Annual Report
Fiscal Year 2019

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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 2018/19. It should be noted that although this is the third year that BIAC has held the contract with MINDSOURCE, this is the first year of reporting under the new model of service delivery that started on July 1st, 2018.

Prior to July 1st, 2018, clients were able to receive case management services for up to two years at a time and had to meet minimum eligibility requirements that included proof of injury. Increased participation in the program over time since BIAC took over the contract in 2016 rendered this model unsustainable without significant additional funding, a waitlist, or a decrease in services for all clients. In response, BIAC and MINDSOURCE worked together to develop a new model that seeks to better meet the demonstrated diversity of client needs while sustainably accommodating current and projected demand for support within current and projected budgets. This new 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-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.

Since FY19 was the first year this new model was implemented, the focus rested heavily on establishing baseline data from which to grow and improve in subsequent years. In most instances, comparing data from this year to the previous two years of the contract cycle is not meaningful as programmatic elements have changed. Accordingly, this report emphasizes reporting of baseline data and potential process improvements to ensure fidelity over comparative analysis and programmatic improvements. Comparative analysis will become more valuable beginning in FY20, with FY19 data to compare against, whereas programmatic improvements are unlikely to be recommended within this contract cycle.

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

- All considerations for changes or improvements based on findings from FY19 data appear in the "Goals/Changes for FY20" part of each section, as they relate to future activities and not those carried out within FY19.
- BIAC and MINDSOURCE are 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*) developed in collaboration between BIAC and MINDSOURCE at the start of FY19. Additional analyses may be available upon request to BIAC Director of Client Programs, Max Winkler, Max@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 FY19, BIAC and MINDSOURCE decided on the following goals for outreach:

1. **Increase awareness of MINDSOURCE by cultivating new referral sources and representing the program at events.** Individuals with brain injury seek support from service providers of various disciplines and therefore it's important for BIAC to continue to expand opportunities for outreach. Examples of this include the restructuring of the Behavioral Health Organizations (BHOs) into Regional Accountable Entities (RAEs), LGBTQ outreach opportunities, and previously unreached school districts or criminal justice sites.

2. **Support MINDSOURCE in raising awareness and increasing revenue of the Trust Fund.** As a new contract cycle is on the horizon and other funding changes will be happening at the same time, BIAC was asked to participate in the MINDSOURCE Board's Revenue Committee to provide an internal perspective of funding needs. Additionally, BIAC and MINDSOURCE presented to the Colorado Municipal League and discussed the importance of services funded by the Trust Fund.

3. **Increase referrals by at least 20%.** It was determined that BIAC services could withstand an increase in referrals and therefore efforts were to be put towards soliciting more referrals from the community. This year the program saw a shift in eligibility requirements, which helped to reduce barriers and increase ease of access to services for clients. BIAC did not, however, reach the 20% goal. Please see the Referrals section and Conclusion section below for more information.

4. **Build capacity within the community to better serve our clients.** Outreach and training do not always result in referrals, and referrals do not always result in clients. BIAC strives to provide consultation and capacity-building to other professionals in the community so they may provide higher quality services to individuals with brain injuries. Through educational trainings and ongoing support, BIAC offers professionals the opportunities to better understand brain injuries and how to work with clients in their settings.

5. **Establish relationships with new resources providing services for clients.** Through the Online Resource Directory, the Brain Injury Professional Networks, and the Newsletter, BIAC strives to find new resources and services available for our clients to access, improving their well-being.

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.

During this reporting period, 105 outreach activities and trainings took place (a 36% increase from the previous fiscal year). This included outreach at awareness events, but also in-depth trainings with staff at various agencies. (*Figure 1*) Approximately 2,885 individuals attended trainings or outreach events, which is a 6.9% increase from last year.
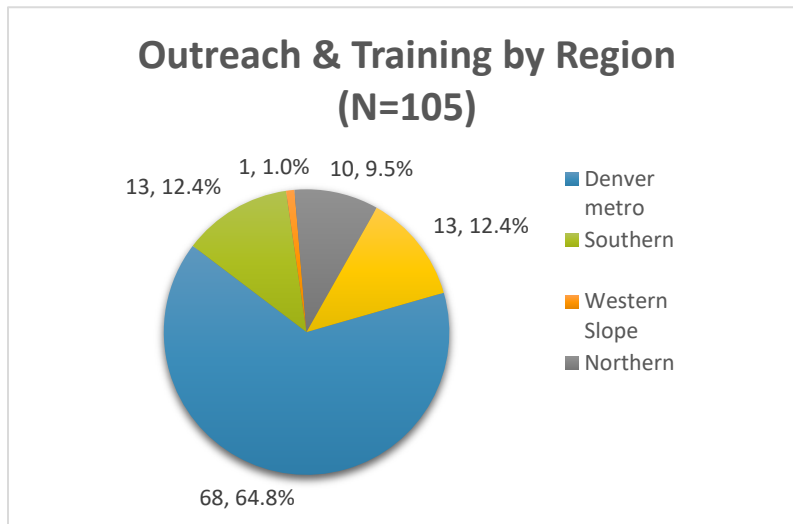
Figure 1 - Outreach and Training by Region

Referrals

Soliciting referrals from the community is a priority for the Professional Programs department, as illustrated by goal #3. During this fiscal year, BIAC received 938 referrals for services, which is a 4% decrease from last year (please see the Conclusions section below for commentary on this). 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. (*Figure 2*)
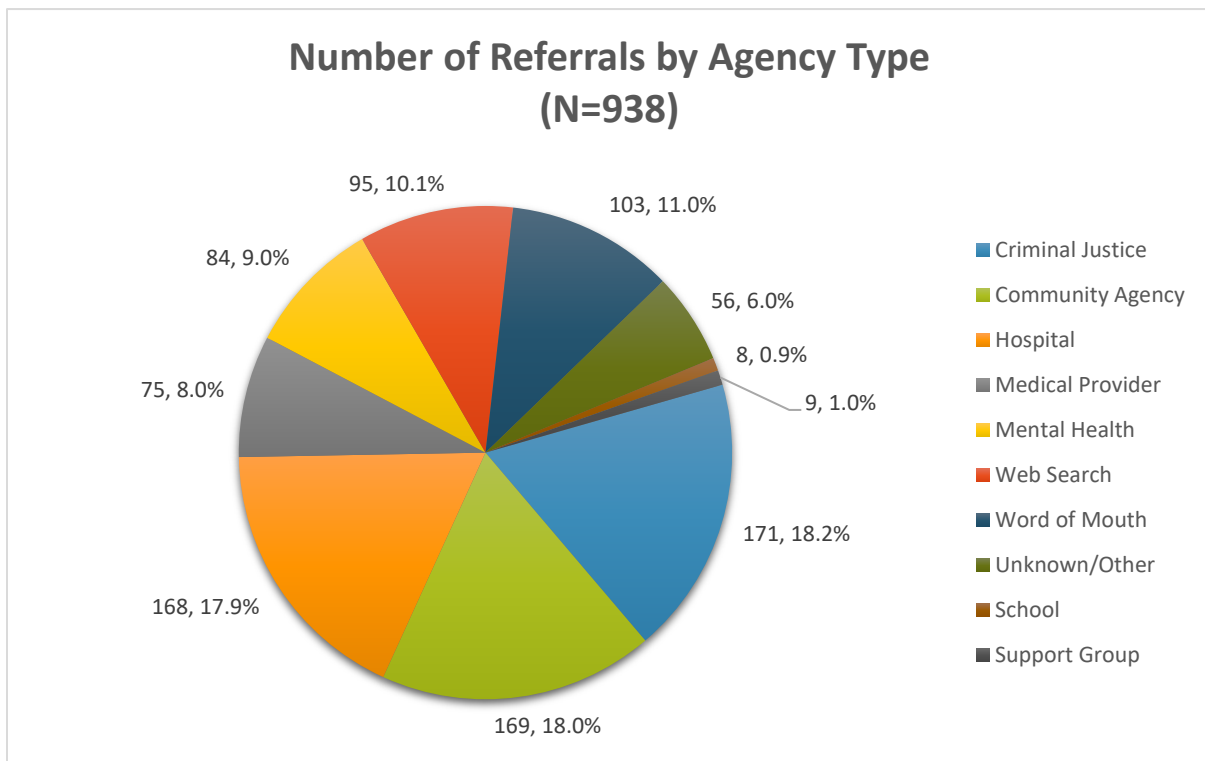
Figure 2 – Referrals by Agency Type

Resource Directory

BIAC maintains an Online Resource Directory with providers listed from around Colorado (and some nation-wide) that provide services to individuals with brain injury, which relates to outreach goal #5. 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, 57 new entries were added to the directory. (*Figure 3*)
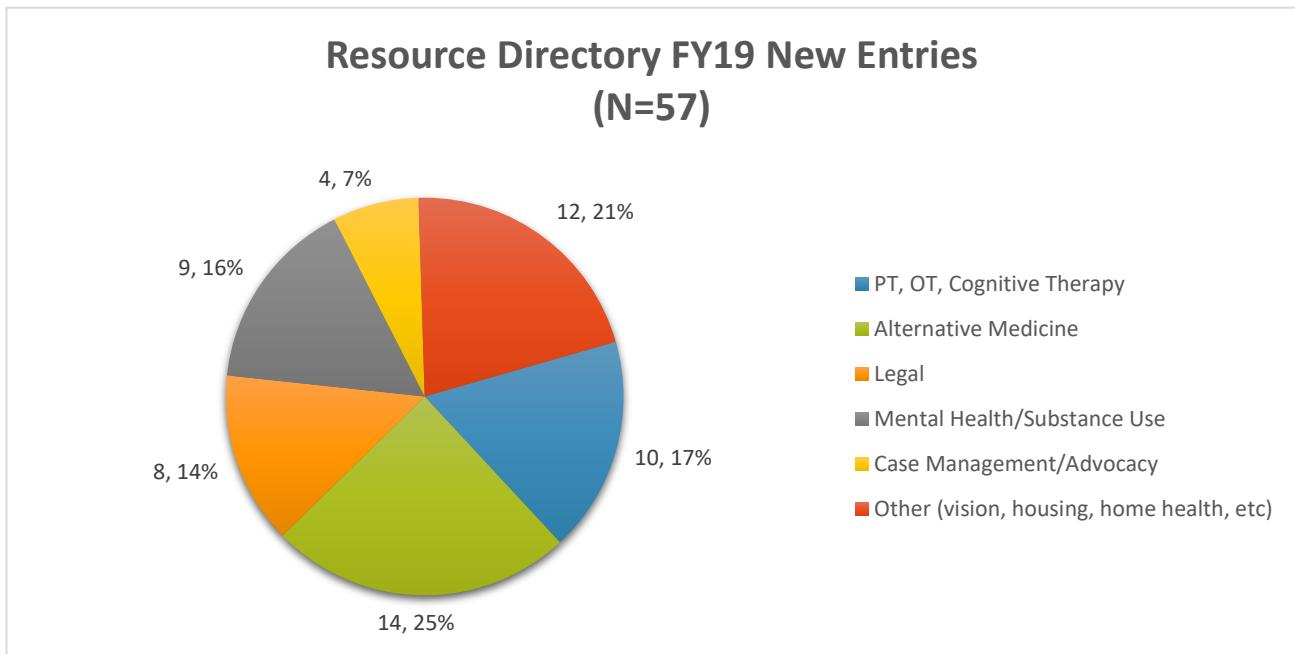
Figure 3- Resource Directory FY19 New Entries

Evaluation

Knowledge Attainment

Background and Objectives

BIAC uses an Audience Response System to collect data from participants before, during, and after they receive training to assess knowledge attainment and participant satisfaction with the trainings.

Methodology

During trainings, audience members are provided with a remote clicker to answer questions embedded into a PowerPoint. Some of the questions are intended to retain engagement, but others are used to measure knowledge attainment and confidence. The following standard questions are asked at each training:

- My understanding of brain injury has increased. I know what brain injuries are, how people get them, and the common signs/symptoms. (Scale: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)
- I better understand how to identify someone with a brain injury, through recognizing the common signs/symptoms. (Scale: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)

- My knowledge of how to support, interact with, and provide accommodations for individuals with brain injury has increased. (Scale: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)
- My knowledge of what resources exist in our state for individuals with brain injury has increased. (Scale: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)

Results

In FY19, 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 4)*.
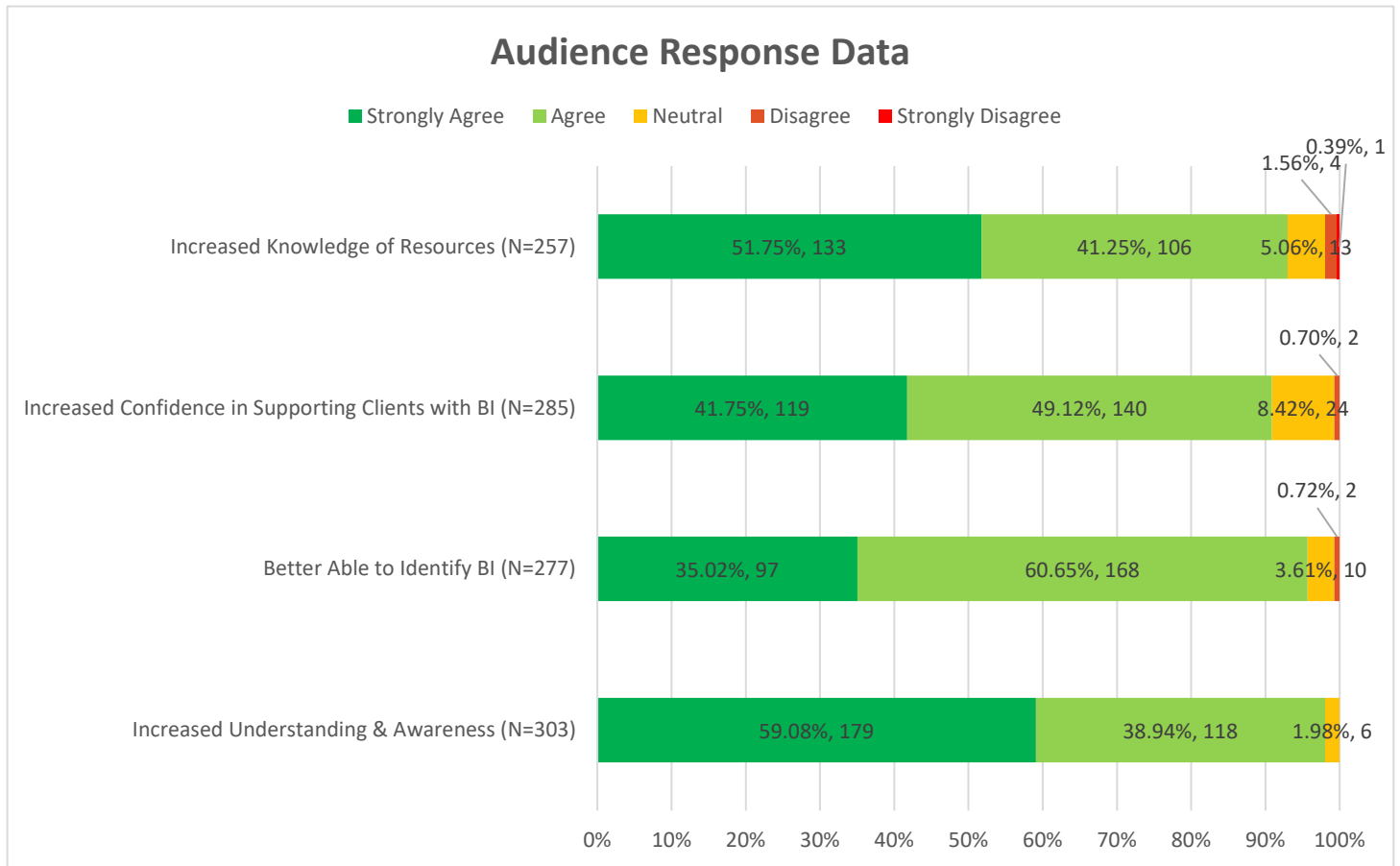
Figure 4 - Outreach Audience Response Data

Conclusions

Despite an increase in staff administering outreach, an increase in number outreach activities, and an increase in the number of audience members compared to last year, BIAC saw a decline in referral numbers (by 4%). The audience response confidence scales suggest that, across the board, individuals have increased their ability to serve clients with brain injury in their settings. Additionally, BIAC staff delivering the trainings have been providing more consultation to professionals about their clients. Both of these may be resulting in fewer referrals.

