfaction surveys from previous terms and anecdotal feedback from MINDSOURCE staff. Each class or workshop is linked to at least one Resource Navigation or Self-management goal.

Service Participation

Two-hundred and thirty unique individuals attended at least one class or workshop in FY20. On average there were five attendees per workshop. This year included the development and implementation of a Mindful Brain class in the Arvada area.

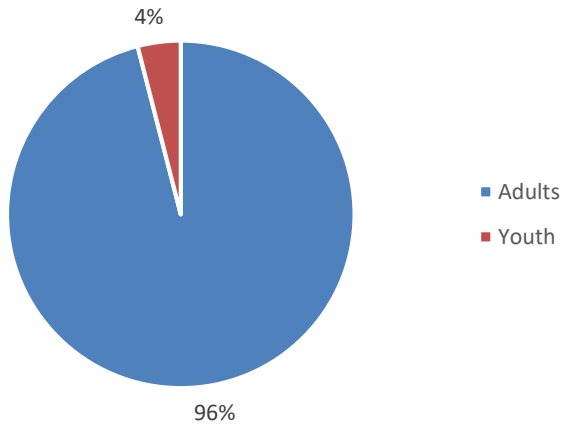
The charts that follow depict that the primary population served were adults (Figure 78) in the Denver Metro area (Figure 80). The main type of classes/workshops we offered were recurring drop-in classes (Figure 77).

Figure 77 - Classes and Workshops by Type (n=140)



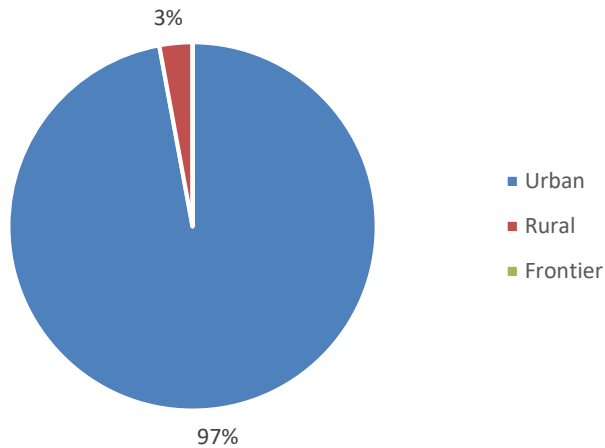
Recurring drop-in classes accounted for 92.1% of those offered in FY20. These are classes/workshops that are regularly offered whether it be weekly, biweekly, or monthly allowing for many opportunities to participate. BIAC did not implement any closed series classes/workshops this past fiscal year.

Figure 78 - Classes and Workshops, Adults and Youth (n=140)



The main age group BIAAC offered classes/workshops to was adults (96.4%). There were limited classes/workshops offered to youth (3.6%) this past fiscal year which will be an important factor to coordinate more services towards this population in FY21.

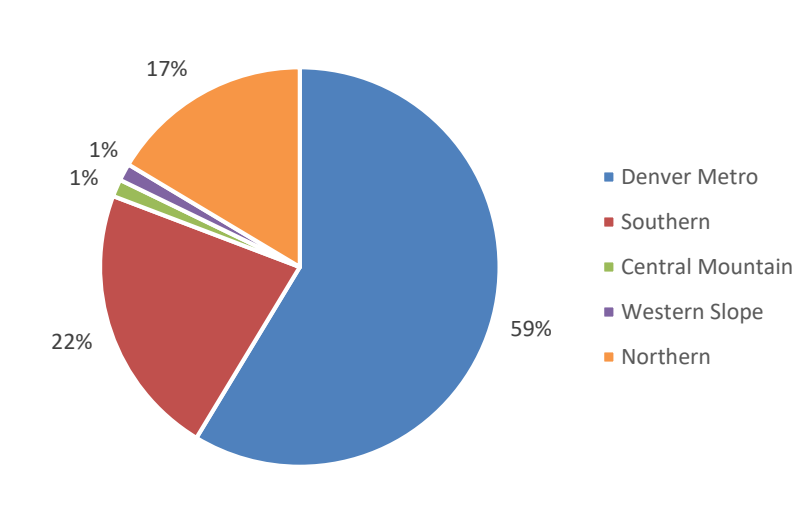
Figure 79 - Classes and Workshops by County Designation (n=140)



Most classes/workshops offered were offered in urban locations (97.1%) compared to Rural (2.9%) and Frontier (0%). Efforts will be made to explore the expansion of services in non-urban areas in the next fiscal year.

In the last fiscal year, a “traveling program” was piloted to offer services to different regions. When piloted, there was a very low show of attendance both times which led to the discontinuation of the pilot. With virtual options being explored, the goal will be to continue to provide services virtually to all areas of the state, if in person services are not a possibility in that region.

Figure 80 - Classes and Workshops by Region (n=140)



Most classes/workshops offered were in the Denver Metro region (58.6%) with the Southern region (22.1%) being the next in line. Minimal classes/workshops were offered in the Western Slope (1.4%) and Central Mountain (1.4%) regions. Expansion of service statewide will be explored in the next coming fiscal year.

Evaluation

Satisfaction Surveys

Background & Objectives

Client satisfaction surveys were used to assess the value and effectiveness of classes and workshops in terms of process/logistics, content, and overall experience from the perspective of the survivors of brain injury that participated in them. The results of the surveys are used to inform improvements and additions to future offerings.

Methodology

All class and workshop participants in attendance on the specified survey dates were asked to complete a paper, or hard-copy, survey at the end of the class or workshop and return it to the administrator before leaving. When sessions were switched to a virtual setting a PDF/Word document containing the same survey was sent by email and asked to be sent back once completed. If a class or workshop participant was unable to complete the survey themselves, a caregiver or volunteer was invited to complete the survey on their behalf with as much participant involvement as possible. Completed surveys were manually entered into SurveyMonkey by a BIAC staff member.

Classes and workshops are offered primarily for and to survivors of brain injury; however, on occasion, professionals serving survivors of brain injury were permitted to attend alongside a client, or alone if space was available, based on approval by the class or workshop facilitator. Professionals were also invited to complete the survey, but their responses are not included in the summary below, nor is their attendance tracked in the classes and workshops totals. The surveying schedule varied by the type of class or workshop and is detailed below (*Table 2*).

Table 2 - Class & Workshop Survey Schedule by Type

Type of Class/Workshop	Survey Schedule
One-time	Once, at end of class/workshop
Recurring	Regularly, at end of class/workshop once every three months
Closed series	Once, at end of last class/workshop in the series

The surveys administered were in the same language used to lead the class or workshop (i.e., when a class or workshop was conducted in Spanish, the survey administered for that class or workshop was also in Spanish). The questionnaire used for this survey solicited both qualitative and quantitative data and used a combination of rating scales and open-ended questions to assess each respondent’s satisfaction with the class/workshop they attended. The full questionnaire is included in [Appendix H: Classes & Workshops Satisfaction Survey](#).

It is observed that in-person classes/workshops had a higher response rate than the virtual classes offered when [Figure 81](#) and [Figure 82](#) are compared.