While the audience response data are helpful and interesting, BIAC intends to add questions to the training slides for FY20 that help BIAC better understand knowledge gained. BIAC specifically wants to see if audience members can identify the services offered by BIAC and how to refer a client. A lot of information is provided within the span of a 60- or 90-minute training, therefore presenters may be losing the attention of some individuals by the time details about how to refer are provided. Additionally, with more staff doing this work, BIAC needs to ensure high fidelity in the delivery of the trainings. This will be an area BIAC monitors in the coming fiscal years as tracking methods for outreach and education are enhanced.

Testimonials

"Thank you so much again for coming out and presenting to us. Your presentation was very easy to understand, helpful, and eye opening. In fact, the very next day I had an intake with a female who was in custody and had a torn retina and black eye due to intimate partner violence. She said she had been abused physically many times, and her thoughts of suicide were increasing with her emotional regulation becoming less manageable. She already had a brain scan before she went into the jail (she had to be medically cleared), but addressing possible head trauma and brain injury will definitely be a part of this person's treatment! Thank you again for bringing this (back) to the forefront of our minds."
-Addiction Research & Treatment Services

"Learning about all the symptoms has allowed me to have more patience and compassion for clients who have a TBI."
- Boulder Jail Deputy

"I found the training from BIA very helpful. It laid a foundation for understanding brain injury, dispelled myths and gave concrete feedback on how to support individual with a BI. The training was flexible and comprehensible by both a clinical and non-clinical audience. Really valuable and practical information."
- Beacon Health

Key Accomplishments

With help from additional funding sources secured by MINDSOURCE, BIAC now has four staff spending dedicated time on outreach and training: Director of Professional Programs, Deputy Director of Professional Programs, Systems Outreach Coordinator (SOC), and the Youth Education Liaison. These funding sources include a three-year federal grant from the Administration for Community Living (ACL), which is funding a full-time SOC and a part-time Peer Mentorship Coordinator, and a Justice Assistance Grant (JAG), which is helping to fund a Deputy Director.

The need and requests for training continue to increase as awareness of the program and our services continues to expand. Satisfaction and confidence are rated highly again this year, as demonstrated by the audience response data and testimonials.

Goal 1 of the Outreach Plan for this fiscal year referenced the restructuring of the BHOs into Regional Accountable Entities (RAEs) and BIAC's intention of delivering outreach and training to RAE staff as well as their contractors. BIAC was able to reach three of the RAEs (covering regions 2, 3, 5, 6, and 7) as well as Beacon Health, which is a subcontractor for regions 2 and 4.

Goals for FY19-20

In collaboration with MINDSOURCE leadership, the following goals for FY20 were established:

- Increase referrals of residents with brain injuries from rural and frontier counties in BIAC programs
- Increase referrals into the Self-management program
- Increase referrals into Youth Services
- Increase referrals of non-white Hispanic individuals with brain injury in BIAC programs
- Increase knowledge gained about BIAC services and referral process during trainings
- Deliver trainings to community professionals interested in becoming Certified Brain Injury Specialists (CBIS)

Resource Navigation

Program Overview

Resource Navigation is a core support program for survivors of all ages, their family members, and their caregivers. It is intended to be quick and easy to access. There is no time limitation on the support that an individual can receive in Resource Navigation.

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

Note: Per the approved FY19 Reporting Table, client demographic data, service data, and outcome data are only reported for individuals who have closed a case within the fiscal year being reported.

Of all the BIAC programs funded by MINDSOURCE, Resource Navigation has the broadest and most diverse reach across the state.

In FY19, a total of 775 unique individuals interacted with the Resource Navigation program opening a total of 849 Cases. Of those 775, 649 unique individuals completed at least one instance of support and closed at least one case. The remaining 126 individuals remained engaged in their first instance of Resource Navigation support at the end of FY19 and will be represented in demographic, services, and outcome data once their initial support case closes at a later date.

Demographically speaking, BIAC is working closely with MINDSOURCE leadership and board to establish anchor data that can be used to assess all programs' success in serving key demographic categories such as gender, race/ethnicity, region (*Figure 5*), and county designation (urban/rural/frontier as defined by Colorado Rural Health Center, State Office of Rural Health (*Figure 6*)). FY19 has established a baseline of data for demographics served in Resource Navigation.
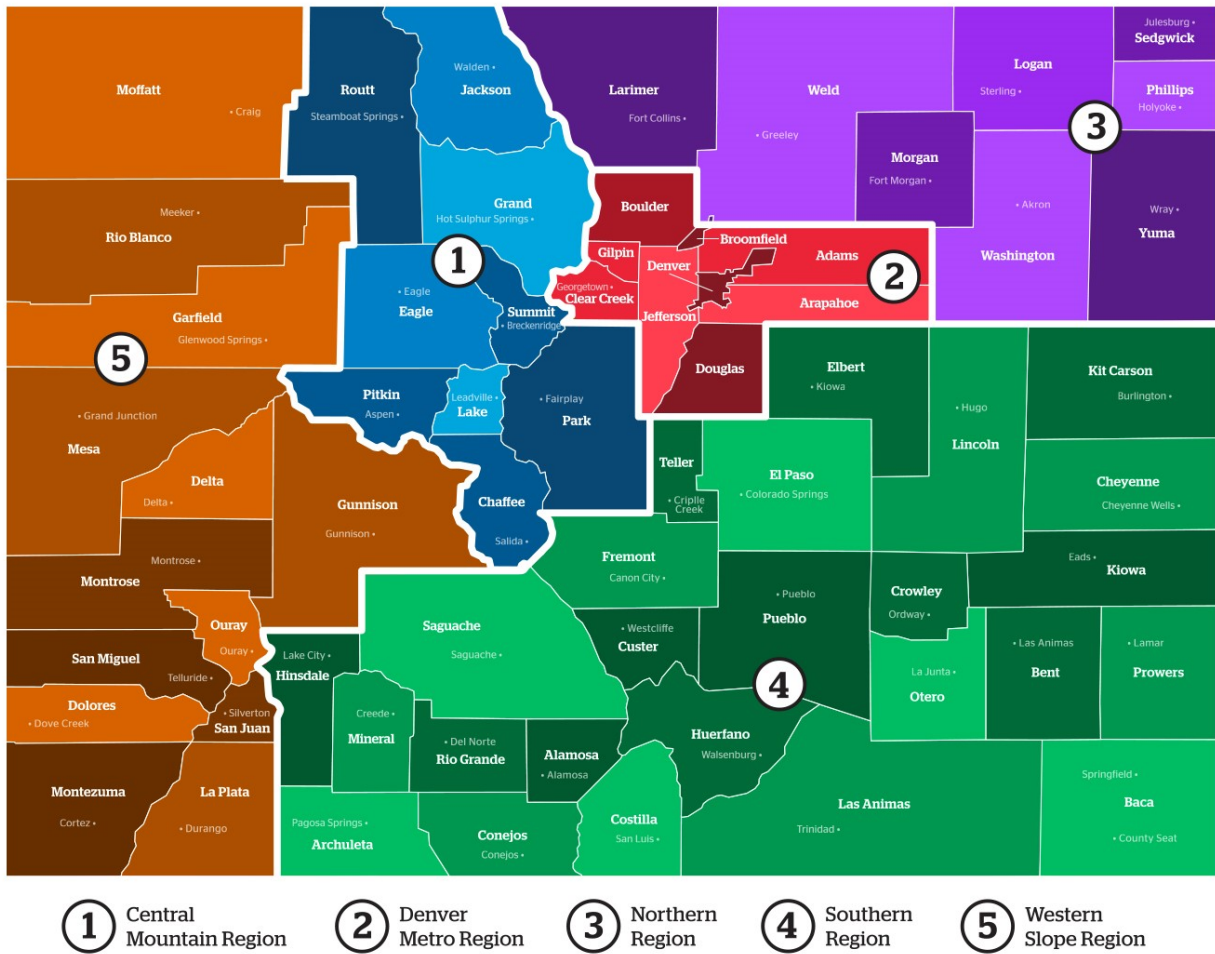
Figure 5 - Colorado County Map by Service Region
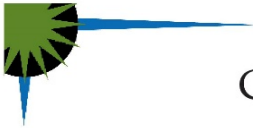
Colorado: County Designations, 2016
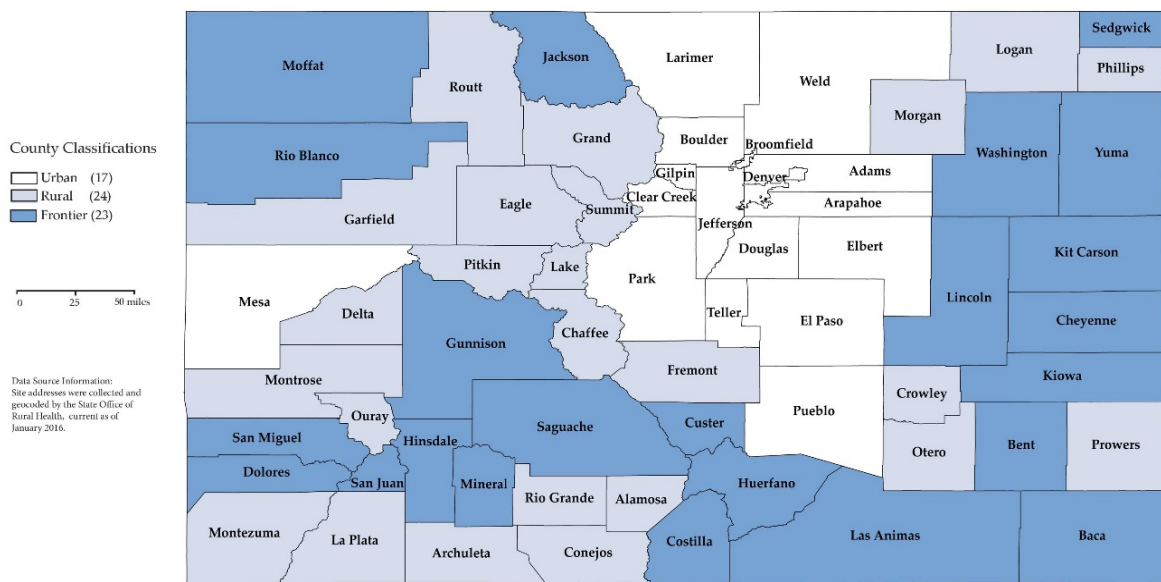
The definition of rural and frontier varies depending on the purpose of the program or policy in which they are used. Therefore, these are referred to as programmatic designations, rather than definitions. One designation commonly used to determine geographic eligibility for federal grant programs is 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.

Figure 6 - Colorado County Map by County Designation

Most clients who completed at least one instance of support in Resource Navigation reside in Urban counties (*Figure 7*) and the Denver Metro Region (*Figure 8*). Frontier counties and the Central Mountain Region had the least number of Resource Navigation clients.
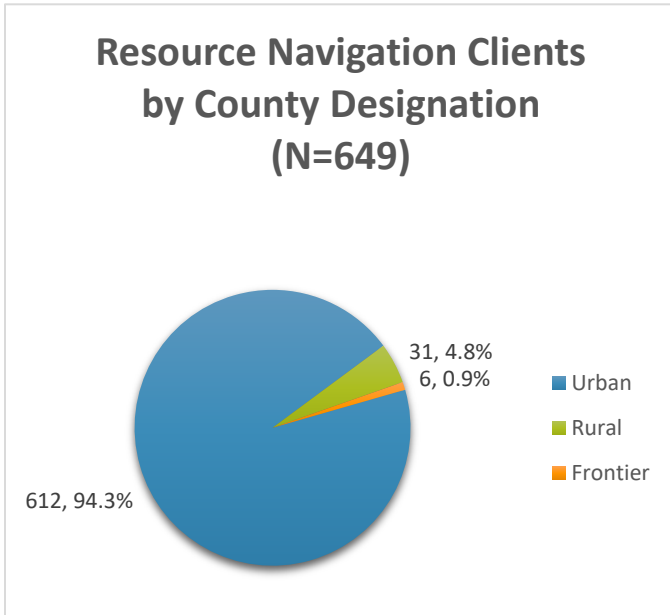
Figure 7 - RN Clients by County Designation
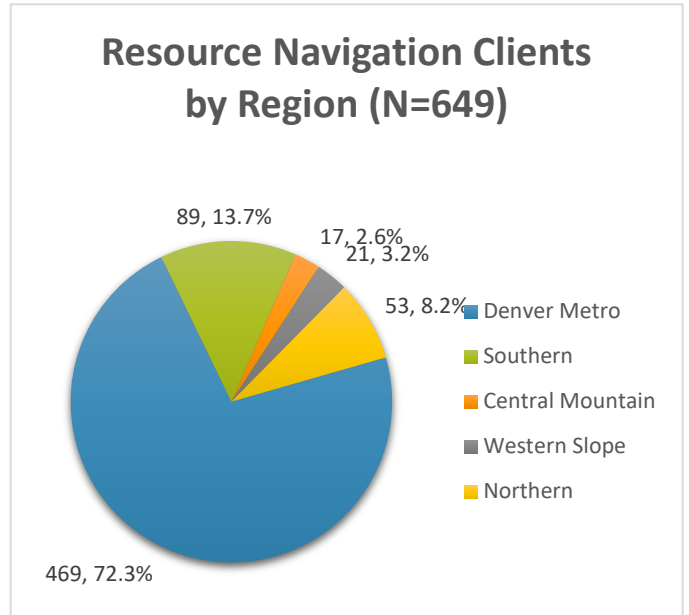
Figure 8 - RN Clients by Region

The services in Resource Navigation are available for survivors of brain injury of all ages. Every age range is represented in FY19, with the largest number of clients falling in the range of 41-55 years old. (*Figure 9*)
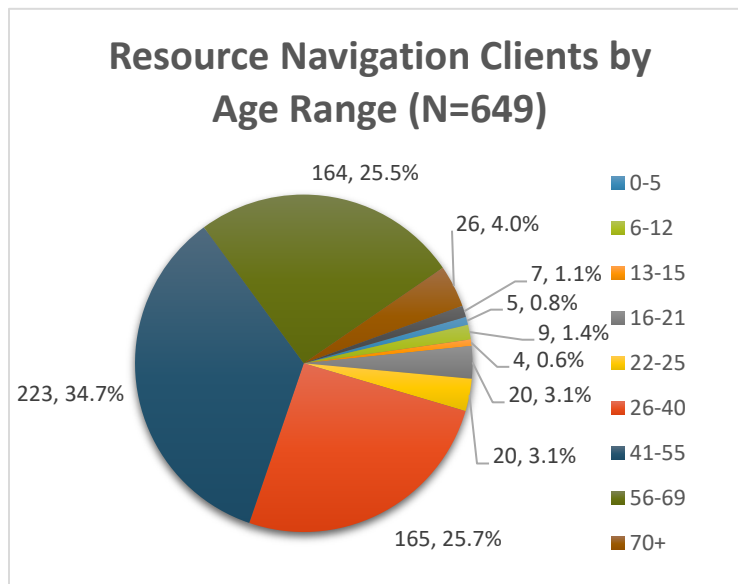
Figure 9 - RN Clients by Age Range

Gender breakdown for FY19 is close to evenly split. The majority of clients were male by a margin of 8.2% (*Figure 10*)
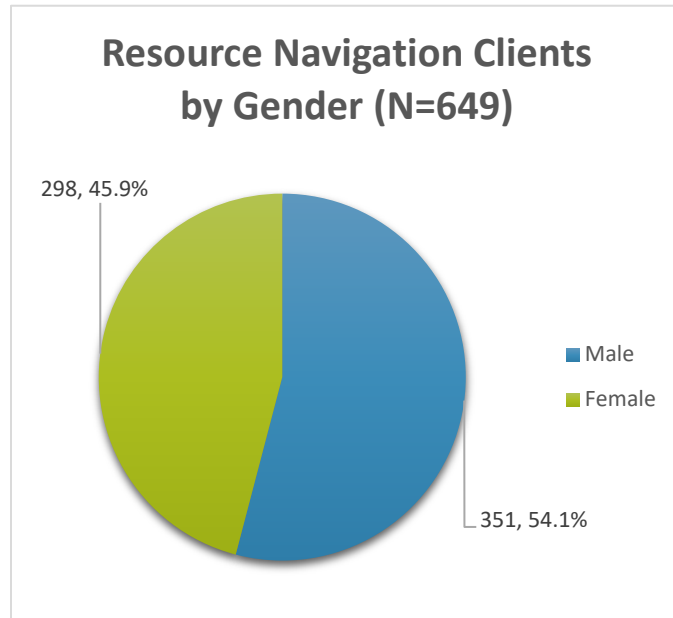
Figure 10 - RN Clients by Gender

Like age, all tracked races/ethnicities were represented in Resource Navigation in FY19. Caucasian/White clients represent the majority by a wide margin, accounting for more than double all other reported races/ethnicities combined. (*Figure 11*)
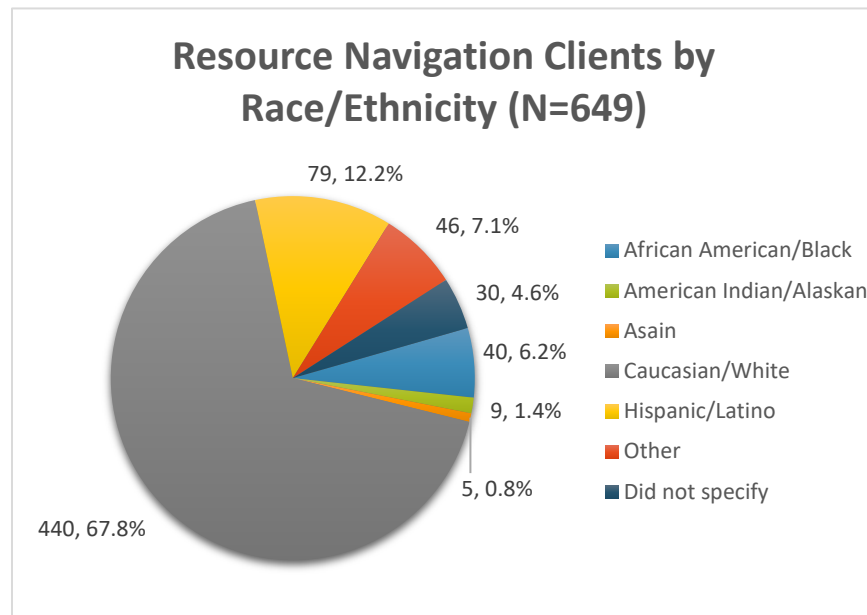
Figure 11 - RN Clients by Race/Ethnicity

Only a small handful of Resource Navigation clients in FY19 reported a preferred language other than English (6). Three of those preferred Spanish while of the three remaining two preferred Arabic and one was unknown. (*Figure 12*)
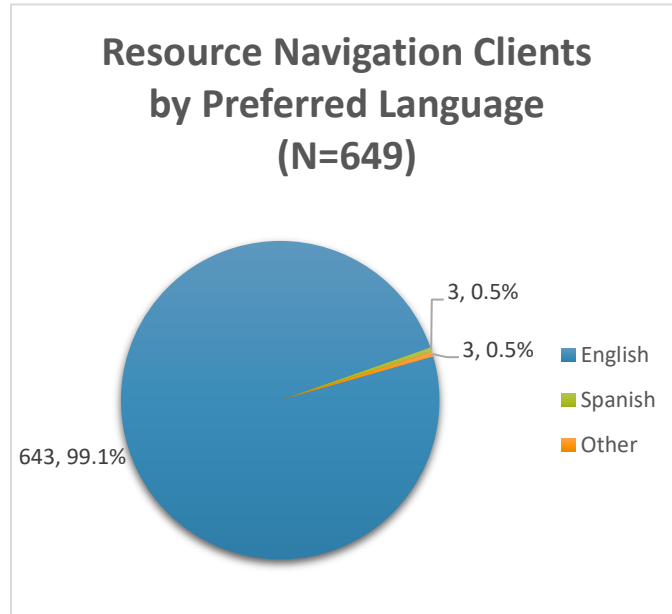
Figure 12 - RN Clients by Preferred Language

No Active Duty members of the military participated in Resource Navigation in FY19, and less than 10% were Veterans. The remaining 90%+ were civilians or did not report a military status. (*Figure 13*) 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.
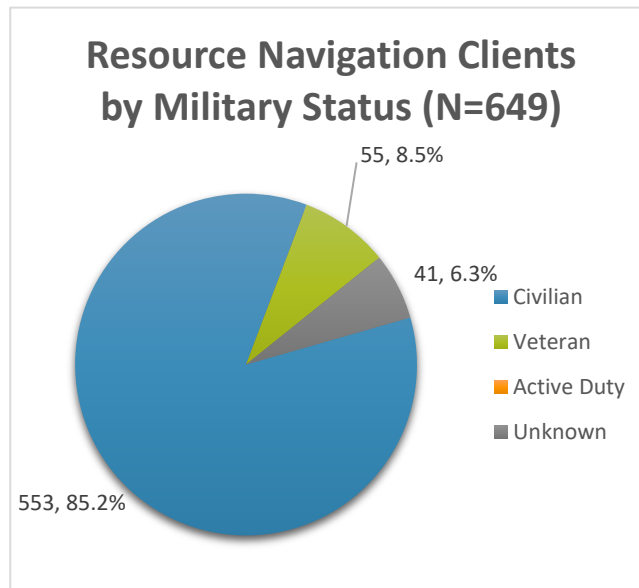
Figure 13 - RN Clients by Military Status

BIAC also collects data from Resource Navigation clients about their injury history via self-report. Each fiscal year an "injury landscape" is reported, providing a picture of all the reported cause of injuries. Important to note, the injury landscape includes *all* causes of brain injury – both traumatic (TBI) and non-traumatic (Non-TBI) – however, all clients represented in the injury landscape data report at least one TBI making them eligible for MINDSOURCE-funded services (*Figure 14*). In FY19 a total of 1,036 injuries were reported by the 649 unique individuals who closed at least one Resource Navigation Case, for an average of 1.62 injuries per client. 37% of clients (236) reported a history of 2 or more injuries. The average age of the client at the time of their first brain injury was 27 years 10 months.
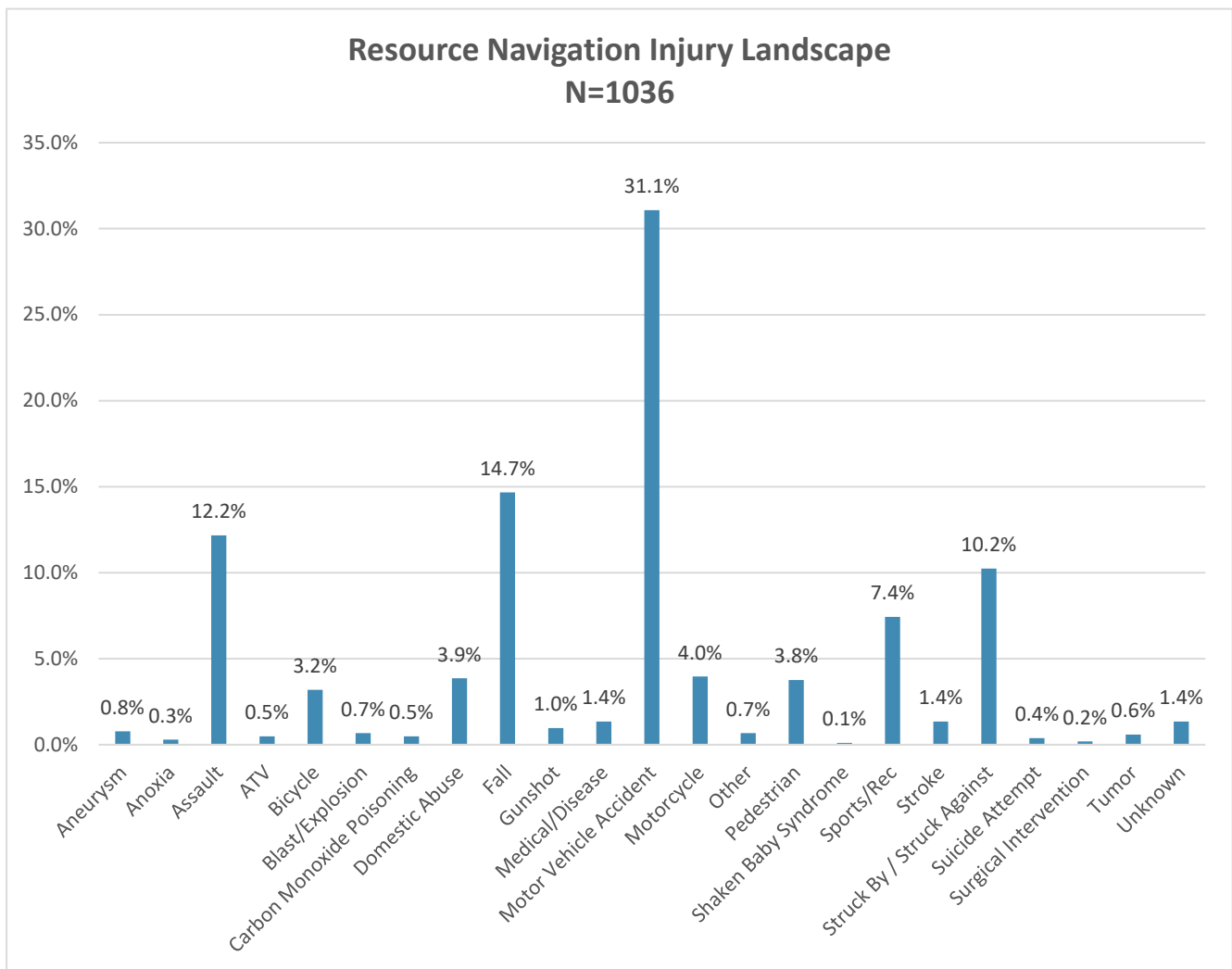
Figure 14 - RN Injury Landscape

Service Participation

As written in contract, BIAC estimated a range of 671-2,486 clients being served by Resource Navigation in FY19. In actuality, 775 individuals started services (115.5% of minimum projected).

The new model of Resource Navigation for FY19 that BIAC implemented 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 or Info@biacolorado.org email address and an intake will be completed over the phone to gather the survivor's contact information, key demographics, injury history, and areas of need.

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 may be added to the Case as other needs arise. As long as the client and the Resource Navigation team are actively working on a Goal the Case will remain open. Once all Goals have been achieved or closed, the Case is closed. If at any time the client identifies a new need or would like to re-engage with support related to the same previously established needs, a new Case is opened, and the process starts again. This cycle can be 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, via email, or through a scheduled in-person visit in the client's home or other location in the client's home community.

In FY19, Resource Navigation served 649 unique individuals across Colorado who received support and closed at least one Case. 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 new needs or ongoing needs that resurfaced. On average, each client in FY19 had 1.3 Cases. When looking at this figure across the state, clients from Frontier counties had the highest average of 2.2 Cases each (*Figure 15*). Regionally, the average number of Cases per client was more consistent (*Figure 16*).
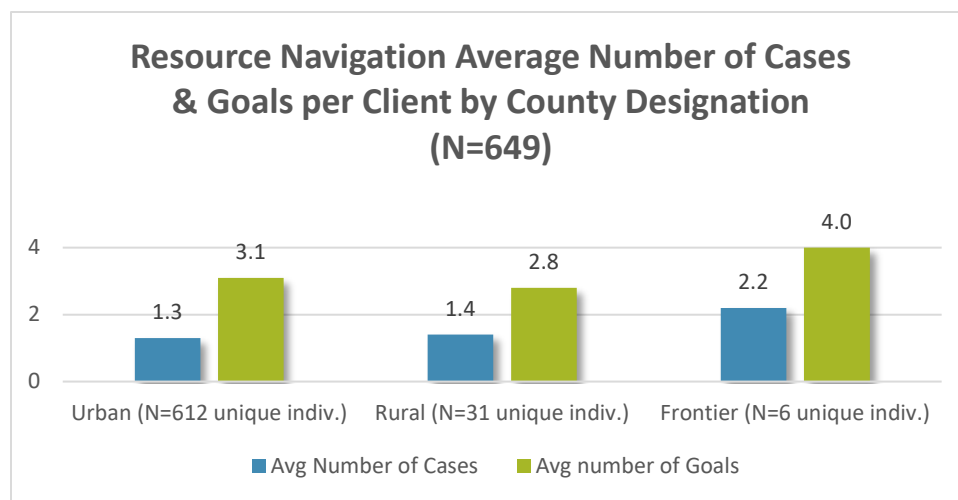
Figure 15 -RN Average Number of Cases & Goals per Client by County Designation
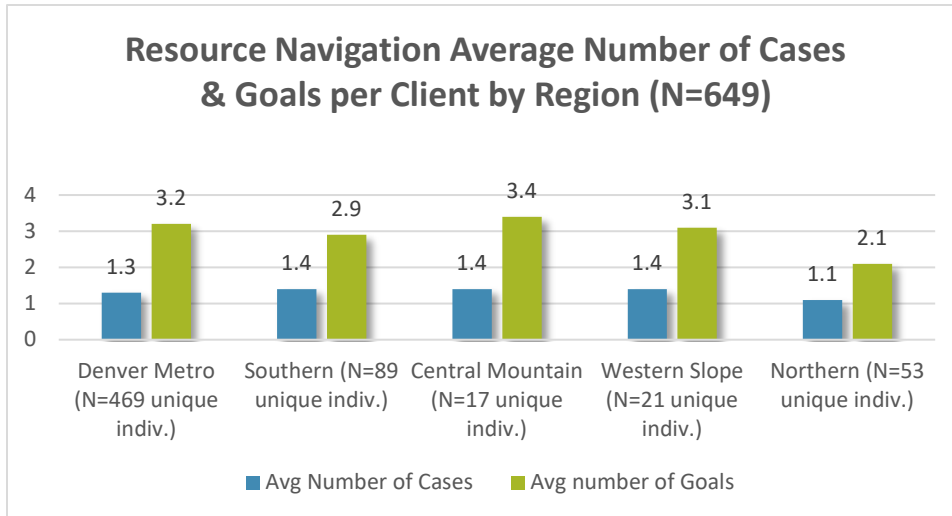
Figure 16 – RN Average Number of Cases & Goals per Client by Region

Next, looking at Goals, statewide, each client had an average of 3.1 Goals that were worked on across all of their closed Cases. Similar to the average number of Cases per client, survivors from Frontier counties had the highest average of 4.0 Goals each (*Figure 15*, pg.22).

Within each Resource Navigation Goal, a category is assigned to represent the area in which the client needs assistance. There are a total of 20 categories, 23 subcategories, and one additional "Other" category (*Figure 17*). For more detailed explanation of Goal categories please refer to *Appendix A*.
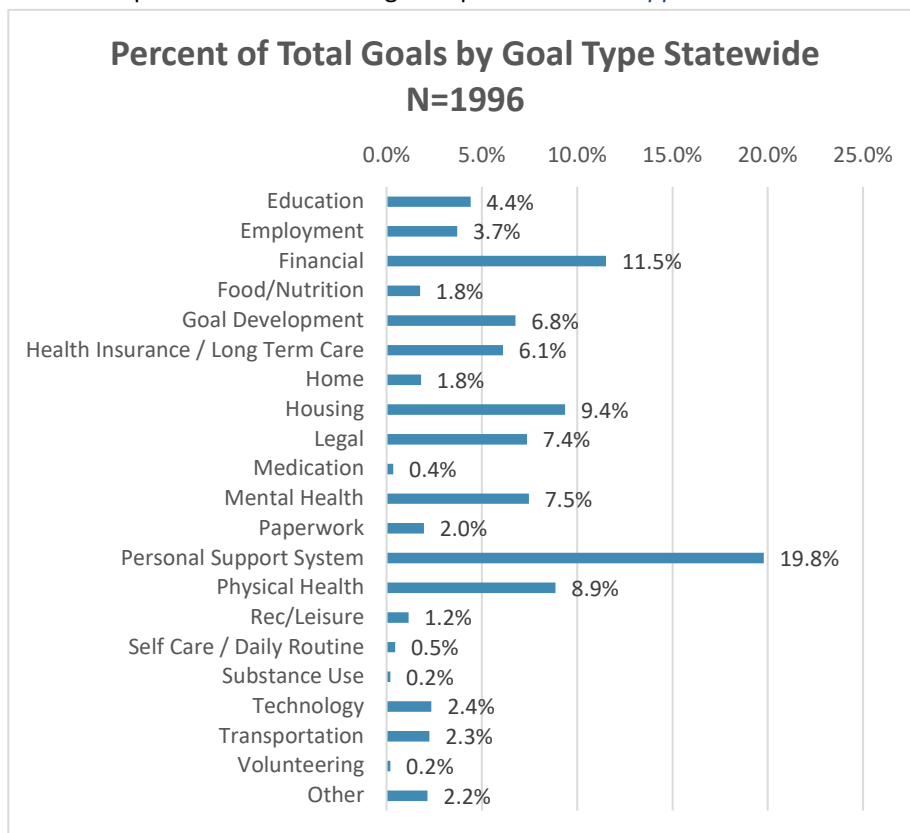
Figure 17 - RN Statewide Goal Categories

Clients worked on Goals in all 44 categories in Urban counties and the Denver Metro Region. Frontier counties and the Central Mountain Region had the least number of categories, 14 and 18, respectively. *Figure 18* and *Figure 19* 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* and *Appendix C*.