Figure 81 - Classes and Workshops Satisfaction Survey Response Rates by Class or Workshop (n=122)

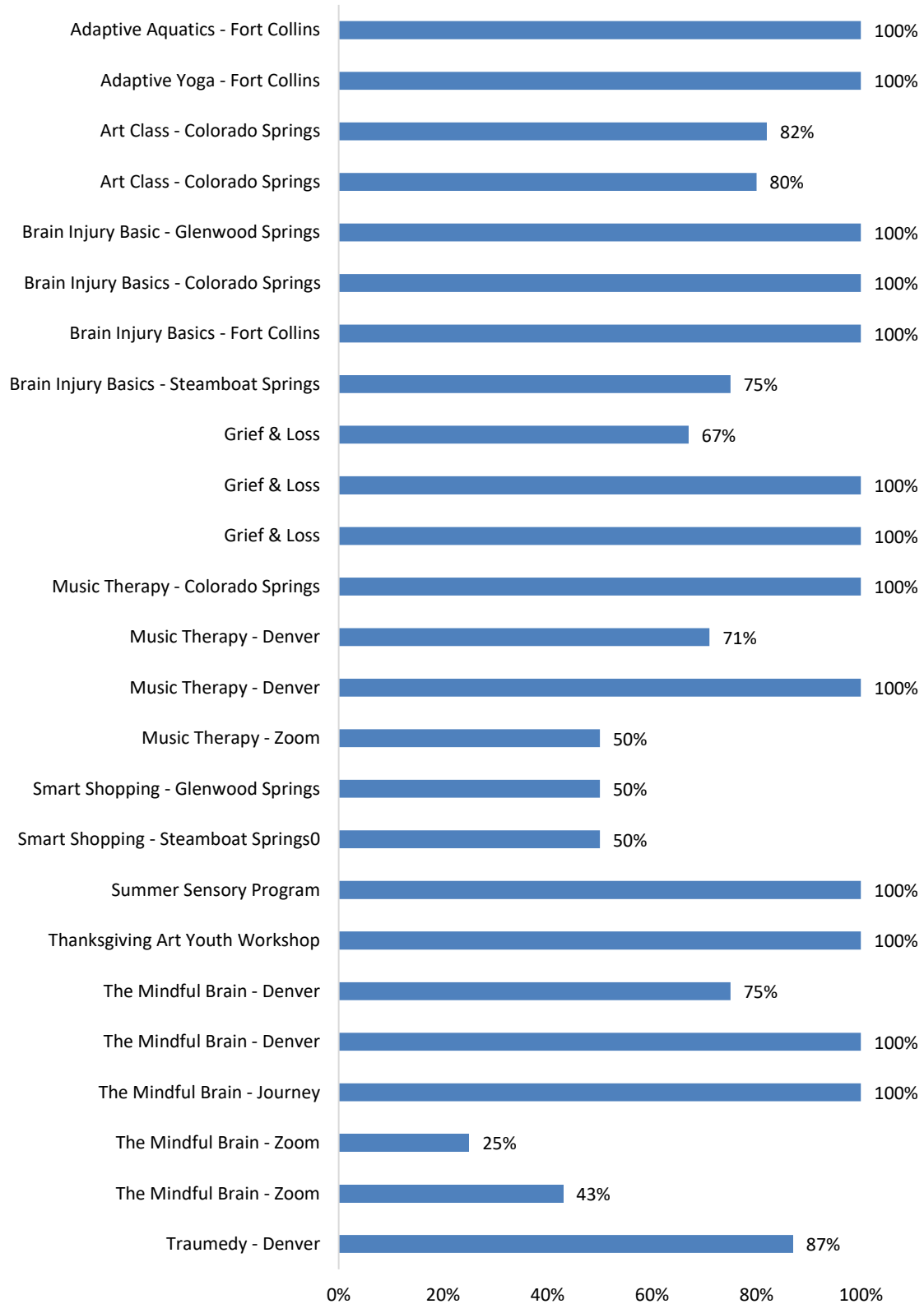
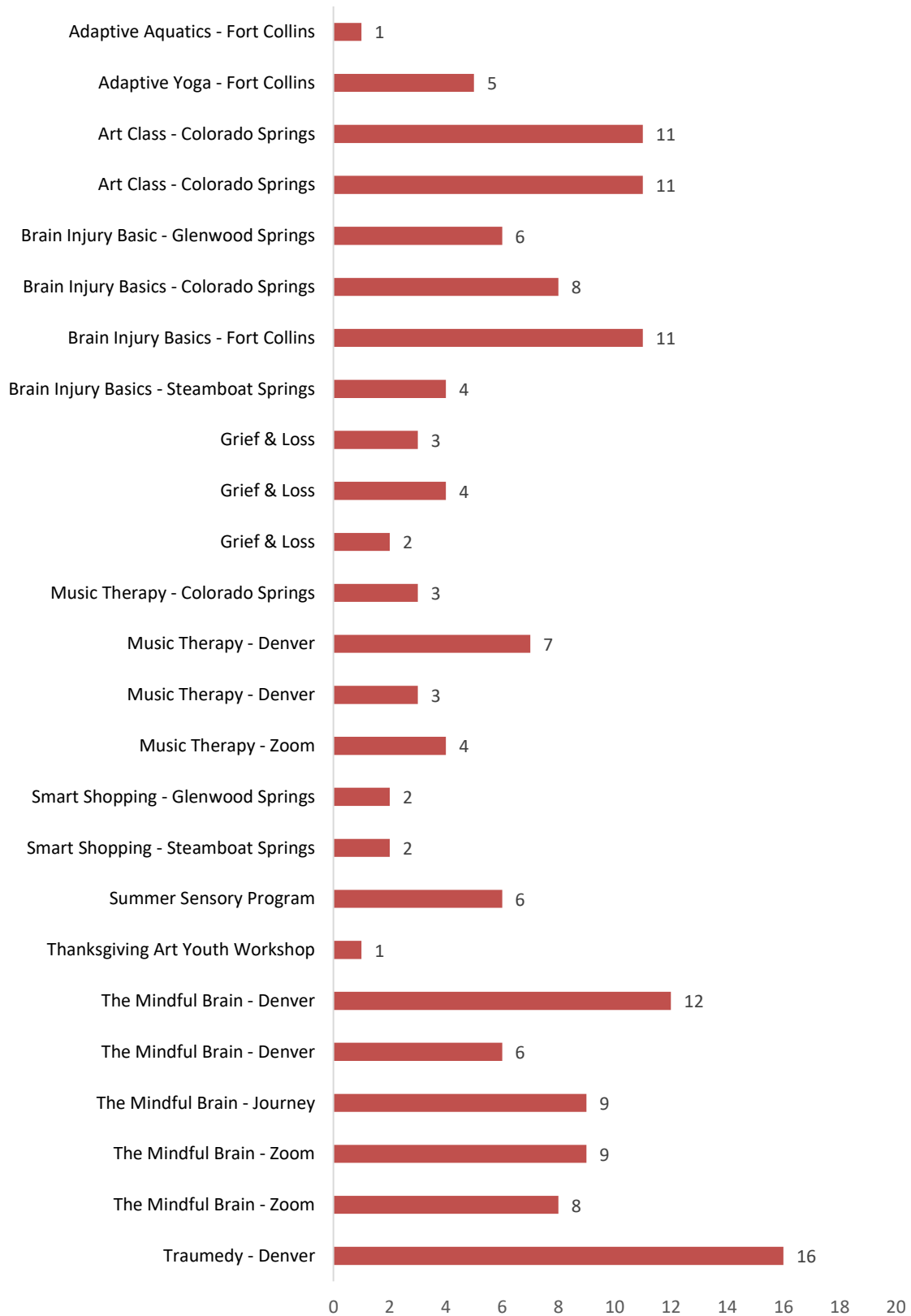


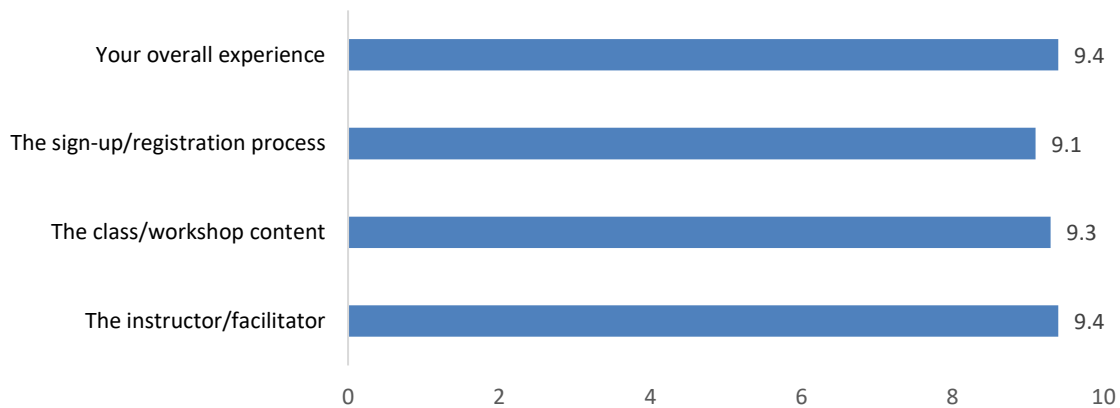
Figure 82 - Classes and Workshops, Number of Attendees per Class or Workshop with Survey Offered



Results

Across all classes and workshops, on a scale of 1 to 10, with 1 being “not at all satisfied” and 10 being “completely satisfied”, average ratings were at or above 9.2, indicating that clients were nearly completely satisfied with their experience (Figure 83).