Percent of Goals by Top Goal Categories and County Designation
(N=1996)

Category	Urban (N=1885)	Rural (N=87)	Frontier (N=24)
Physical Health	8.5%	14.9%	16.7%
Personal Support System	19.8%	25.3%	
Mental Health	7.6%	6.9%	
Legal	7.5%	5.7%	4.2%
Housing	9.5%	9.2%	
Health Insurance / Long Term Care	6.3%	1.1%	12.5%
Goal Development	6.7%	5.7%	12.5%
Financial	11.4%	10.3%	25.0%
Education	4.2%	6.9%	8.3%
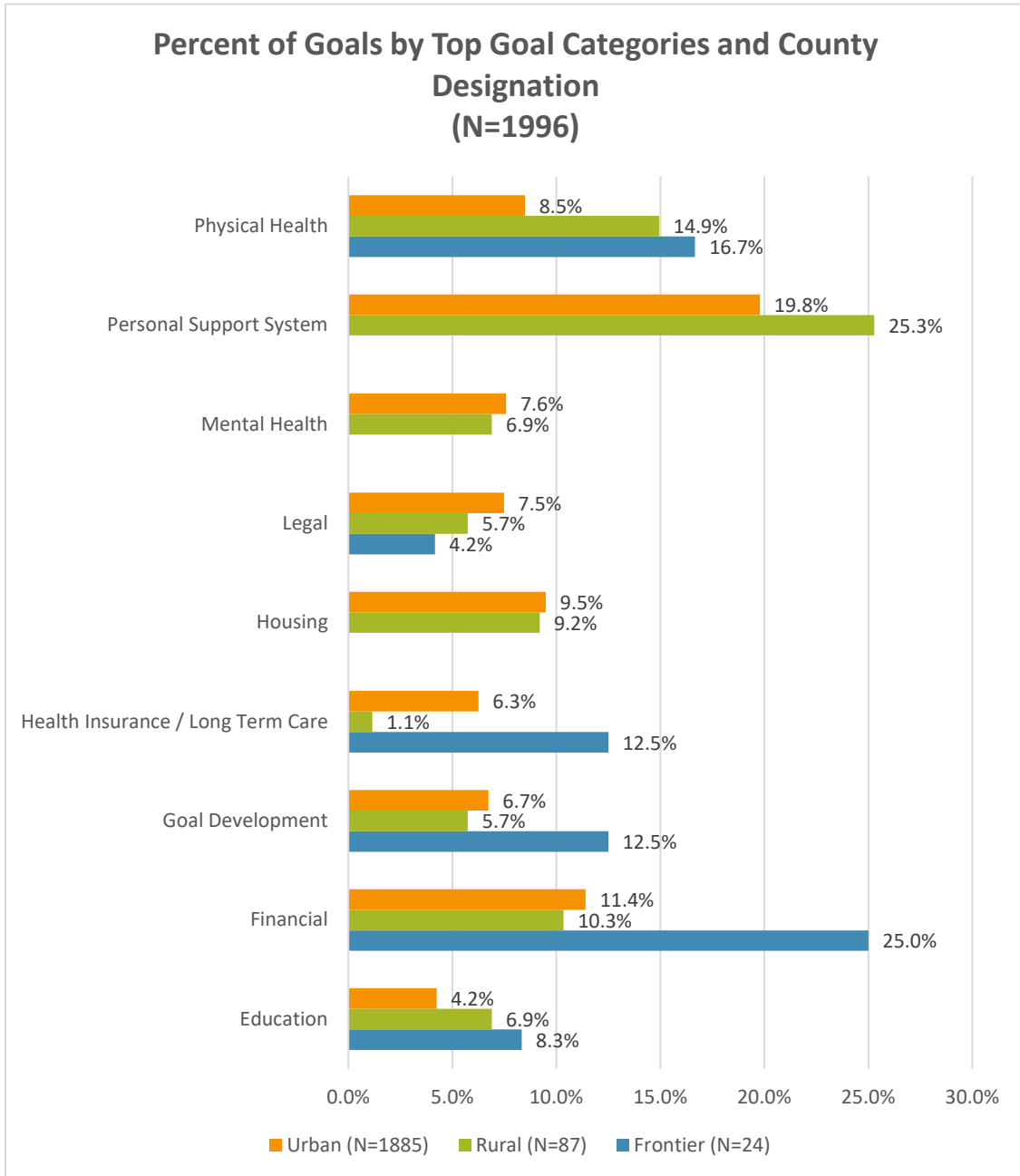
Figure 18 - RN Goal Categories by County Designation

Percent of Goals by Top Goal Categories and Region (N=1996)

Physical Health
- Northern: 7.5%
- Western Slope: 20.3%
- Central Mountain: 21.1%
- Southern: 5.9%
- Denver Metro: 8.5%

Personal Support System
- Northern: 29.9%
- Western Slope: 18.8%
- Central Mountain: 31.6%
- Southern: 15.7%
- Denver Metro: 19.4%

Mental Health
- Northern: 12.1%
- Western Slope: 15.6%
- Central Mountain: 5.3%
- Southern: 5.1%
- Denver Metro: 7.3%

Legal
- Northern: 4.7%
- Western Slope: 10.9%
- Central Mountain: 5.3%
- Southern: 9.4%
- Denver Metro: 7.1%

Housing
- Northern: 5.6%
- Western Slope: 10.9%
- Central Mountain: 10.5%
- Southern: 4.7%
- Denver Metro: 10.3%

Health Insurance / Long Term Care
- Northern: 4.7%
- Western Slope: 3.1%
- Central Mountain: 1.8%
- Southern: 4.3%
- Denver Metro: 6.8%

Goal Development
- Northern: 3.7%
- Central Mountain: 7.0%
- Southern: 15.3%
- Denver Metro: 5.8%

Financial
- Northern: 6.5%
- Western Slope: 3.1%
- Central Mountain: 5.3%
- Southern: 18.0%
- Denver Metro: 11.4%

Employment
- Northern: 1.9%
- Western Slope: 4.7%
- Central Mountain: 5.3%
- Southern: 5.1%
- Denver Metro: 3.5%

Education
- Northern: 7.5%
- Western Slope: 4.7%
- Central Mountain: 1.8%
- Southern: 3.1%
- Denver Metro: 4.5%

Legend: Northern (N=107), Western Slope (N=64), Central Mountain (N=57), Southern (N=255), Denver Metro (N=1513)

Figure 19 - RN Goal Categories by Region

Resource Navigation Case duration aligned with the average number of Goals per Case across county designations. Frontier counties had Cases open the longest with an average of 42 days (*Figure 20*) as well as the highest number of average Goals per Case, 4 (*Figure 15*, pg.22).

Resource Navigation Average Case Duration by County Designation in Days (N=849)
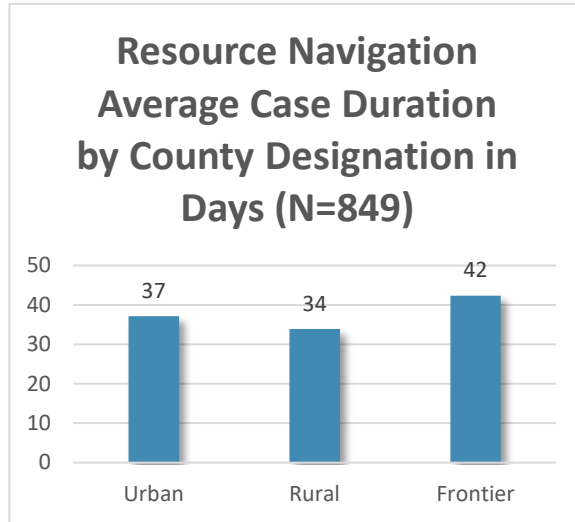
Figure 20 - RN Average Case Duration by County Designation in Days

Regionally, this trend did not continue. Cases were open the longest in the Southern region with an average of 44 days (*Figure 21*), while the average Goals per case for the Southern region was 2.9, only the 4th highest of the 5 regions (*Figure 16*, pg.23).

Resource Navigation Average Case Duration by Region in Days (N=849)
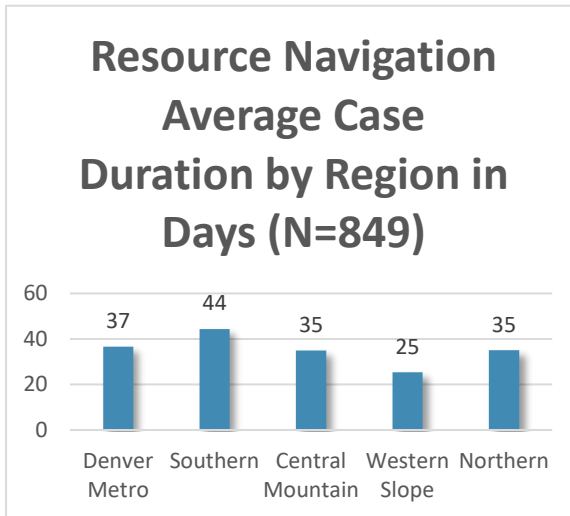
Figure 21 - RN Average Case Duration in Days by Region

Lastly, related to the person-centered approach to 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 FY19, 357 (55%) clients accessed support from an In-person Resource Navigator throughout the state. Regionally, clients in the Southern region accessed In-person support the most (93%) followed by the Northern region (74%) (*Figure 22*). Across County Designations, clients in Frontier counties met with an In-person Resource Navigator most frequently (*Figure 23*).
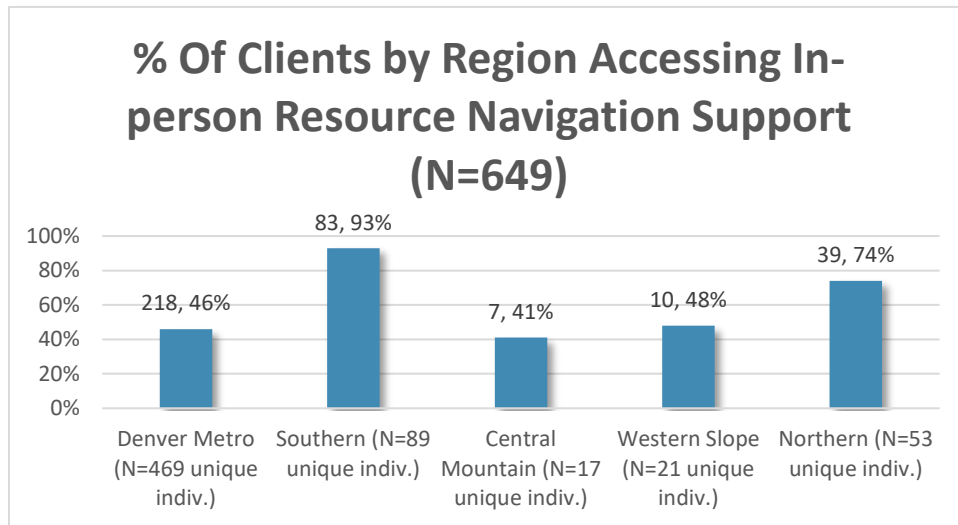
Figure 22 - % of Clients by Region Accessing In-person RN Support
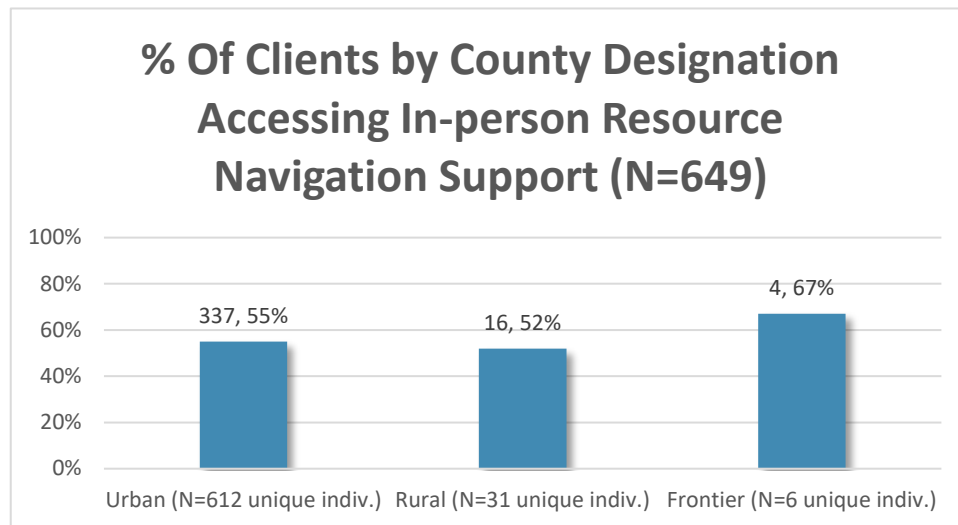
Figure 23 - % of Clients by County Designation Accessing In-person RN Support

Evaluation

Resource Navigation has two methods of evaluation: Goal achievement and Client Satisfaction Surveys. Goal Achievement assesses the success of program staff to assist 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 by 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:

A. Client requested Goal closure;

B. Goal no longer applicable;

C. Resources / options exhausted;

D. 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 FY19, 1996 Goals were reported on within 849 total closed Cases. The Goal achievement rate for FY19 was 88.9% (*Figure 24*).
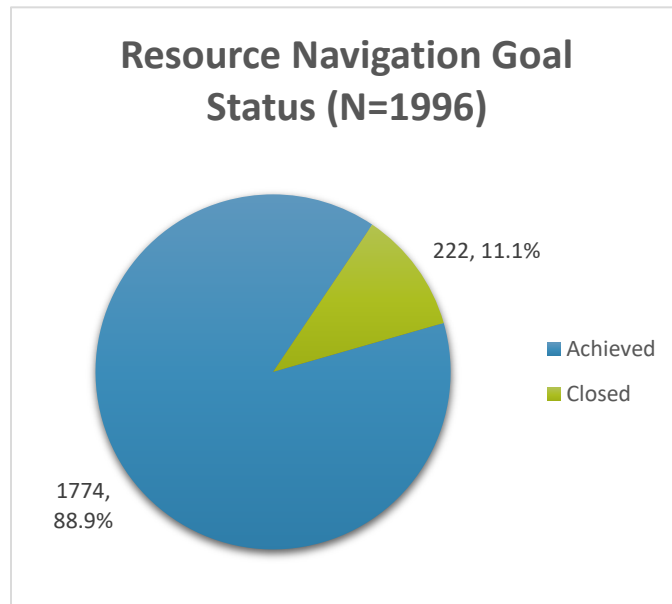
Figure 24 - RN Goal Status

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 were used to 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 are 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*) to the primary phone number on file for that client. The primary phone number represents the preferred number a client would like us to contact for Resource Navigation. This could 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*) 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 FY19 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 FY19 represents the survey responses from individuals following each Case closure between July 1, 2018 and June 30, 2019. Only responses received prior to September 1, 2019 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 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 492 surveys were initiated for Resource Navigation in FY19, representing 57.9% of the closed Cases. Of those 492 SMS messages with Question 1, 143 received a response for a response rate of 29.1%. Question 2 was subsequently sent to 139 of the 143 who responded to Question 1. Of those 139 sent, 96 received a response for a response rate of 69.1% (*Figure 25*).
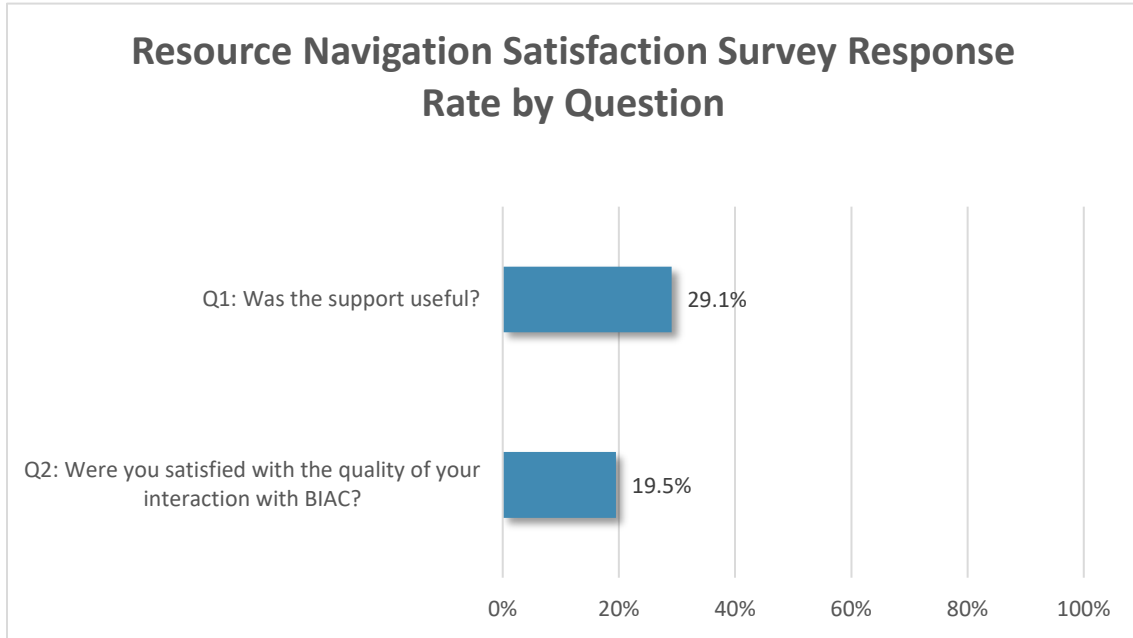
Figure 25 - RN Satisfaction Survey Response Rate by Question

When looking across county designation and region, Question 1 had the highest response rate in Urban counties and the Southern region (*Figure 26*, *Figure 27*).
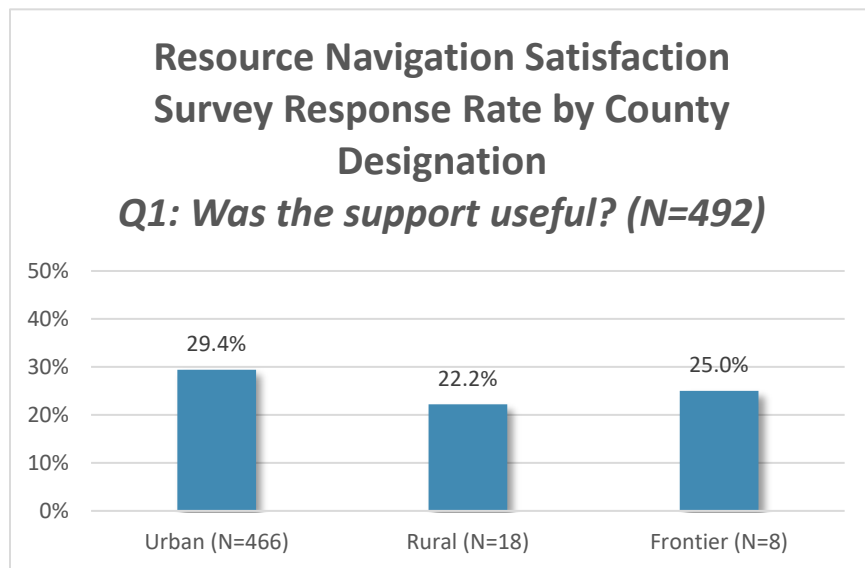
Figure 26 - RN Satisfaction Survey Response Rate by County Designation (Question 1)
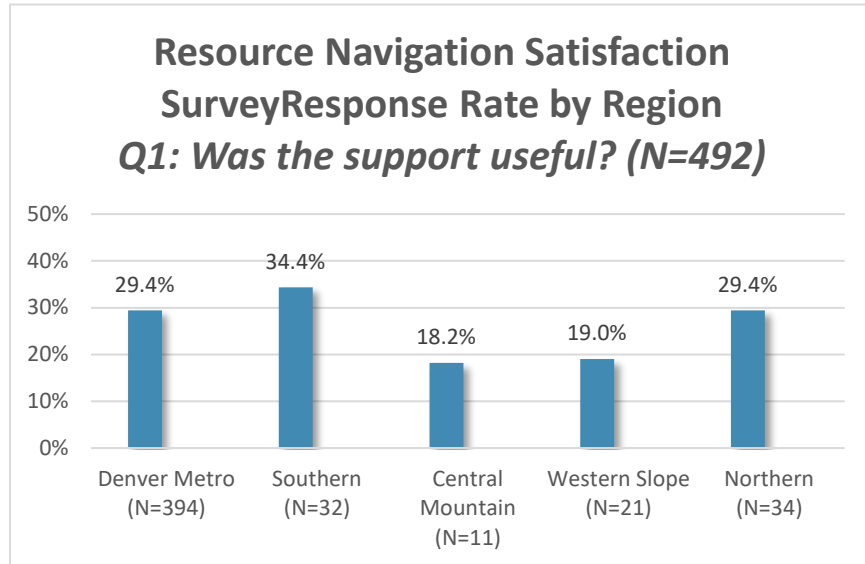
Figure 27 - RN Satisfaction Survey Response Rate by Region (Question 1)

Question 2's response rate was highest in Frontier counties and the Central Mountain region, however only two surveys were sent for each (*Figure 28*, *Figure 29*).
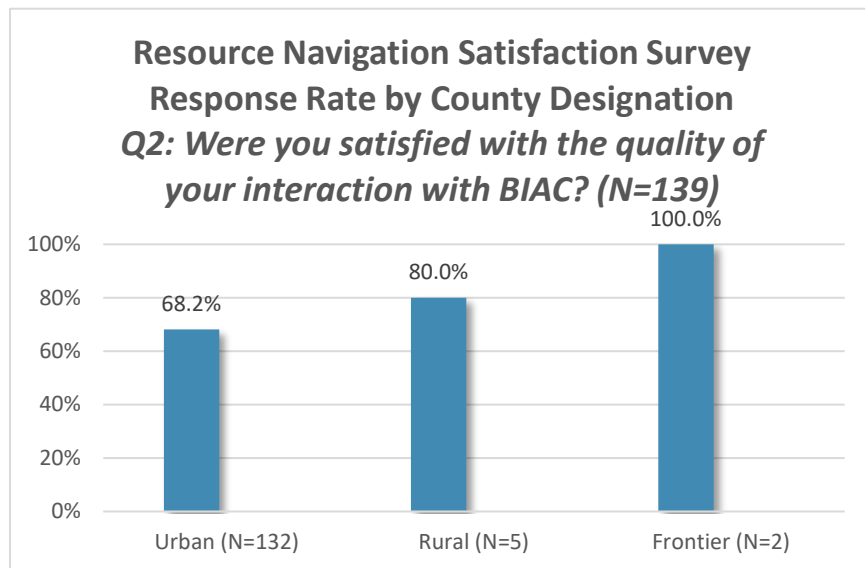
Figure 28 - RN Satisfaction Survey Response Rate by County Designation (Question 2)
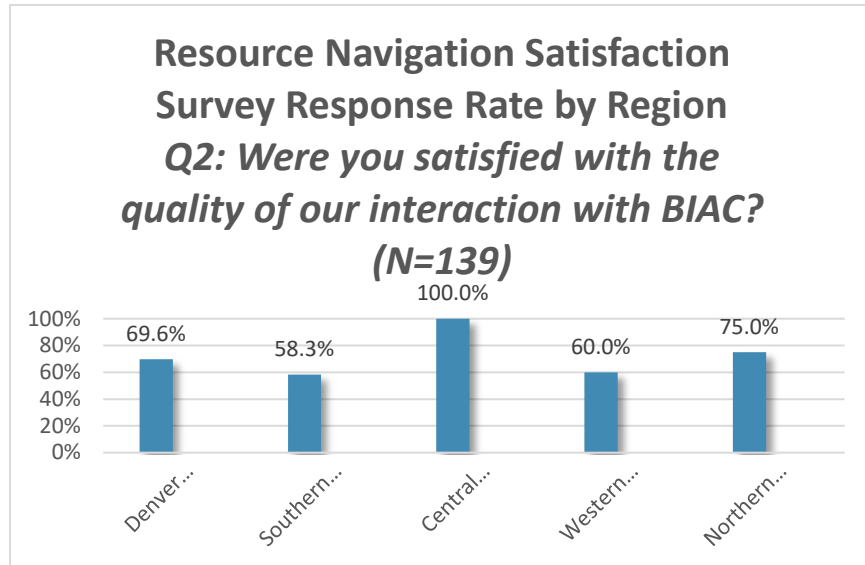
Figure 29 - RN Satisfaction Survey Response Rate by Region (Question 2)

Feedback from clients who received and responded to one or both survey questions was largely positive. Statewide, 87.4% of clients (125) responded Yes to Question 1 and 87.5% responded Yes to Question 2 (84) (*Figure 30*, *Figure 31*).
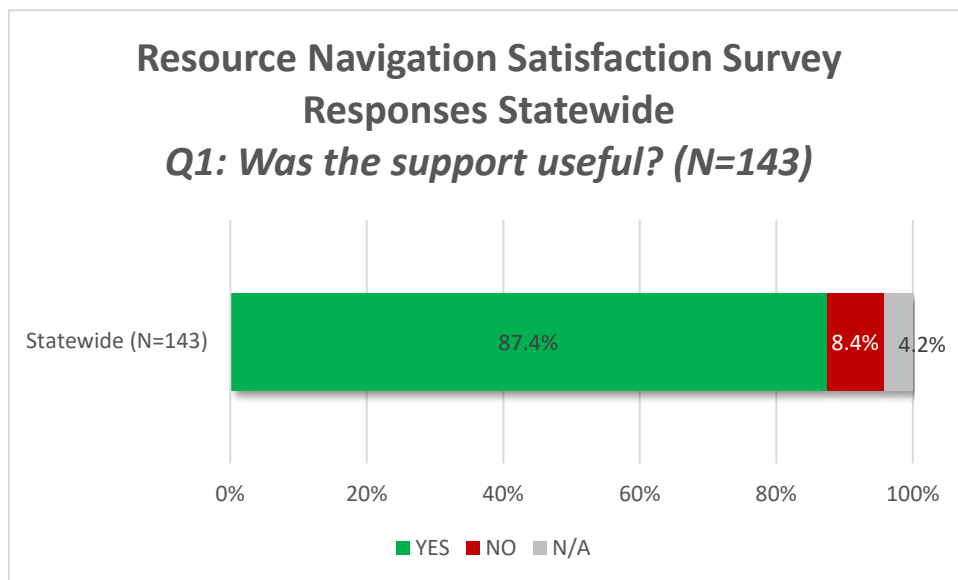
Figure 30 - RN Satisfaction Survey Responses Statewide (Question 1)
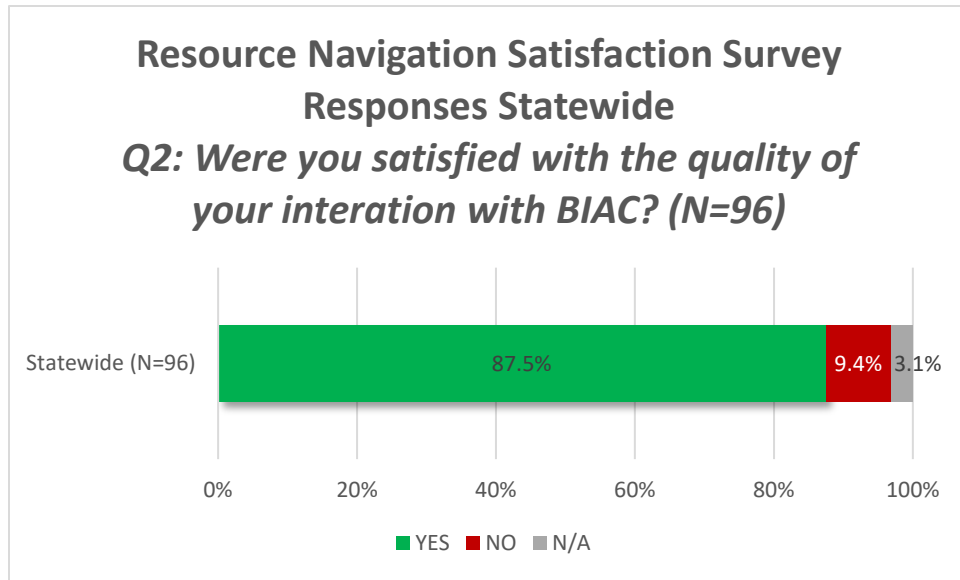
Figure 31 - RN Satisfaction Survey Responses Statewide (Question 2)