Figure 83 - Classes and Workshops Satisfaction Survey, Average Satisfaction Summary (n=122)



When asked if the physical space was inviting for people with brain injuries, 90% responded affirmatively and often mentioned appropriate lighting levels, adequate space, and appreciation of virtual opportunities (implemented in the last quarter of the fiscal year). Nine percent responded negatively and cited reasons like room size being too small for people in attendance and noise or light levels being too high or bright at times.

Over three quarters (78%) indicated that they would recommend the class or workshop to others and said they were already doing so, that the class/workshop was fun, relaxing, or that it was helpful by way of information, skill development, or social interaction, particularly with other survivors.

Conclusions

Overall, classes and workshops as offered this fiscal year were very highly rated in terms of process/logistics, content and overall experience, indicating that what is being offered is well received. Feedback from specific classes and workshops was incorporated into subsequent offerings of the same class. Much of the feedback regarding improvements was straight-forward and simple to accommodate (i.e., one respondent in a Grief & Loss class said “I wish there was a similar focused group up north. [The facilitator] was a wonderful person to learn from” which the facilitator looked in to expanding their services through the virtual platform, Zoom). Similarly, as new classes were piloted, the feedback from them informed their continuation as well any needed changes prior to continuing them. This process creates a natural, ongoing feedback and improvement loop, which should help keep satisfaction ratings high over time.

Response rates overall were high, though a few classes were either cancelled or had no shows on the survey date or did not continue through the full schedule as originally planned. When COVID-19 caused in person sessions to cease it in turn caused in-person survey administration to come to a halt as well. There was an observed decline in survey responses when sent out through email. These instances are difficult to predict and are irregular, meaning that steps may need to be taken retrospectively to solicit input in the future. Finally, as mentioned in previous sections, MINDSOURCE program areas and service offerings have diversified

and the frequency at which BIAC solicits client feedback has similarly increased. Accordingly, it is possible that clients accessing multiple program areas and service offerings, particularly those with cognitive impairments, will tire, or become confused, when asked to complete multiple surveys throughout the year. This could lead to inaccurate feedback or a reduction in feedback (as indicated by lower response rates or higher rates of incomplete responses) over time.

Testimonials

"We love this class and are so grateful you have offered this virtually!"

– Virtual Adaptive Yoga participant

"I feel so confused and lost and BIAC help[ed] me have a foundation again"

– Grief & Loss Participant

"This journey has been something. Life with TBI puts a whole new look on life. You all are so helpful & knowledgeable. Thank you."

– Brain Injury Basics participant

"The individuals who provide this workshop are fantastic loving folks"

– Art Class participant

"I enjoy coming here because it always reduces my stress & gives me relaxing feelings."

– The Mindful Brain participant

Key Accomplishments

- Classes and workshops were offered in all five regions of the state.
- A successful and quick transition was made from in person classes/workshops to virtual session held via Zoom during the COVID-19 pandemic.
- Classes and workshops were offered statewide rather than region-specific with the transition to virtual sessions, which expanded services to more individuals.
- Continued partnerships with class/workshop facilitators were maintained to offer new recurring classes such as Adaptive Aquatics, Art Class in Colorado Springs, Improv Group, Music Therapy in Colorado Springs, and virtual options.

Goals for FY21

- The onset of the COVID-19 pandemic caused the discontinuation of in-person classes, but the transition to virtual classes/workshops allowed for this population and more to still be reached. BIAC will pilot the expansion of opportunities for classes and workshops by providing both in person and virtual sessions. Due to COVID-19 there will be criteria, release/liability waivers, and guidelines to ensure safe participation for participants, BIAC staff, and facilitators who decide to join in person sessions. Benefits of this expansion of services would be:
 - Ability to provide services for clients who may have not had the means to participate previously due to not being able to leave their home (health issues, lack of transportation, no support/assistance, etc.).
 - Expansion of services across the state provided to more individuals with a brain injury.

- Improve response rate of virtual classes/workshops offered. It is an ongoing goal to solicit meaningful feedback from clients across program areas and service offerings. As such, BIAAC intends to monitor response rates for classes and workshops at regular intervals throughout the upcoming fiscal year and take additional measures as needed to maintain and/or improve them. Additional measures may include following up with mailed hard copy surveys or emailed electronic surveys when administering them in-person is not possible and reminding clients of the importance of providing feedback to maintain, improve, or evolve existing classes and add or expand class offerings.
- Explore the expansion of services statewide and in non-urban areas as appropriate with public health guidelines.
- Increase number of youth-focused classes and workshops to five or more opportunities.

Administration

Activities

Staffing

In FY20, 20 positions were fully funded by MINDSOURCE (19 FTE) and two positions were partially funded by MINDSOURCE, one at .2 FTE, and another at .75 FTE, for a total of 19.95 FTE. MINDSOURCE-funded positions comprised 72% of BIAC's total staff and 77% of BIAC's total FTE.

In FY20, the following changes in staffing were made to better meet the needs of the program in terms of equity and sustainability by distributing supervision, reporting, and evaluation responsibilities across more client-serving positions:

- Eliminated Deputy Director of Client Programs and Deputy Director of Professional Programs positions
- Created two Resource Navigation Coordinator positions, a Self-management Coordinator position, an Adaptive Recreation and Activities Coordinator position, and a Criminal Justice Coordinator position

Training & Professional Development

MINDSOURCE requires all MINDSOURCE-funded employees that meet eligibility criteria for the Academy of Certified Brain Injury Specialists (ACBIS) certification to become certified within one year of their hire date and maintain their certification over time. By the end of FY20, all eligible employees that were not yet certified completed 16 hours of training led by Liz Gerdeman¹⁷, BIAC's Director of Professional Programs, and passed the exam to receive their certifications. All staff who were already certified completed at least the minimum 10 continuing education credit hours necessary to maintain their certifications. Overall, 17 employees maintained their CBIS certification, four employees received their CBIS certification, and six employees were not yet eligible for certification; 100% of eligible staff requiring certification are certified. Also during FY20, BIAC's Director of Professional Programs, Jaime Horsfall¹⁸, became a Certified Brain Injury Specialist Trainer (CBIST), enabling her to lead ACBIS training for CBIS candidates, both internal and external, in subsequent years.

BIAC requires training and professional development annually for MINDSOURCE positions. [Table 3](#) summarizes those required of all client-facing MINDSOURCE positions in FY20:

¹⁷ Liz Gerdeman transitioned out of the Director of Professional Programs position at BIAC and into the Director position at MINDSOURCE during FY20.

¹⁸ Jaime Horsfall was promoted from Deputy Director to Director of Professional Programs during FY20.

Table 3 - Summary of BIAC-required Training and Professional Development Activities

Type	Topic(s)	Hours
Training	Person-centered Planning (new employees only)	10
Training	Working Effectively with Immigrants and Refugees	3
Training	MINDSOURCE Policy Updates	1
Total		14.0

In addition, BIAC invited MINDSOURCE-funded employees to complete between five and 60 hours (varies by position and part-time/full-time status) of employee-selected training or professional development throughout the year. Employees participated in a variety of opportunities including webinars, live presentation, lunch and learns, wellness and self-care activities, networking events, trainings and conferences. The topics of focus were similarly diverse and included, but were not limited to cultural competency, housing and homelessness, trauma-informed care, brain injury and behavioral health, benefits navigation, COVID-19-specific benefits navigation, and stress management.

In sum, MINDSOURCE-funded employees completed 1209 hours of training and professional development during the year which breaks down to an average of 61 hours per FTE.