Regionally and across county designations, the highest level of satisfaction across both Question 1 and Question 2 was seen in the Northern region and the Frontier counties, however it is important to recognize that both areas represent a small proportion of clients (*Figure 32*, *Figure 33*, *Figure 34*, *Figure 35*).
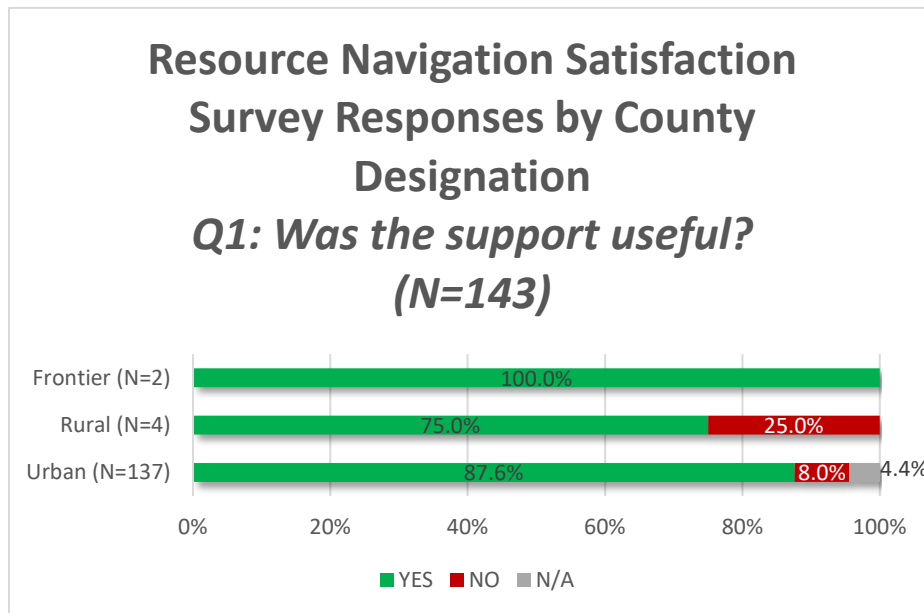
Figure 32 - RN Satisfaction Survey Responses by County Designation (Question 1)
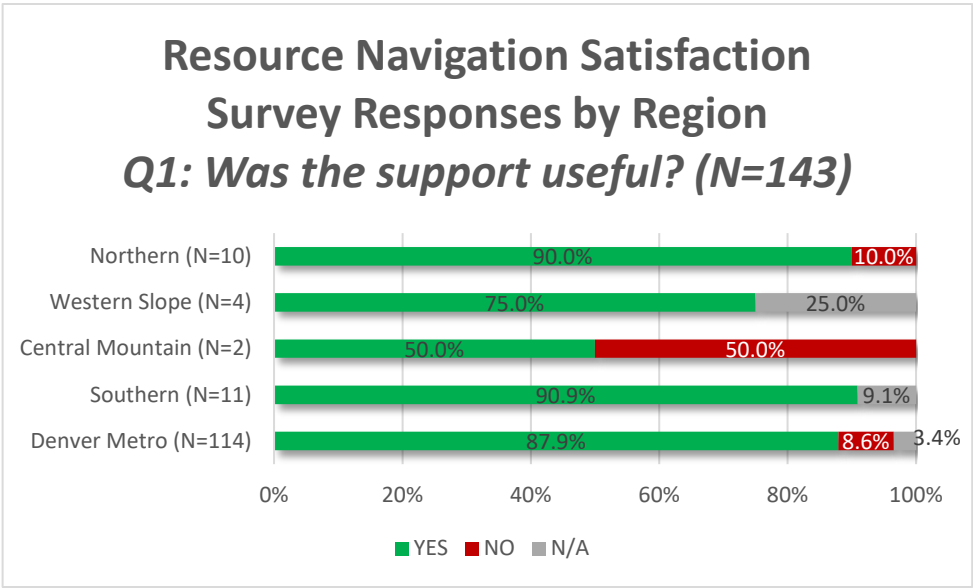
Figure 33 - RN Satisfaction Survey Responses by Region (Question 1)
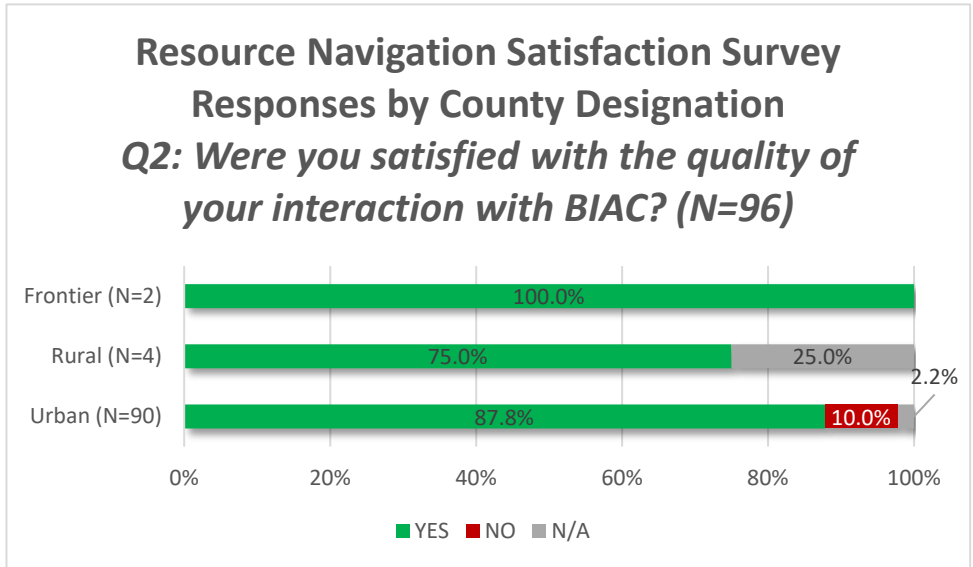
Figure 34 - RN Satisfaction Survey Responses by County Designation (Question 2)
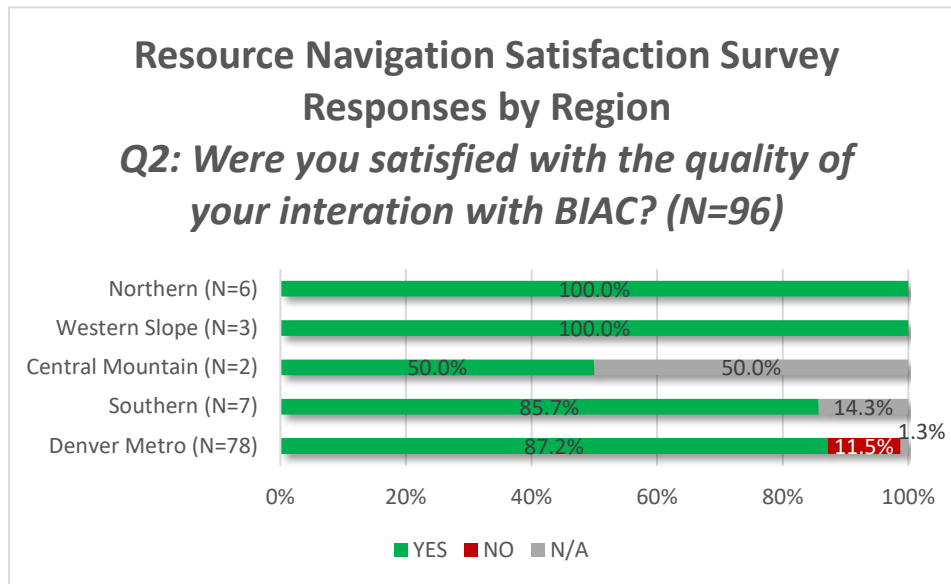
Figure 35 - RN Satisfaction Survey Responses by Region (Question 2)

Conclusions (Satisfaction Surveys)

In year-one of the new Resource Navigation model of service, the Satisfaction Survey results offer BIAC and MINDSOURCE an initial baseline of data. This is the first time that the program has implemented SMS as a survey methodology and the results are positive with some clear areas of 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 our 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.

In addition, 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 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

"...your service was not only physically healthy, but also socially. I could not be more grateful."

-Resource Navigation Client

"You guys have been great you guys have no idea what a God sent the Brain Injury Alliance is you guys helped me so much over the years, I can't thank them enough"

-Resource Navigation Client

"...They really appreciate you a lot & keep telling me how great you are. Your expertise & compassion & ability to be truly helpful is - in my opinion - some of the best in the region."

-Professional who referred a family to Resource Navigation

Key Accomplishments

- New program model launched allowing more efficient and ongoing access to Resource Navigation services statewide.
- 775 unique individuals interacted with Resource Navigation in FY 19, 55 more than minimum projected.
- Key baseline data for a new model of services established allowing comparative analysis for future years of programming.

Goals for FY20

- Continue exploring and offering alternative means of accessing services, such as more telehealth-style support, especially to those in Rural and Frontier counties.
- Monitor and compare year-two FY20 data to baseline data established in FY19, looking for patterns that inform potential process improvements.
- Modify client demographic and service participation reporting metrics in Reporting Table to reflect clients served within fiscal year as opposed to only those who complete one instance of service.
- It is an ongoing goal to solicit meaningful feedback from clients across program areas and service offerings. In FY20, BIAC intends to take additional measures as needed to maintain and/or increase the response rate for the resource navigation satisfaction survey. Additional measures may include offering incentives and reminding clients of the importance of providing feedback to maintain and/or improve resource navigation services for current and future client.

Self-management

Program Overview

Self-management is a brand-new program in FY19 offered to survivors over the age of 16.

BIAC partnered with MINDSOURCE leadership and cognitive rehabilitation specialists from Craig Hospital and Colorado Brain Recovery to design a program that is for individuals who want to invest time in improving their skills in specific areas that can be challenging after a brain injury.

BIAC Advisors work 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.

During this six-month program, participants strive to meet with their Advisor for an average of 4 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 in three categories that participants can choose to work on with their Advisors. During each six-month period, participants can work on up to 3 unique skills at a time if they choose.

The skills available for participants to choose from are listed in *italics*:

Communication:

Calling and scheduling appointments

Pre-planning for meetings with professionals

Scheduling/Planning:

Using a calendar

Managing schedules

Meal planning

Prioritization/Organization:

Organizing and managing paperwork

Managing important contacts

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.

Client Demographics

Note: Per the approved FY19 Reporting Table, client demographic data, service data, and outcome data are only reported for individuals who have closed a case within the fiscal year being reported.

Demographically speaking, BIAC is working closely with MINDSOURCE leadership and board to establish anchor data that can be used to assess all programs' success in serving key demographic categories such as gender, race/ethnicity, and county designation (urban/rural/frontier). FY19 has established a baseline of data for demographics served in Self-management.

In FY19, a total of 88 unique individuals applied for Self-management services. Of those 88 individuals, 69 started services within FY19. Reasons that an individual might not start services after being approved for services 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 FY19 30 unique individuals completed Self-management services.

Similar to Resource Navigation, FY19 Self-management clients primarily reside in Urban counties (*Figure 36*) and the Denver Metro Region (*Figure 37*). Frontier counties and the Central Mountain Region did not have any clients in the first year of Self-management.
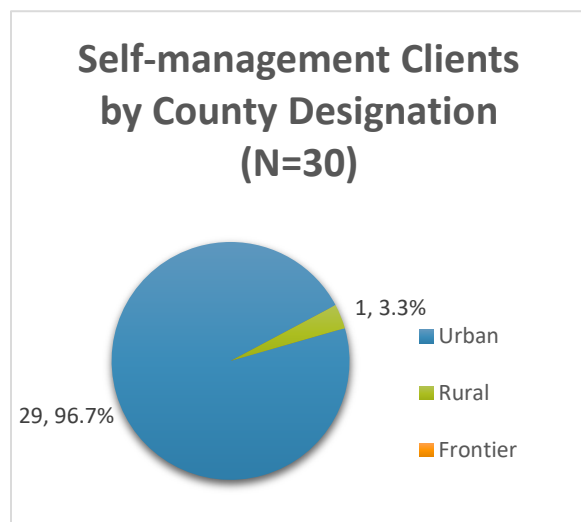
Figure 36 - SM Clients by County Designation
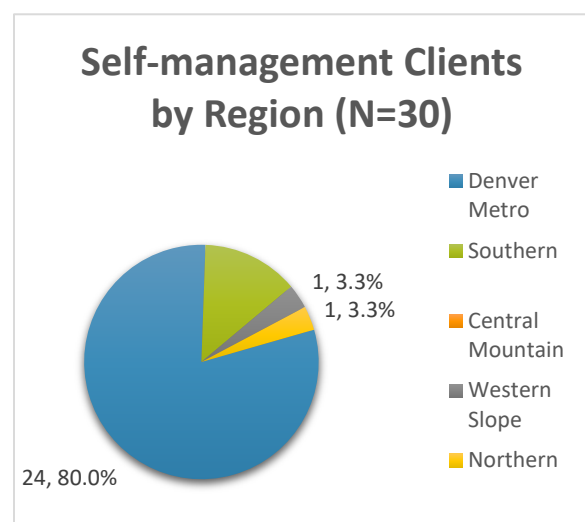
Figure 37 - SM Clients by Region

Self-management services are only available for survivors who are 16 years or older and able to participate in the program independently. Again, like Resource Navigation, the largest group of participants was between 41-55 years old, with clients ranging in age from 28 – 80 years old (*Figure 38*).

Self-management Clients by Age Range (N=30)

3, 10.0%
6, 20.0%
8, 26.7%
13, 43.3%

Legend:
- 0-5
- 6-12
- 13-15
- 16-21
- 22-25
- 26-40
- 41-55
- 56-69
- 70+
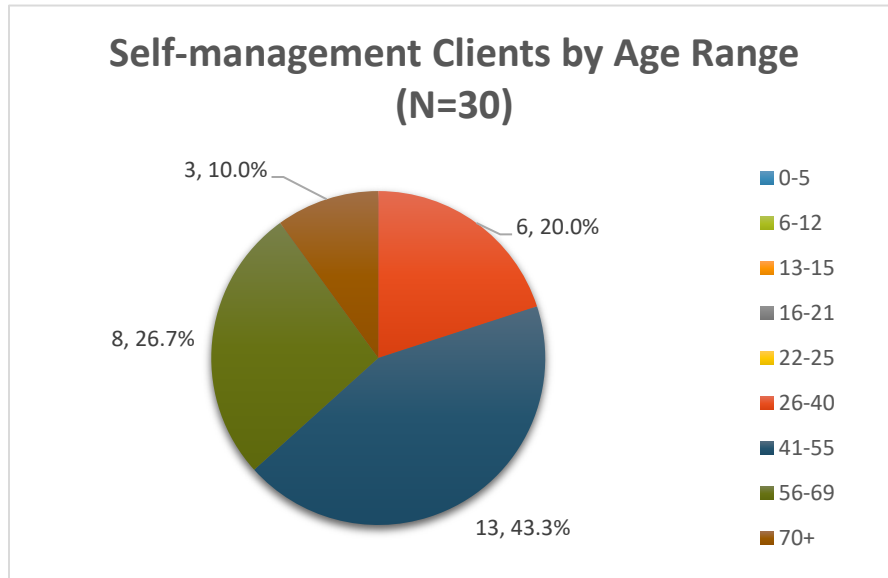
Figure 38 - SM Clients by Age Range

The gender distribution in Self-management was significantly more female than male in FY19, with nearly double the female participants (*Figure 39*).

Self-management Clients by Gender (N=30)

11, 36.7%
19, 63.3%

Legend:
- Male
- Female
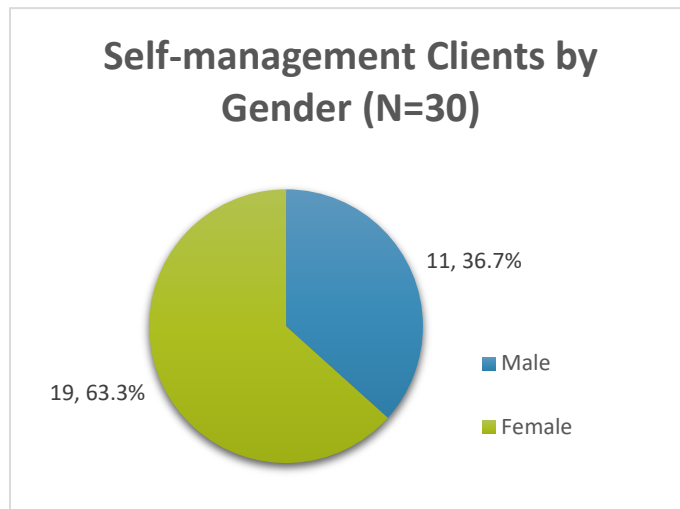
Figure 39 - SM Clients by Gender

Not all races/ethnicities were represented in FY19 Self-management clients, specifically no Asian survivors completed the program. Caucasian/White survivors represented the majority of all clients with more

balanced representation than Resource Navigation (*Figure 41*). No clients in FY19 had a preferred language other than English (*Figure 40*).

Self-management Clients by Race/Ethnicity (N=30)

3, 10.0%   3, 10.0%
                2, 6.7%
3, 10.0%

2, 6.7%

17, 56.7%

- African American/Black
- American Indian/Alaskan
- Asain
- Caucasian/White
- Hispanic/Latino
- Other
- Did not specify
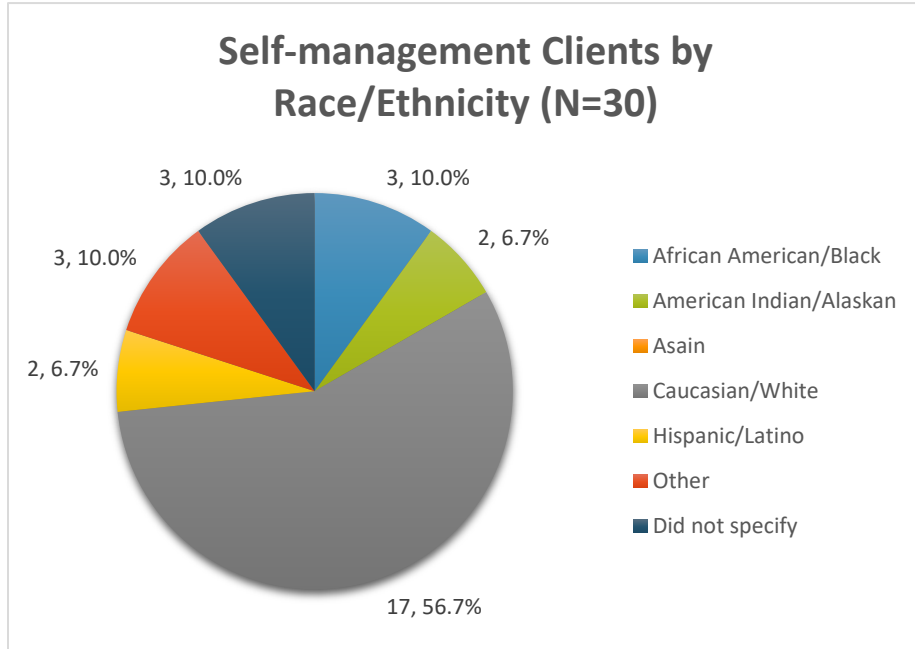
Figure 40 - SM Clients by Race/Ethnicity

Self-management Clients by Preferred Language (N=30)

30, 100.0%

- English
- Spanish
- Other

Figure 41 - SM Clients by Preferred Language

Only one client in FY19 Self-management services represented the military population as a Veteran. All others had no reported record of military service (*Figure 42*).
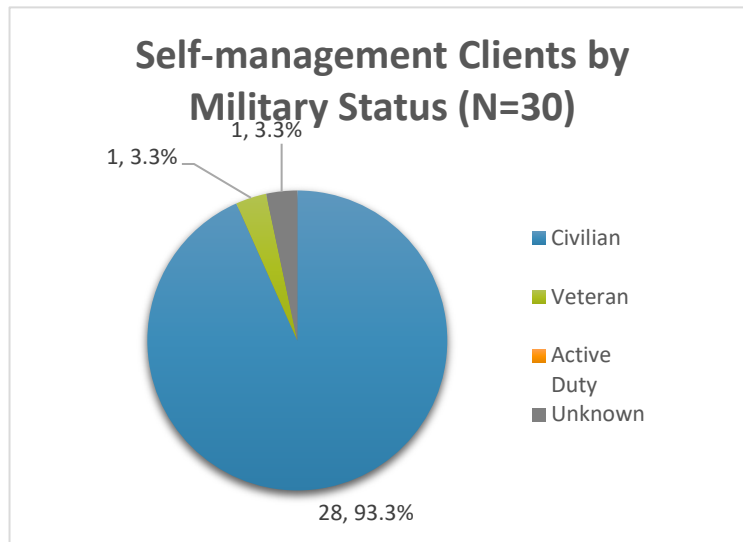
Figure 42 - SM Clients by Military Status

Service Participation

BIAC launched the Self-Management Program (also referred to as skill-building) in FY19. Clients apply for the program by submitting a completed application and World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) (*Appendix E*). Clients can be referred by a professional, family member or friend, or self-refer. 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.

As written in contract, BIAC estimated a range of 130-280 clients being served by Self-management in FY19. In actuality, 69 individuals started services (53.1% of estimate).

Clients worked on an average of 1.86 functional tasks for a total of 54 individual Goals. Looking across the state, the average number of functional tasks was marginally higher in Rural counties and highest in the Southern region. (*Figure 43*, *Figure 44*).
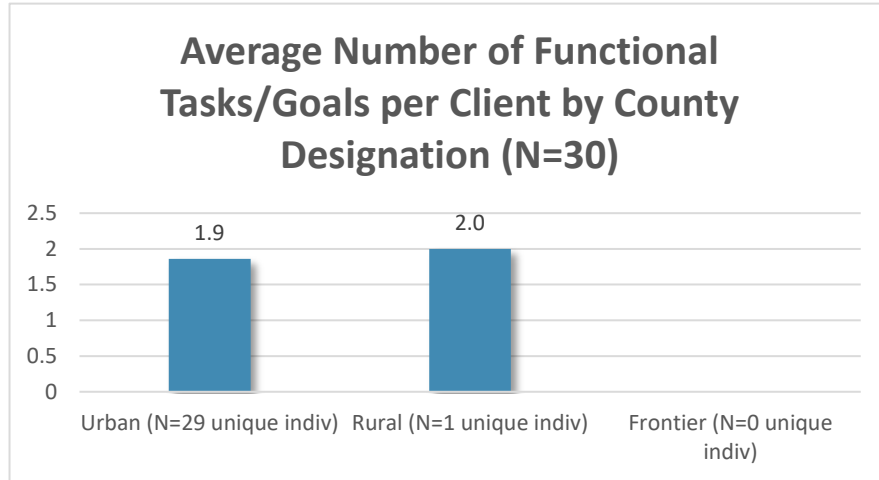
Figure 43 - Average Number of Functional Tasks/Goals per Client by County Designation
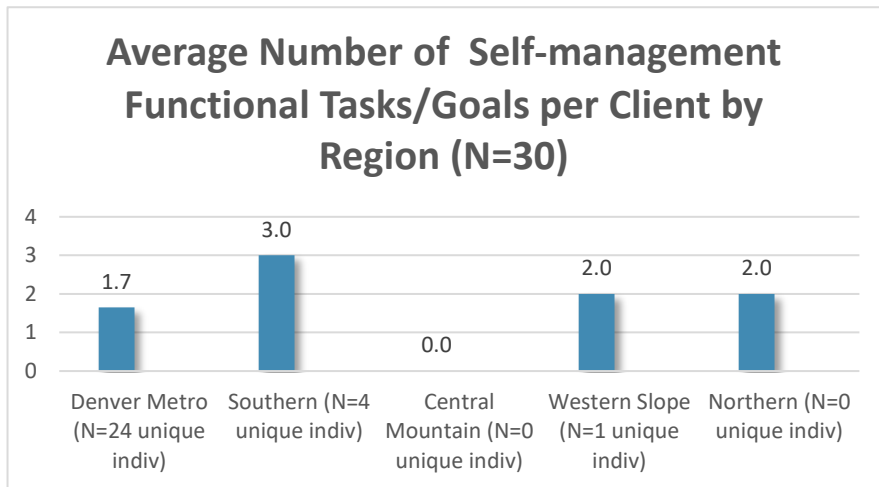
Figure 44 - Average number of SM Functional Task/Goals per Client by Region

Of those functional tasks, over half fell under the Prioritization/Organization category, while the Communication category was the least selected at 7.4% (*Figure 45*).

% of Self-management Functional Tasks/Goals by Category (N=54)
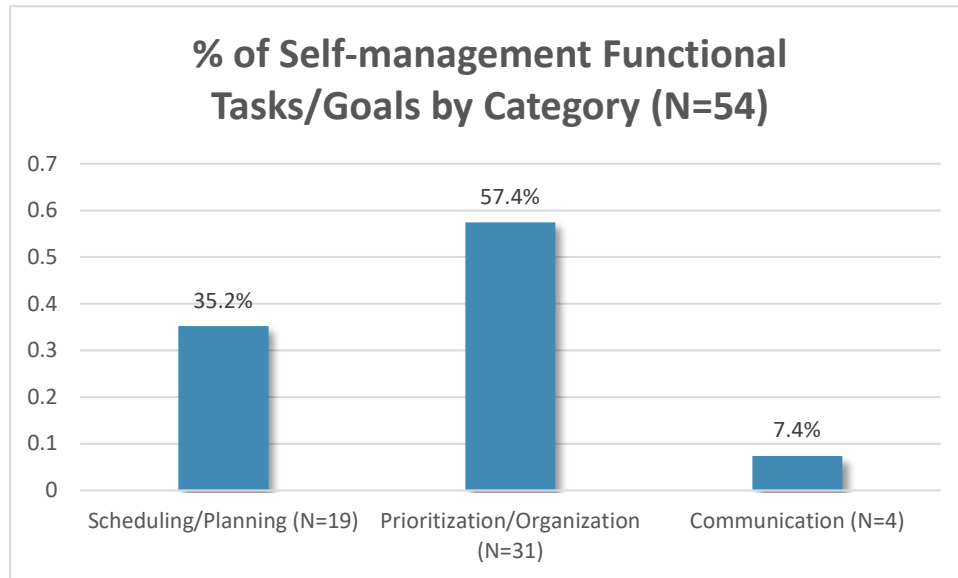
Figure 45 - % of SM Functional Tasks/Goals by Category

When looking at the functional task categories around the state, the most variance was present in Urban counties and the Denver Metro region. The Central Mountain region and Frontier counties did not have any clients or functional tasks to report (*Figure 46*, *Figure 47*).

Self-management Functional Task Categories by County Designation (N=54)
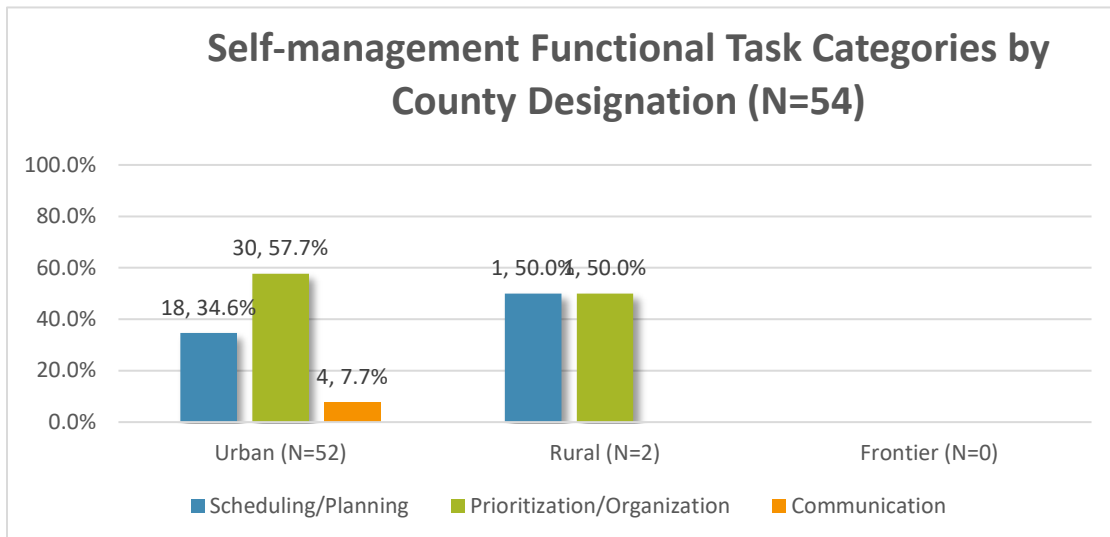
Figure 46 - SM Functional Task Categories by County Designation
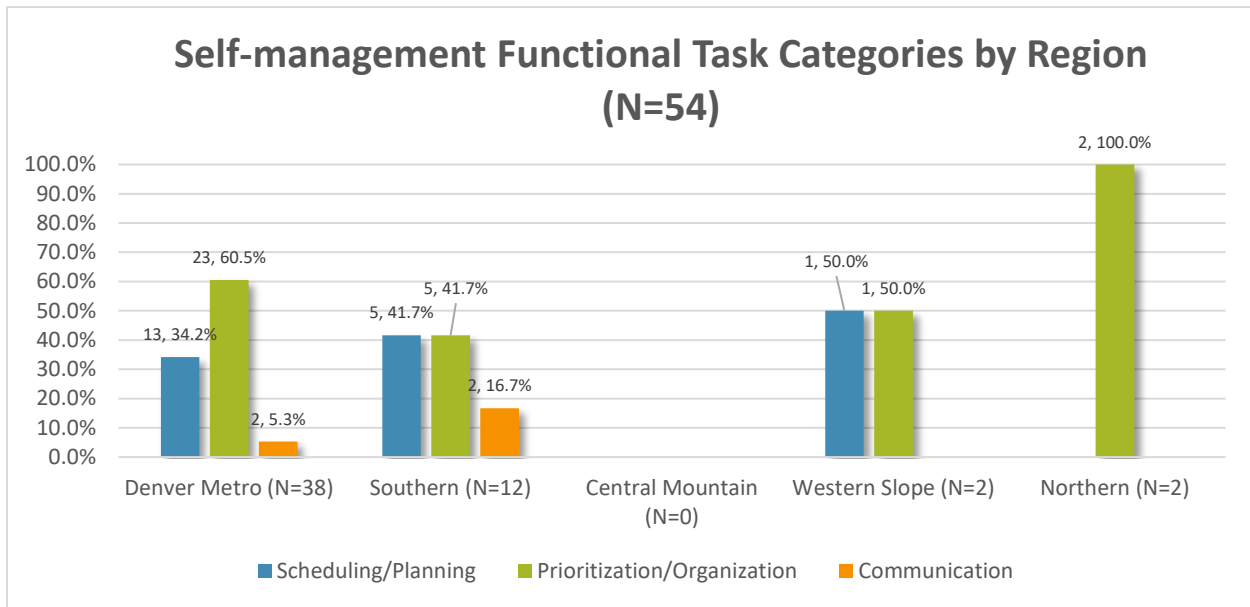
Figure 47 - SM Functional Task Categories by Region

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 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. The results of the surveys 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 worked with Jody Newman, SLP and Sarah Brittain, SLP on the program design and structure for Self-management. Goal Attainment Scales 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 that 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 felt that allowing for more precise evaluation of progress was a higher priority than greater measurement of regression.

To illustrate how Goal Attainment Scaling works, an example from a FY19 Self-management client is summarized below.

*The client's Goal is in the Prioritization/Organization Functional Task category. The Goal name is **Streamlined Filing System***

The Goal description is: [Client] would like to create filing system that is more efficient and functional. [Client] would like to do about 5 hours/week of filing to get rid of all stacks of loose paper, trash all old files that aren't necessary, & maintain the system going forward.

The strategies developed by the Advisor and the client are:

- ❖ *Use visual flow-chart for reference*
- ❖ *Modify existing "action items" bins to be simpler and have fewer categories - including "urgent"*
- ❖ *Use "4 questions to ask when de-cluttering" to decide what not to file*
- ❖ *Consolidate loose stacks of paper on table in bedroom to smaller space (a box with a lid on it) that won't provoke anxiety*
- ❖ *Set aside specific time to dedicate to filing*

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 filing / week

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:

+3 Description	*5 + hours / week*
+2 Description	*3-4 hours / week*
+1 Description	*1-2 hours / week*
0 - Baseline Description	*No filing / week*
-1 Description	*Reduction in frequency or level of function - Stacks of paper piling up and become overwhelming*

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.

Finally, during the last meeting, a Program Completion GAS record is created and logged.

Results (Goal Attainment Scales)

In FY19, from baseline to completion, GAS scores across all Goals had an average change of +1.95, indicating notable progress made by clients toward their ultimate goal.

When broken down by functional task type, the greatest amount of progress was seen in Scheduling/Planning Goals (*Figure 48*).
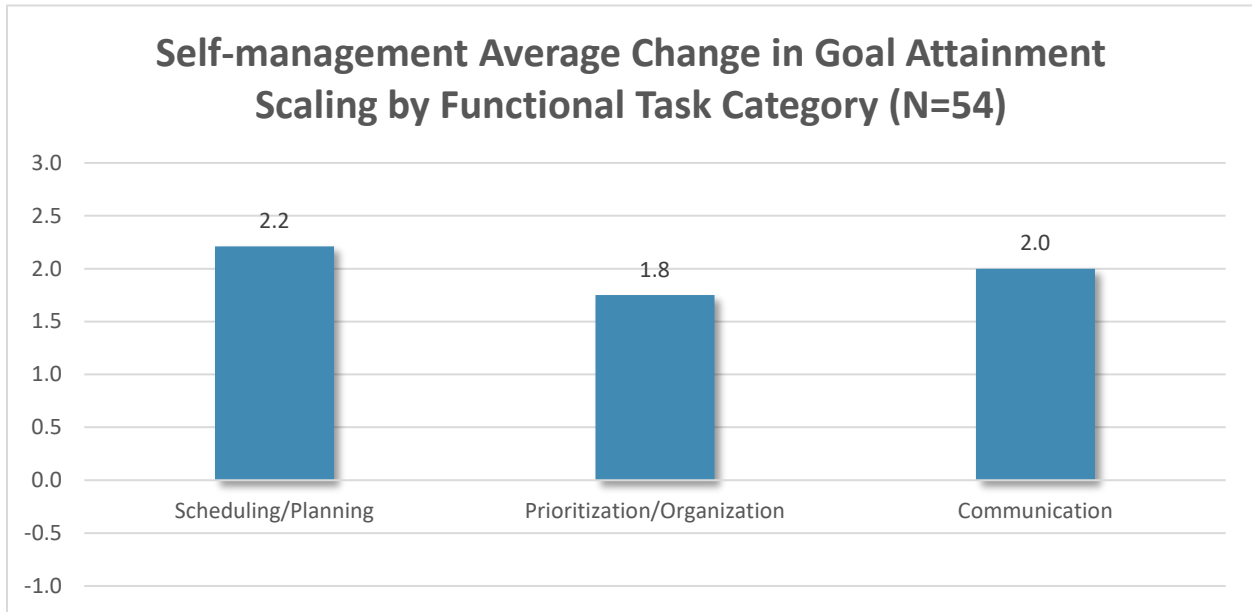
Figure 48 - SM Average Change in Goal Attainment Scaling by Functional Task Category

Conclusions (Goal Attainment Scales)

Following the first year of services in the new Self-management program, Goal Attainment Scaling has been a successful tool for monitoring progress and evaluating outcomes. Both Advisors and clients have provided positive feedback about the tool. Five out of 11 (45.4%) survey responses to the question asking how valuable the GAS is towards making them more self-sufficient indicate "very valuable," one (9.1%) indicates "somewhat valuable," one (9.1%) indicates "a little valuable," and three (27.3%) did not respond to the question. Overall, that's 63.6% (N=11) – or 87.5% of those who responded to the question (N=8) - positive feedback about the tool (*Figure 56, pg.54*).