Budget

Table 4 - MINDSOURCE Budget vs Actuals FY 2019-2020 Summary

INCOME	Budget	% of Total Budget	Actual	Over/Under Budget	% of Line Budget Spent	Notes
<i>Total Income</i>	\$1,413,317.95	100.00%	\$1,362,398.26	-\$50,919.69	96.40%	
EXPENSES	Budget	% of Total Budget	Actual	Over/Under Budget	% of Line Budget Spent	
PROGRAM EXPENSE	\$8,220.91	0.58%	\$9,942.02	\$1,721.11	120.94%	Support Groups & ACBIS Training
EVENT EXPENSES	\$7,889.51	0.56%	\$8,174.57	\$285.06	103.61%	Classes & Workshops

PROG MARKETING AND ADVERTISING	\$12,677.04	0.90%	\$12,386.25	-\$290.79	97.71%	Website, Printing, Newsletter
PROGRAM EXPENSE - OTHER	\$2,500.00	0.18%	\$4,837.20	\$2,337.20	193.49%	Translation Services
SALARIES & WAGES	\$1,015,125.83	71.83%	\$975,103.76	-\$40,022.07	96.06%	Personnel Costs
PAYROLL TAXES & BENEFITS	\$201,036.48	14.22%	\$195,785.26	-\$5,251.22	97.39%	Personnel Costs
OTHER EMPLOYEE EXPENSES	\$8,028.00	0.57%	\$7,711.00	-\$317.00	96.05%	Training, Lodging, Meals, Hiring
OCCUPANCY EXPENSES	\$61,840.00	4.38%	\$64,457.42	\$2,617.42	104.23%	Rent
OFFICE EXPENSES	\$40,322.20	2.85%	\$35,896.98	-\$4,425.22	89.03%	Supplies, Subscriptions, Internet, Phone, IT Hardware, Copier
CONTRACT & PROFESSIONAL SERVICE	\$23,330.00	1.65%	\$20,534.19	-\$2,795.81	88.02%	Accounting, Payroll, Admin, Database
TRANSPORTATION	\$30,000.00	2.12%	\$25,757.86	-\$4,242.14	85.86%	Mileage, Parking, Travel
TAXES, INSURANCE & INTEREST	\$2,347.98	0.17%	\$1,922.20	-\$425.78	81.87%	Liability Insurance
Total Expenses	\$1,413,317.95	100.00%	\$1,362,508.71	-\$50,809.24	96.40%	

The total budget for FY20 was **\$1,413,317.95**. This included all personnel costs as well as operating expenses. This figure included a 2% Cost of Living increase from FY 18/19 on salaries. At the end of the fiscal year BIAC had been reimbursed **\$1,362,398.26** which is a difference of **\$50,919.69** or **96.40%** of the total budget. For comparison at the end of FY 18/19 BIAC had been reimbursed 96.93% of the total budget.

During the 2019 legislative session, BIAC was successful in its advocacy efforts resulting in a new state general fund appropriation of \$450,000 annually to the MINDSOURCE budget. Unfortunately, this money was removed from the state budget because of falling revenues due to the COVID-19 pandemic. It is hoped that it will be re-appropriated in the future.

Key Accomplishments

- BIAC continued to attract highly qualified and enthusiastic staff to fill open positions.

- 100% of eligible staff have CBIS certifications and one employee has CBIST certification.
- MINDSOURCE-funded employees continue to grow the depth and diversity of their skills through ongoing training and professional development.

Changes for FY21

- The employee currently serving the Central Mountain region in a part-time capacity will cover both the Central Mountain and Western Slope regions in a full-time capacity beginning in the second quarter of FY21. This shift is being made in response to recurring turnover of the part-time Western Slope position has been employed previously to meet client needs in that region. It is BIAC's hope that a full-time position serving a bigger area will be more successful than two part-time positions, each serving smaller regions.
- Due to the State's deficit, the budget for FY21 is 15% less than the FY20 budget.

Appendices

Appendix A: Resource Navigation Goal Category Explanations

Note: This is a "living" document that is maintained by Resource Navigation staff and supervisors

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
Education (BI Self Understanding)	goals related to client seeking to better understand their brain injury and its impact on their life	CM helping/supporting client in learning more about BI in general as well as about their specific injury and its impact on the client's life; help them accept their diagnosis and figure out which areas are fixed (can't be changed) and which areas are dynamic (can be changed); Survivor ID Cards	brain injury recovery/re-learning skills (i.e. reading, walking)
Education (Continuing Education)	All other forms of adult education (not necessarily formalized)	Financial health class, learning how to be a support group leader, ASL classes not related to becoming a professional interpreter, ESL classes, Understanding how certain legal proceedings work, learning to read	
Education (Higher Education)	An optional final stage of formal learning that occurs after high school. Often delivered at universities, academies, colleges, seminaries, conservatories, and institutes of technology, higher education is also available through certain college-level institutions, including vocational schools, trade schools, and other career colleges that award academic degrees or professional certifications	College, University, Trade School, Certification classes (i.e. becoming a yoga instructor), Johnson & Wales, Emily Griffith, undergraduate degree, master's degree	
Education (Other)	education-related goals that don't fit well into any of the other Education categories	currently no examples	

Appendix A: Resource Navigation Goal Category Explanations

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
Education (Pre-K -12)	Kate F's work, IEP Support, help finding school supplies, GED support	elementary school, high school, preschool, GED, transition back to school, Safety Plan, IEP, special education, tutoring, after school program, graduation support, accommodations in schools	general parenting skills / support
Employment (Accommodations)	accommodations and discrimination in the workplace	client feels other employees or management doesn't understand their injury, need help with asking or accommodations, client feels discriminated against	filed grievances or appeals related to workplace discrimination (see Legal (Complaints / Appeals))
Employment (Job Search / Modification / Maintenance / Development)	anything related to seeking, modifying, or maintaining employment	going back to work, changing careers, connecting with DVR, starting a business, self-employment, applying for financial assistance to support business ventures (grants), developing a business (obtain a business license), turning a hobby into a business, support filling out job applications	volunteer opportunities (see Volunteering)
Employment (Other)	employment-related goals that don't fit well into any of the other Employment categories		
Financial	only benefits that appear here are non-restricted cash assistance directly to client, anything else that is a pass through should be categorized elsewhere	SSI, SSDI, AnD, OAP, TANF	Step Up funds, SNAP/Food Stamps, Friends of Man, AV Hunter Trust
Food / Nutrition	SNAP Benefits, Food banks/pantries, Info about healthy eating	finding food, cooking food, improving nutrition, developing healthier eating habits, food banks,	needing support with the physical act of feeding

Appendix A: Resource Navigation Goal Category Explanations

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
		fresh fruits and veggies, applying for food stamps, holiday food programs, dieting, weight management with a food focus,	oneself (see Self Care and Daily Routine)
Health Insurance/Long Term Care	Medicaid, Medicare, Private Insurance, HCBS	Help applying for Medicaid, help getting an assessment for the BI Waiver, Working with an SEP to help clarify waiver status, finding out if a service is covered by insurance, help picking a Medicare plan	
Home (Furniture & Housewares)	Help with needs related to non-permanent items within the home	Help finding a new mattress, couch, chair, TV, kitchen appliance. ARC vouchers for dishes and cookware, help getting a hospital bed, CM assisting with the setup of furniture / housewares	anything related to the upkeep or modification of the home itself and its external surrounding (see Home (Repair / Modification / Maintenance))
Home (Organization)	filing/organizing paperwork in general, creating systems for organization within the home	Help sorting mail, help setting up filing system, help using a paper calendar or planner for doctors' appointments	completing paperwork (should go in the category the paperwork is related to, i.e. if paperwork is an SSDI application, goal category would be Financial, if paperwork is a SNAP application, goal category

Appendix A: Resource Navigation Goal Category Explanations

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
			would be Food & Nutrition)
Home (Other)	home-related goals not accurately captured in one of the other Home categories	assistance with getting mail or PO boxes set up, support related to home owners or renters insurance	
Home (Repair / Modification / Maintenance)	Responsibilities related to the upkeep or modification of the home itself and its external surroundings (i.e. lawn, landscaping, patios/decks, sidewalks, driveways, garage)	Help finding a VOA handyman to inspect smoke detectors, looking into funding options for a ramp at home, help finding someone to help with snow removal, roof repair, lawn mowing, interior or exterior painting, carpet cleaning / replacement, plumbing, weatherization	repairs / modifications / maintenance to non-permanent items within the home (any items the client would leave with upon moving)
Housing (Financial Assistance)	Rent assistance, section 8 application, subsidized housing application, Low income mortgage programs		
Housing (Other)	General housing, Moving Logistics		
Housing (Search)	Finding rental options, purchase options, Supported living options, Assisted Living options		
Housing (Stability)	Roommate searches, recertifications, dispute resolution with landlords, voucher modifications		
Legal (Complaints / Appeals)	goals related to the filing or processing of grievances, complaints, or appeals (excluding SSI/SSDI)		anything related to the SSI/SSDI appeal process (see Financial)
Legal (Family / Guardianship / POA)	legal matters specific to family concerns including guardianship and power of attorney	conservator, work to obtain / maintain / modify custody of children, emancipation of children from parents, power of attorney requirements, divorce, estate	

Appendix A: Resource Navigation Goal Category Explanations

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
		management, wills and trusts, child support	
Legal (Other)	interacting with the legal system, acquiring legal documents, goals that don't fit well into any of the other Legal categories	referrals to lawyers, acquiring legal documents (ID, green card), immigration, CM attending court with client, name changes	anything related to the SSI/SSDI process that requires a lawyer (see Financial)
Medication	Any needs related to medication (prescription or over-the-counter)	financial assistance for prescriptions, help creating or carrying out a system to take medications	
Mental Health	pertaining to the client's mental health, finding counseling resources	neuropsych evaluations, counseling / therapy, mental disorders (i.e. depression, anxiety, eating disorders, obsessive compulsive disorder), anger management, managing grief / loss, post-traumatic stress disorder (PTSD)	cognitive rehab (see Physical Health)
Personal Support System (Family / Friends)	Helping client find ways to socialize, finding opportunities to meet people, helping client to re-connect with family	isolation, want to increase social skills, find more outlets for socialization, want to make friends or improve relationships with family members	
Personal Support System (Professionals)	Referrals to other professionals (that do not fit in a more specific category, (i.e. finding a neurologist would be in Physical Health) that can provide support to the client	referrals to ILSTs, CMs advocating on behalf of their client with other professionals / employers / landlords, CM providing reminder calls to clients on a regular basis, CMs attending doctor's visits with clients, referrals to other BI agencies	
Personal Support System (Service Animal / Pet)	Any pet or service animal related need	acquiring a service or emotional support animal, help with pet care (dog	

Appendix A: Resource Navigation Goal Category Explanations

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
		walking, grooming, pet insurance, veterinary services)	
Personal Support System (Support Groups)	Referrals to Support Groups		
Physical Health (Dental)	Help with Dental needs	Finding a dentist that takes Medicaid, Applying for Donated Dental services, Applying for AV Hunter Trust for dental surgery	
Physical Health (Other)	finding some types of DME (not furniture - hospital bed, for example)		
Physical Health (PCP / Specialist)	Finding medical providers for clients,	Client needs new Neurologist, Client wants to explore cognitive rehab, Client wants OT services	cognitive therapy or cognitive behavioral therapy (CBT) (see Mental Health)
Physical Health (Vision)	Help with Vision Needs	Finding a TBI vision specialist, applying for low cost or free eyeglasses, finding an optometrist	
Rec/Leisure	Referrals to recreation or activity-based programming, assistance with finding rec or leisure related resources or equipment	Help obtaining a gym membership, apply for a BIAC rec program, assistance looking for an adaptive piece of equipment (i.e. recumbent bike)	
Self-Care / Daily Routine	ADL goals - tools, equipment or help related to bathing/showering, personal hygiene and grooming, dressing, toilet hygiene, functional mobility/walking, or self-feeding	getting additional tools/equipment, or help from a person/agency, to more successfully complete any, or more than one of the following: bathing/showering, personal hygiene and grooming, dressing, toilet hygiene, functional mobility/walking, self-feeding	finding food, cooking food, improving nutrition, developing healthier eating habits (see Food & Nutrition)

Appendix A: Resource Navigation Goal Category Explanations

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
Substance Use	Assistance finding substance use treatment providers and related resources		
Technology (Acquisition)	Assistance finding assistive or other technologies, such as computers or cell phones		
Technology (Other)			
Technology (Setup / Troubleshooting)	Assistance setting up or troubleshooting existing technology		
Technology (Training)	Learning how to use technology - such as email, smartphone, or other specific apps		
Transportation	Assistance finding or navigating transportation needs	Help setting up transportation through Medicaid for doctors' appointments, applying for RTD Access-a-ride	
Volunteering	Referring to volunteer opportunities		
Other	any goal that does not fit well into any of the other categories		

Appendix B: Resource Navigation Goal Categories by County Designation

Goal Category	Frontier	Rural	Urban	Grand Total	% of all Goal categories
<i>Education (BI Self Understanding)</i>	2	7	47	56	2.0%
<i>Education (Continuing Education)</i>			4	4	0.1%
<i>Education (Higher Education)</i>		1	6	7	0.2%
<i>Education (Other)</i>		1	15	16	0.6%
<i>Education (Pre-K -12)</i>			5	5	0.2%
<i>Employment (Accommodations)</i>			8	8	0.3%
<i>Employment (Job Search / Modification / Maintenance / Development)</i>		2	66	68	2.4%
<i>Employment (Other)</i>	1		9	10	0.4%
<i>Financial</i>	5	14	235	254	9.1%
<i>Food / Nutrition</i>		2	48	50	1.8%
<i>Goal Development</i>	1	9	128	138	4.9%
<i>Health Insurance/Long Term Care</i>	4	14	233	251	9.0%
<i>Home (Furniture & Housewares)</i>			12	12	0.4%
<i>Home (Organization)</i>			16	16	0.6%
<i>Home (Other)</i>		1	18	19	0.7%
<i>Home (Repair / Modification / Maintenance)</i>		1	29	30	1.1%
<i>Housing (Financial Assistance)</i>	1	3	43	47	1.7%
<i>Housing (Other)</i>		2	41	43	1.5%
<i>Housing (Search)</i>		5	125	130	4.6%

Appendix B: Resource Navigation Goal Categories by County Designation

Goal Category	Frontier	Rural	Urban	Grand Total	% of all Goal categories
<i>Housing (Stability)</i>		2	31	33	1.2%
<i>Legal (Complaints / Appeals)</i>	5	9	58	72	2.6%
<i>Legal (Family / Guardianship / POA)</i>	1		19	20	0.7%
<i>Legal (Other)</i>	2	9	101	112	4.0%
<i>Medication</i>			5	5	0.2%
<i>Mental Health</i>	4	10	158	172	6.1%
<i>Paperwork</i>	5	2	110	117	4.2%
<i>Personal Support System (Family / Friends)</i>		1	11	12	0.4%
<i>Personal Support System (Professionals)</i>	4	21	497	522	18.6%
<i>Personal Support System (Service Animal / Pet)</i>		2	15	17	0.6%
<i>Personal Support System (Support Groups)</i>	2	7	110	119	4.2%
<i>Physical Health (Dental)</i>			24	24	0.9%
<i>Physical Health (Other)</i>	1	5	47	53	1.9%
<i>Physical Health (PCP / Specialist)</i>	4	5	127	136	4.9%
<i>Physical Health (Vision)</i>			22	22	0.8%
<i>Rec/Leisure</i>		3	26	29	1.0%
<i>Self-Care / Daily Routine</i>		1	8	9	0.3%
<i>Substance Use</i>		1	6	7	0.2%
<i>Technology (Acquisition)</i>		3	29	32	1.1%
<i>Technology (Other)</i>	1		8	9	0.3%

Appendix B: Resource Navigation Goal Categories by County Designation

Goal Category	Frontier	Rural	Urban	Grand Total	% of all Goal categories
<i>Technology (Setup / Troubleshooting)</i>			7	7	0.2%
<i>Technology (Training)</i>			7	7	0.2%
<i>Transportation</i>		3	66	69	2.5%
<i>Volunteering</i>			6	6	0.2%
<i>Other</i>		2	27	29	1.0%
Grand Total	43	148	2613	2804	
% of Goals across all county designations	1.53%	5.28%	93.19%		

Appendix C: Resource Navigation Goal Categories by Region

Goal Category	Denver Metro	Southern	Central Mountain	Western Slope	Northern	Grand Total	% of all Goal categories
Education (BI Self Understanding)	36	14	1	3	2	56	2.0%
Education (Continuing Education)	4					4	0.1%
Education (Higher Education)	5			1	1	7	0.2%
Education (Other)	8	4		1	3	16	0.6%
Education (Pre-K -12)	3	1			1	5	0.2%
Employment (Accommodations)	6	1			1	8	0.3%
Employment (Job Search / Modification / Maintenance / Development)	47	14		2	5	68	2.4%
Employment (Other)	5	5				10	0.4%
Financial	135	76	5	12	26	254	9.1%
Food / Nutrition	32	10	2	2	4	50	1.8%
Goal Development	55	63	3	2	15	138	4.9%
Health Insurance/Long Term Care	169	39	9	7	27	251	9.0%
Home (Furniture & Housewares)	6	2			4	12	0.4%
Home (Organization)	11	4			1	16	0.6%
Home (Other)	10	7		2		19	0.7%
Home (Repair / Modification / Maintenance)	22	4		2	2	30	1.1%
Housing (Financial Assistance)	33	6	1	5	2	47	1.7%
Housing (Other)	26	13		1	3	43	1.5%
Housing (Search)	106	8		1	15	130	4.6%
Housing (Stability)	27	3	2	1		33	1.2%

Appendix C: Resource Navigation Goal Categories by Region

Goal Category	Denver Metro	Southern	Central Mountain	Western Slope	Northern	Grand Total	% of all Goal categories
Legal (Complaints / Appeals)	46	8	5	6	7	72	2.6%
Legal (Family / Guardianship / POA)	11	7			2	20	0.7%
Legal (Other)	58	29	6	2	17	112	4.0%
Medication	4	1				5	0.2%
Mental Health	104	27	3	15	23	172	6.1%
Paperwork	72	36	2	1	6	117	4.2%
Personal Support System (Family / Friends)	2	4	1		5	12	0.4%
Personal Support System (Professionals)	392	51	12	17	50	522	18.6%
Personal Support System (Service Animal / Pet)	11	1	1	2	2	17	0.6%
Personal Support System (Support Groups)	56	36	2	5	20	119	4.2%
Physical Health (Dental)	22	1			1	24	0.9%
Physical Health (Other)	12	27	3	3	8	53	1.9%
Physical Health (PCP / Specialist)	95	8	3	6	24	136	4.9%
Physical Health (Vision)	13	3			6	22	0.8%
Rec/Leisure	12	12			5	29	1.0%
Self-Care / Daily Routine	4	1			4	9	0.3%
Substance Use	4	2			1	7	0.2%
Technology (Acquisition)	20	5	2		5	32	1.1%
Technology (Other)	6	3				9	0.3%
Technology (Setup / Troubleshooting)	6				1	7	0.2%
Technology (Training)	6	1				7	0.2%
Transportation	39	13	2	2	13	69	2.5%

Appendix C: Resource Navigation Goal Categories by Region

Goal Category	Denver Metro	Southern	Central Mountain	Western Slope	Northern	Grand Total	% of all Goal categories
Volunteering	6					6	0.2%
Other	16	4	1	2	6	29	1.0%
Grand Total	1763	554	66	103	318	2804	
% of Goals across all regions	62.87%	19.76%	2.35%	3.67%	11.34%		

Appendix D: Resource Navigation Satisfaction Survey SMS Messages

Question 1

Hi! This is the Brain Injury Alliance of Colorado. We would love to get your feedback on our your recent interaction with our services.

Was the support useful?

Please respond YES or NO

NOTE: THIS NUMBER IS NOT MONITORED FOR SUPPORT NEEDS. If you need assistance, please contact us by phone at 1-800-955-2443 or email at info@biacolorado.org

Question 2

Were you satisfied with the quality of your interaction with BIAC?

Please respond YES or NO

NOTE: THIS NUMBER IS NOT MONITORED FOR SUPPORT NEEDS. If you need assistance, please contact us by phone at 1-800-955-2443 or email at info@biacolorado.org

Appendix E: World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days, how much difficulty did you have in:						
S1	<u>Standing</u> for long periods such as <u>30 minutes</u> ?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S2	Taking care of your <u>household responsibilities</u> ?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S3	<u>Learning</u> a <u>new task</u> , for example, learning how to get to a new place?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S4	How much of a problem did you have <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S5	How much have <u>you</u> been <u>emotionally affected</u> by your health problems?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>

Please continue to next page...

In the past 30 days, how much difficulty did you have in:						
S6	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S7	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S8	<u>Washing your whole body</u> ?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S9	Getting <u>dressed</u> ?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S10	<u>Dealing</u> with people <u>you do not know</u> ?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S11	<u>Maintaining a friendship</u> ?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>
S12	Your day-to-day <u>work</u> ?	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Extreme or cannot do <input type="checkbox"/>

H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	<i>Record number of days</i> ____
H2	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	<i>Record number of days</i> ____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	<i>Record number of days</i> ____

This completes the questionnaire and application. Thank you.

Signature

I confirm that the information given in this application is true, complete, and accurate

Signature: _____ Date: _____

Please submit this application to BIAC by mail or email at the following addresses:

Brain Injury Alliance of CO
Director of Client Programs
1325 S. Colorado Blvd, Suite B-300
Denver, CO 80222

SUBMIT VIA EMAIL
skills@biacolorado.org

Applications will be reviewed in the order in which they are received. Applicants will be contacted by phone or email within 5 business days of BIAC receiving the application.

Appendix F: Self-management Satisfaction Survey

BIAC's Self Management Program Satisfaction Survey (TBI) 2019-2020

Welcome to BIAC's Self Management Program Satisfaction Survey.

By completing this survey, you are working with all of us at BIAC to ensure the quality of our self management program and helping us live two of our core values: collaboration and forward-thinking. Thank you so much for your contribution!

[Note: If you prefer to participate by phone, or if you need any special accommodations to complete the survey, please call us at 303-355-9969, or toll free at 1-800-955-2443, and a BIAC staff member will assist you.]

Let's get started! Click "Next" to begin.

1. Region:

2. Geography:

3. Brain Injury Advisor Name:

Please respond to the following questions to the best of your ability.

* 4. Overall, how self-sufficient do you feel since you began participating in BIAC's self management program?

- much more self-sufficient
- more self-sufficient
- about the same level of self-sufficiency
- less self-sufficient
- much less self-sufficient

Optional Comment:

* 5. Which of the words below would you use to describe BIAC's self management program? Select all that apply.

- high quality
- worthwhile
- met my needs
- easy to understand
- poor quality
- not a good use of my time
- did not meet my needs
- confusing
- Other, please specify:

* 6. Which of the words below would you use to describe your brain injury advisor? Select all that apply.

- encouraging
- caring
- good listener
- knowledgeable
- creative
- discouraging
- uncaring
- poor listener
- unknowledgeable
- uncreative
- Other (please specify)

* 7. Which of the phrases below best describes your working relationship with your brain injury advisor?

- very positive
- somewhat positive
- neutral
- somewhat negative
- very negative

Optional Comment:

* 8. Brain injury advisors strive to meet with clients on a regular basis. Which of the following statements best describe your experience?

- I met with my brain injury advisor on a regular basis
- I met with my brain injury advisor, but there was no regular schedule

Optional Comment:

* 9. Brain injury advisors strive to meet with clients for one hour per week on average. Which of the following statements best describe your experience?

- I met with my brain injury advisor at least one hour per week on average (4 hours per month or more)
- I met with my brain injury advisor less than one hour per week on average (less than 4 hours per month)

Optional Comment:

10. Overall, how did BIAC's self management program align with your expectations?

- the program greatly exceeded my expectations
- the program exceeded my expectations
- the program met my expectations
- the program fell below my expectations
- the program fell far below my expectations

* 11. Based on your response to the previous question, please provide at least one specific example of how BIAC's self management program exceeded, met, or fell below your expectations.

* 12. In your experience, how valuable were each of the following components of BIAC's self management program in helping you become more self-sufficient?

	very valuable	somewhat valuable	a little bit valuable	not at all valuable	does not apply to me
self-assessment of strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
self-assessment of weaknesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
relationship mapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
development of strategies for building specific skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
development of goal attainment scales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
regular meetings with a brain injury advisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
regular homework assignments between meetings with brain injury advisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
development of a transition plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional Comment:

* 13. What did you accomplish during your time in BIAC's self management program that you are most proud of?

* 14. What was the biggest challenge you faced during your time in BIAC's self management program?

* 15. What did you like best about BIAC's self management program?

* 16. What did you like least about BIAC's self management program?

* 17. Would you recommend BIAC's self management program to others? Use the comment box to tell us why or why not.

Yes

No

Optional Comment:

18. Please use the space below to provide any additional feedback, comments, or questions you have for BIAC about your experience with the self management program.

* 19. Please share your contact information so we may improve our working relationship with you based on your responses.

First Name:

Last Name:

Date of Birth
(mm/dd/yyyy):

City:

Phone Number:

Email Address:

Thank you for taking time to thoughtfully complete this survey. We truly value your feedback and will put it to good use!

Appendix G: Youth Education Consultation Satisfaction Survey

BIAC's Education Consultation Satisfaction Survey for Families (TBI) 2019-2020

Welcome to BIAC's Education Consultation Satisfaction Survey for Families

By completing this short survey, you are working with all of us at BIAC to ensure the quality of our education consultation services and helping us live two of our core values: collaboration and forward-thinking.

This survey will take no more than 5-10 minutes to complete. Thank you in advance for your time and consideration. We truly value your feedback and will put it to good use!

[Note: If you need any special accommodations to complete the survey, please call us at 303-355-9969, or toll free at 1-800-955-2443, and a BIAC staff member will assist you.]

Let's get started! Click "Next" to begin.

BIAC's Education Consultation Satisfaction Survey for Families (TBI) 2019-2020

* 1. Overall, how supported do you feel since you began receiving education consultation services from our Youth Education Liaison this school year?

- much more supported
- more supported
- about the same level of support
- less supported
- much less supported

Optional Comment:

* 2. Which of the words below would you use to describe BIAAC's education consultation services? Select all that apply.

- high quality
- worthwhile
- met my needs
- easy to understand
- poor quality
- not a good use of my time
- did not meet my needs
- confusing
- Other, please specify:

* 3. Which of the words below would you use to describe the Youth Education Liaison? Select all that apply.

- encouraging
- caring
- good listener
- knowledgeable
- creative
- discouraging
- uncaring
- poor listener
- unknowledgeable
- uncreative
- Other (please specify)

* 4. Which of the phrases below best describes your working relationship with the Youth Education Liaison?

- very positive
- somewhat positive
- neutral
- somewhat negative
- very negative

Optional Comment:

* 5. Overall, how did BIAC's education consultation services align with your expectations? Please use the comment box to provide at least one specific example of how the services exceeded, met, or fell below expectations.

- the services greatly exceeded my expectations
- the services exceeded my expectations
- the services met my expectations
- the services fell below my expectations
- the services fell far below my expectations

Comment:

* 6. What did you like best about BIAC's education consultation services?

* 7. What did you like least about BIAC's education consultation services?

* 8. Would you recommend BIAC's education consultation services to others? Use the comment box to tell us why or why not.

Yes

No

Optional Comment:

9. Please use the space below to provide any additional feedback, comments, or questions you have for BIAC about your experience with our education consultation services.

* 10. Please share your contact information so we may improve our working relationship with you based on your responses.

Parent/Guardian's First and Last Name:

Child's First and Last Name:

Child's Date of Birth (mm/dd/yyyy):

City:

Phone Number:

Email Address:

Appendix H: Classes & Workshops Satisfaction Survey



Classes and Workshops Survey FY20

1. Admin Use Only

Title:

Type (one-time, recurring drop-in, closed series):

Date:

Instructor/Facilitator:

Venue/Location:

BIAC Staff Responsible:

2. Please respond to the following questions to the best of your ability. [Note: If you are a caregiver/volunteer responding on behalf of a participant, please answer the questions as if you were the participant.]

First and Last Name:

Date of Birth (mm/dd/yyyy):

3. On a scale of 1 to 10, with 1 being "not at all satisfied" and 10 being "completely satisfied", please rate the following components of the class or workshop you attended:

	1	2	3	4	5	6	7	8	9	10	N/A
The instructor/facilitator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The class/workshop content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sign-up/registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your overall experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What did you find most valuable about this class or workshop?

5. Did you find the physical space inviting for people with brain injuries?

Yes

No

6. Did you find the physical space inviting for people with brain injuries? Why or why not?

7. How would you improve this class or workshop?

8. Would you recommend this class or workshop to others?

Yes

No

9. Would you recommend this class or workshop to others? Why or why not?

10. What other classes or workshops would you like to see offered in the future?

11. Please use the space below to provide any additional feedback, comments, or questions you have for BIAC about classes and workshops.

Thank you for taking time to thoughtfully complete this survey. We truly value your feedback and will put it to good use!

Appendix I: FY20 Reporting Table

Classes and Workshops	Resource Navigation	Self Management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development
Monthly					
none	<ul style="list-style-type: none"> ● Total # of clients who opened at least one case in previous month <ul style="list-style-type: none"> ○ # and % first-time ○ # and % youth ○ # and % adults ● Total # of cases opened in previous month ● Total # of cases closed in previous month 	<ul style="list-style-type: none"> ● Total # of applications received in previous month <ul style="list-style-type: none"> ○ # and % approved ○ # and % denied ○ # and % pending ● Total # of clients starting self-mgmt in previous month <ul style="list-style-type: none"> ○ # and % first-time ○ # and % repeat ○ # and % youth ○ # and % adults ● Total # of clients ending self-mgmt in previous month ● Total # of clients on waitlist to start self-mgmt on last day of previous month <ul style="list-style-type: none"> ○ # by region 	<ul style="list-style-type: none"> ● Total # of clients referred for Ed. Cons. in previous month <ul style="list-style-type: none"> ○ # and % eligible ○ # and % ineligible ○ # and % pending ● Total # of clients who opened at least one Ed. Cons. case in previous month <ul style="list-style-type: none"> ○ # and % first-time ● Total # of Ed. Cons. cases opened in previous month ● Total # of Ed. Cons. cases closed in previous month 	none	none
Quarterly					
none	none	none	none	<ul style="list-style-type: none"> ● Total # of JAG/JBC target site referrals received <ul style="list-style-type: none"> ○ % by referral source type 	none

				<p>(JAG vs JBC target sites)</p> <ul style="list-style-type: none"> • Total # of JAG/JBC outreach activities & trainings delivered <ul style="list-style-type: none"> ○ Amount of time spent ○ # of attendees ○ By target site • Total number of goals established and achieved for SM/RN for JAG/JBC <ul style="list-style-type: none"> ○ Total number of goals established ○ pre-post GAS ○ pre-post perception of confidence for SM ○ Average satisfaction ratings for RN and SM 	
--	--	--	--	--	--

Appendix I: FY20 Reporting Table

Classes and Workshops	Resource Navigation	Self-Management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development
Semi-annually					
<ul style="list-style-type: none"> ● For 1/20 report, breakdown of demographics for classes and workshops is not requested due to staffing and vacancy issues. Will re-examine mid-year need for this reporting in 7/20 for the next FY reporting. 	<ul style="list-style-type: none"> ● Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ # and % by military status ○ avg # of cases per client ○ avg # of goals per client ○ # and % who accessed in-person support ○ ● Total # of cases closed in the previous six months <ul style="list-style-type: none"> ○ # and % by closure reason ○ Avg # of goals per case ○ Avg length of time from case creation to case closure ○ Satisfaction survey results ○ Satisfaction survey response rate 	<ul style="list-style-type: none"> ● Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ # and % by military status ○ avg # of functional tasks per client ● Total # of func. task created in cases closed in previous six months <ul style="list-style-type: none"> ○ # and % by func. Task type ○ Avg goal attainment score change (from baseline to completion) ○ Avg. perception of confidence score change (from baseline to 	<ul style="list-style-type: none"> ● Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ avg # of cases per client ○ avg # of goals per client ○ Parent/family satisfaction survey results ○ Parent/family satisfaction survey response rate (total received/texts sent) ● Total # of cases closed in the previous six months <ul style="list-style-type: none"> ○ # and % by closure reason ○ Avg # of goals per case ○ Avg length of time from case creation to case closure Total # of goals created in cases closed in the previous six months <ul style="list-style-type: none"> ○ # and % by goal type ○ # and % by status (closed or achieved) ● # of appeals or grievances in the previous six months <ul style="list-style-type: none"> ○ By type 	<ul style="list-style-type: none"> ● Total # of referrals received <ul style="list-style-type: none"> ○ % by referral source type (corrections - general, JBC, JAG, other community sites) ● Total # of referrals who closed a case or ended self-mgmt services in the previous six months <ul style="list-style-type: none"> ○ % by JBC, JAG ● Total # of outreach activities & trainings delivered <ul style="list-style-type: none"> ○ Amount of time spent ○ # of attendees ○ % new ○ By region and geography ○ By organization type ● Total # of new Resource Directory entries 	None

	<p>(total received/texts sent)</p> <ul style="list-style-type: none"> • Total # of goals created in cases closed in the previous six months <ul style="list-style-type: none"> ○ # and % by goal type ○ # and % by status (closed or achieved) • # of appeals or grievances in the previous six months <ul style="list-style-type: none"> ○ By type 	<p>completion)</p> <ul style="list-style-type: none"> • Satisfaction survey results • Satisfaction survey response rate • # of appeals or grievances in the previous six months <ul style="list-style-type: none"> ○ By type 		<ul style="list-style-type: none"> ○ % by referral source type 	
Annually					
<ul style="list-style-type: none"> • Total # of classes and workshops offered in previous twelve months <ul style="list-style-type: none"> ○ # and % by type ○ # and % by region ○ # and % By geog. • Classes and workshops satisfaction survey results • Total # of unique attendees of classes and workshops in previous 12 months • Average number of classes attended per unique individual in previous 12 months 	<ul style="list-style-type: none"> • Total # of clients who opened at least one case in the previous twelve months <ul style="list-style-type: none"> ○ # and % first-time ○ # and % youth ○ # and % adults • Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ # and % by military status ○ avg # of cases per client <ul style="list-style-type: none"> ■ By geog. ■ By region ○ avg # of goals per 	<ul style="list-style-type: none"> • Total # of applications received in previous twelve months <ul style="list-style-type: none"> ○ # and % approved ○ # and % denied ○ # and % pending ○ Avg. length of time from application received to approved/denied ○ Avg. length of time from application approved to first meeting with advisor • Total # of clients starting self-mgmt in previous twelve months <ul style="list-style-type: none"> ○ # and % first-time ○ # and % repeat ○ # and % youth ○ # and % adults • Total # of clients on waitlist to start self-mgmt on last day of previous twelve months 	<ul style="list-style-type: none"> • Total # of clients referred for Ed. Cons. in previous twelve months <ul style="list-style-type: none"> ○ # and % eligible ○ # and % ineligible ○ # and % pending • Total # of clients who opened at least one Ed. Cons. case in previous 12 months <ul style="list-style-type: none"> ○ # and % first-time • Total # of unduplicated clients receiving Ed. Cons. served to <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ avg # of goals per client <ul style="list-style-type: none"> ■ By geog. ■ By region ○ Parent/family satisfaction survey results <ul style="list-style-type: none"> ■ By geog. ■ By region ○ Parent/family satisfaction survey response rate (total 	<ul style="list-style-type: none"> • Total # of referrals received <ul style="list-style-type: none"> ○ % by referral source type • Total # of outreach activities & trainings delivered <ul style="list-style-type: none"> ○ Amount of time spent ○ # of attendees ○ % new ○ By region and geography ○ By organization type • Total # of new Resource Directory entries <ul style="list-style-type: none"> ○ % by type • BIPN Overview (locations, meeting 	<ul style="list-style-type: none"> • Staff Training & Professional Development <ul style="list-style-type: none"> ○ Avg. # of trainings attended per staff member ○ # of staff member that are ACBIS certified ○ Avg. # of CE credits acquired per staff member

	<ul style="list-style-type: none"> client <ul style="list-style-type: none"> ■ By geog. ■ By region ○ # and % who accessed in-person support <ul style="list-style-type: none"> ■ By geog. ■ By region ○ Satisfaction survey results <ul style="list-style-type: none"> ■ By geog. ■ By region ○ Satisfaction survey response rate (total received/texts sent) <ul style="list-style-type: none"> ■ By geog. ■ By region ● Total # of cases opened in the previous twelve months <ul style="list-style-type: none"> ○ By geog. ○ By region ● Total # of cases closed in the previous twelve months <ul style="list-style-type: none"> ○ By geog. ○ By region ○ # and % by area of need <ul style="list-style-type: none"> ■ By geog. ■ By region ○ Avg # of goals per case <ul style="list-style-type: none"> ■ By 	<ul style="list-style-type: none"> ○ # by region ○ # By geog. ● Avg length of time spent on waitlist before starting self-mgmt on last day of previous twelve months <ul style="list-style-type: none"> ○ By region ○ By geog. ● Total # of unduplicated clients served to date in FY <ul style="list-style-type: none"> ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ # and % by military status ○ # and % by injury ○ avg # of functional tasks per client <ul style="list-style-type: none"> ■ By geog. ■ By region ○ # and % By func. task <ul style="list-style-type: none"> ■ By geog. ■ By region ○ Avg goal attainment score change (from baseline to completion) By func. task <ul style="list-style-type: none"> ■ By geog. ■ By 	<ul style="list-style-type: none"> received/texts sent) <ul style="list-style-type: none"> ■ By geog. ■ By region ● Total # of goals created in cases closed in the previous 12 months <ul style="list-style-type: none"> ○ # and % by type <ul style="list-style-type: none"> ■ By geog. ■ By region ○ # and % by status <ul style="list-style-type: none"> ■ By geog. ■ By Region Injury "Landscape" ● Total # of reported brain injuries <ul style="list-style-type: none"> ○ # and % by type of injury ● Avg number of brain injuries per client ● Avg age of client at time of first brain injury ● # and % of clients with two or more brain injuries 	<ul style="list-style-type: none"> summary, attendee info, annual survey results) ● Audience Response Data ● Testimonials 	
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	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ■ geog. ■ By region ○ Avg length of time from case creation to case closure <ul style="list-style-type: none"> ■ By geog. ■ By region <p>Injury “Landscape”</p> <ul style="list-style-type: none"> ● Total # of reported brain injuries <ul style="list-style-type: none"> ○ # and % by type of injury ● Avg number of brain injuries per client ● Avg age of client at time of first brain injury ● # and % of clients with two or more brain injuries 	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ region ○ Avg. perception of confidence score change (from baseline to completion) <ul style="list-style-type: none"> ■ By geog. ■ By region ○ Avg. time 1 perception of confidence score <ul style="list-style-type: none"> ■ By func. task ■ By geog. ■ By region ○ Avg. time 2 perception of confidence score <ul style="list-style-type: none"> ■ By func. task ■ By geog. ■ By region ○ Satisfaction survey results <ul style="list-style-type: none"> ■ By geog. ■ By region ○ Satisfaction survey response rate <ul style="list-style-type: none"> ■ By geog. ■ By region <p>Injury “Landscape”</p> <ul style="list-style-type: none"> ● Total # of reported brain injuries <ul style="list-style-type: none"> ○ # and % by type of injury ● Avg number of brain injuries per client 			
--	---	--	--	--	--

		<ul style="list-style-type: none">• Avg age of client at time of first brain injury• # and % of clients with two or more brain injuries			
--	--	--	--	--	--