As Self-management grows as a program monitoring GAS scores will be useful for measuring impact of services over time. Another possible use for the data is to determine if clients demonstrate more success in specific Functional Task categories, which could lead to programmatic expansion in those areas.

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. BIAC 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 and Program Completion. Unlike GAS, each client's Baseline Confidence Scale is different for each of their Goals. The scale is a range from one to five:

5   Very Confident

4   Confident

3   Pretty confident

2   A little confident

1   Not at all confident

Results (Confidence Scales)

In FY19 clients entered Self-management with an average Baseline Confidence Scale score of 2.31, between "A little confident" and "Pretty confident" across all Goals created.

By the end of services, the average Program Completion Confidence Scale Score across all Goals was 3.42, between "Pretty confident" and "Confident" (*Figure 49*).
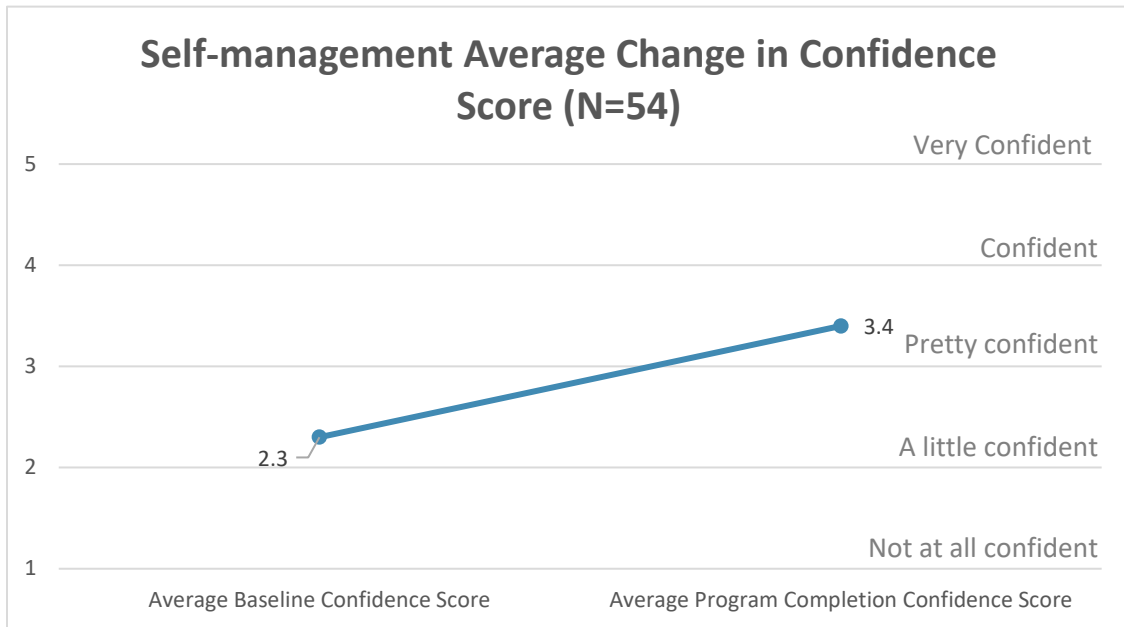
Figure 49 - SM Average Change in Confidence Score

Breaking down client confidence by Functional Task category, clients enter services with the highest confidence in Communication Goals (the least common category) and the least confidence in Scheduling/Planning Goals. By Program Completion, the greatest improvement in Confidence occurred in Scheduling/Planning Goals (59%) (*Figure 50*).
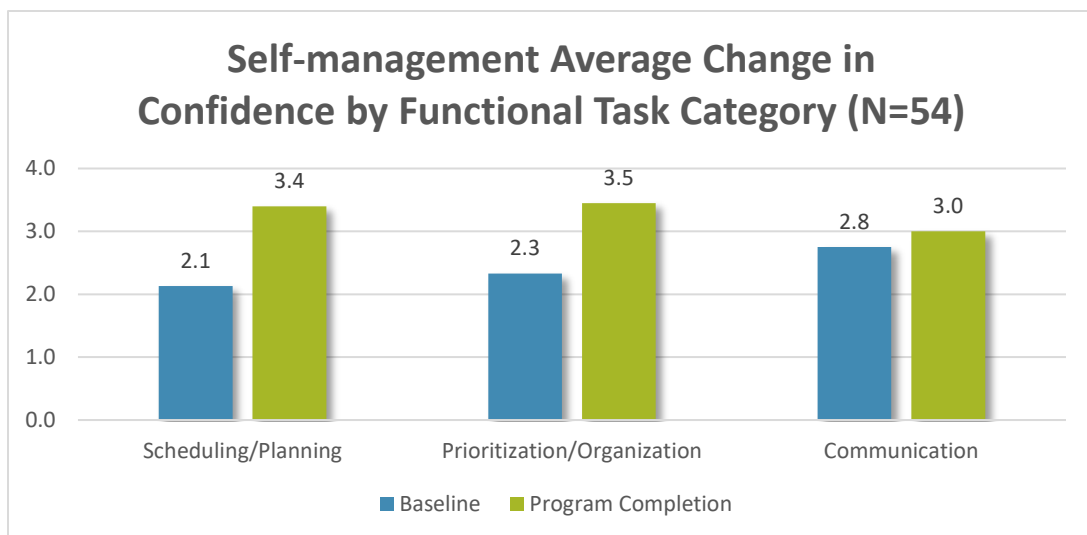
Figure 50 - SM Average Change in Confidence by Functional Task Category

Conclusions (Confidence Scales)

As stated above, Confidence scores offer a slightly different perspective and way of looking at success, for both the client and the program. Seeing an average 1+ point improvement across all Functional Tasks is a positive outcome for this pilot year of the program and something BIAC will look to maintain and/or improve incrementally over time.

As the program continues into its second year and clients can re-enter services after their six-month period of practice, BIAC will be looking to compare the Confidence scores and GAS scores of those repeat clients, looking for patterns that tell a story of how the two might relate to one another. One hypothesis is that the Confidence score could be an indicator of future higher GAS score. In other words, do clients need a higher level of baseline confidence or gain in confidence in order to see greater gains in GAS scores?

Satisfaction Surveys

Background & Objectives (Satisfaction Surveys)

Self-management Satisfaction Surveys focus primarily on program elements such as process and staff performance. Two surveys are available for clients to complete depending on the amount of time spent in services: one for those who complete the six-month program and another for those who end services prior to program completion. The surveys are identical in content and structure but are analyzed separately to eliminate bias in the aggregate results caused by those who did not complete the program.

Methodology (Satisfaction Surveys)

Both surveys are provided to the client at the end of services by their Advisor. Surveys are 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 is the choice of the client. Participation in the survey is voluntary but encouraged.

All responses are automatically collected within SurveyMonkey when the client completes the survey online. Hardcopy responses are manually entered into the SurveyMonkey platform by BIAC staff as they arrive. The full questionnaire is included in *Appendix F*.

Results (Satisfaction Surveys)

In FY19, 30 individuals (100%) were offered the opportunity to complete the end of program Satisfaction Survey. Of those 30, 12 (40%) submitted responses of varied completeness. 11 of the 12 respondents were from the Denver Metro region or Urban county designation, while one respondent was from an unknown region and unknown county designation (*Figure 51*, *Figure 52*).
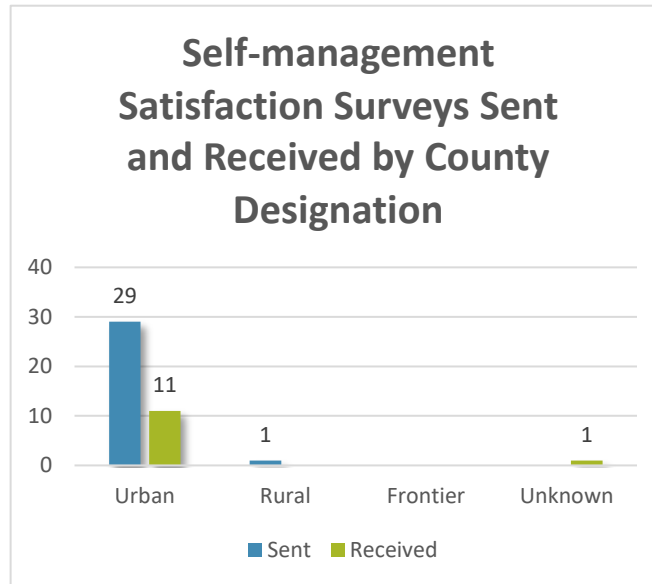
Figure 51 - SM Satisfaction Surveys Send and Received by County Designation
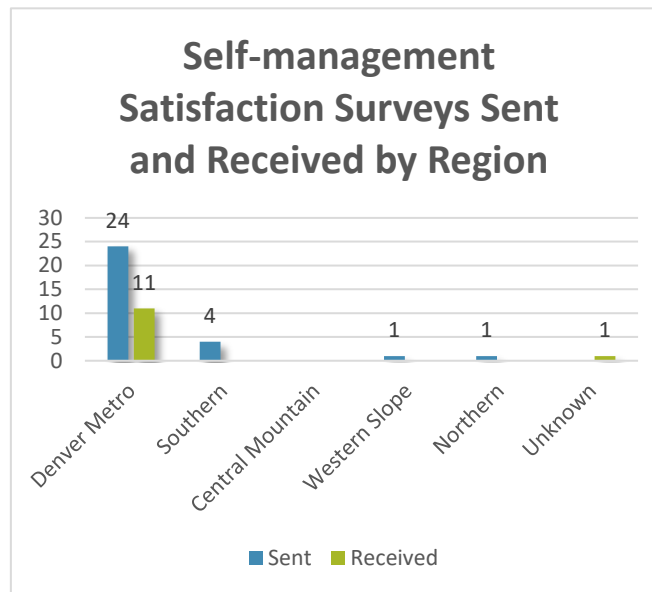
Figure 52 - SM Satisfaction Surveys Sent and Received by Region

Key findings from the survey are as follows:

When asked "Overall, how self-sufficient do you feel since you began participating in BIAC's Self-management program?" every client indicated they felt "much more self-sufficient" or "more self-sufficient"(*Figure 53*).
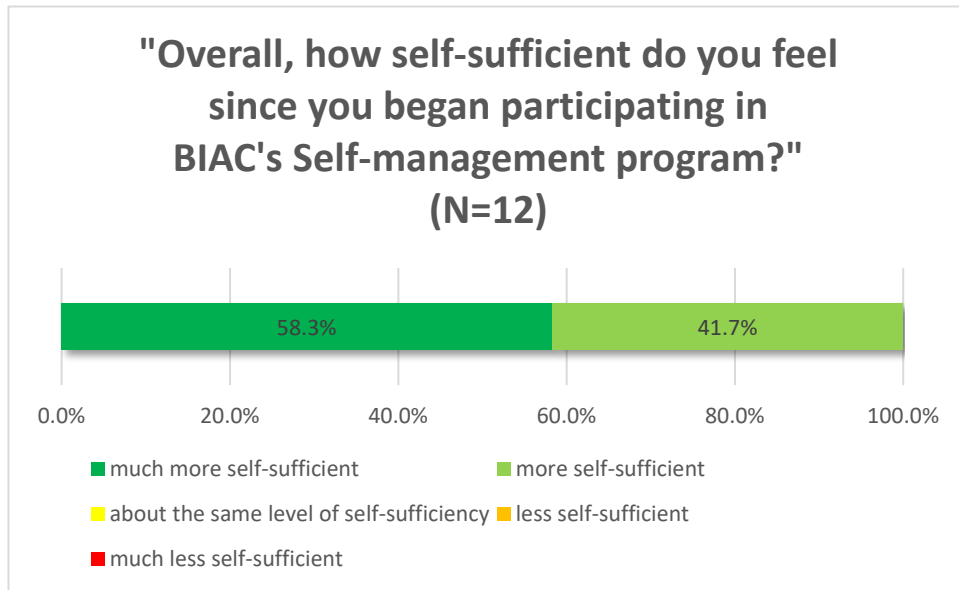
Figure 53 - SM Satisfaction Survey Question – "Overall, how self-sufficient do you feel since you began participating in BIAC's Self-management program?"

When asked "Which of the words below would you use to describe BIAC's Self-management program? Select all that apply" all but one provided positive feedback (*Figure 54*).
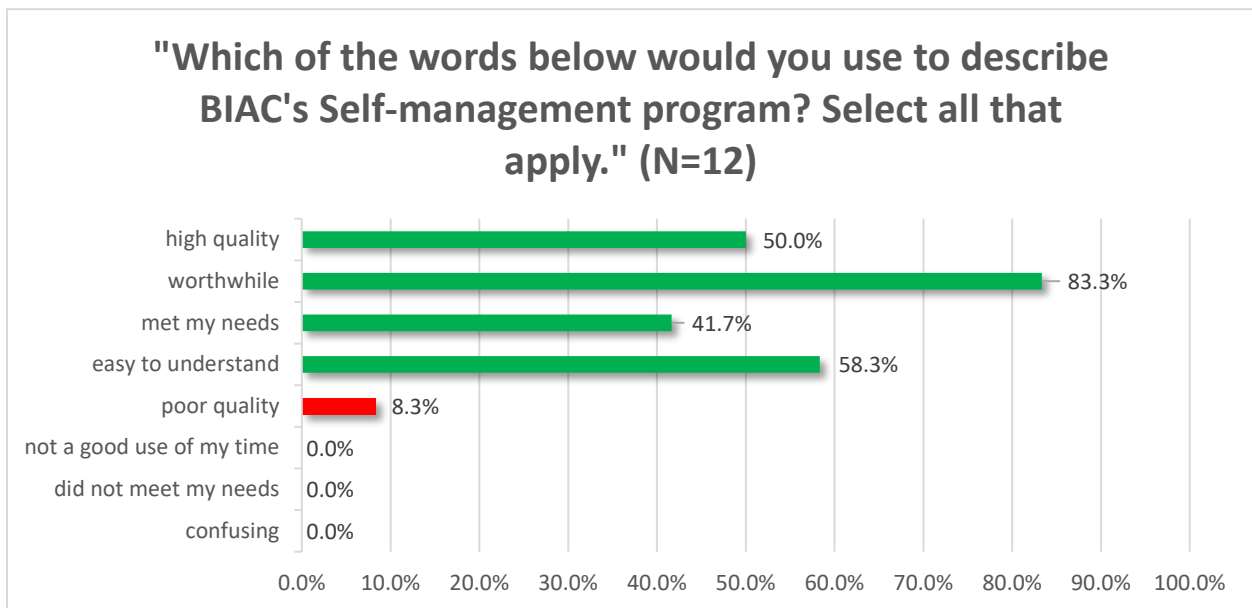
Figure 54 - SM Satisfaction Survey Question – "Which of the words below would you use to describe BIAC's Self-management program? Select all that apply."

When asked "Which of the words below would you use to describe your brain injury Advisor? Select all that apply" the overwhelming majority of clients had positive feedback about staff approach. 10 out of 12 respondents said that the service "met" (1), "exceeded" (3), or "greatly exceeded" their expectations (6), while one said the services "fell below" their expectations and one did not answer the question (*Figure 55*).
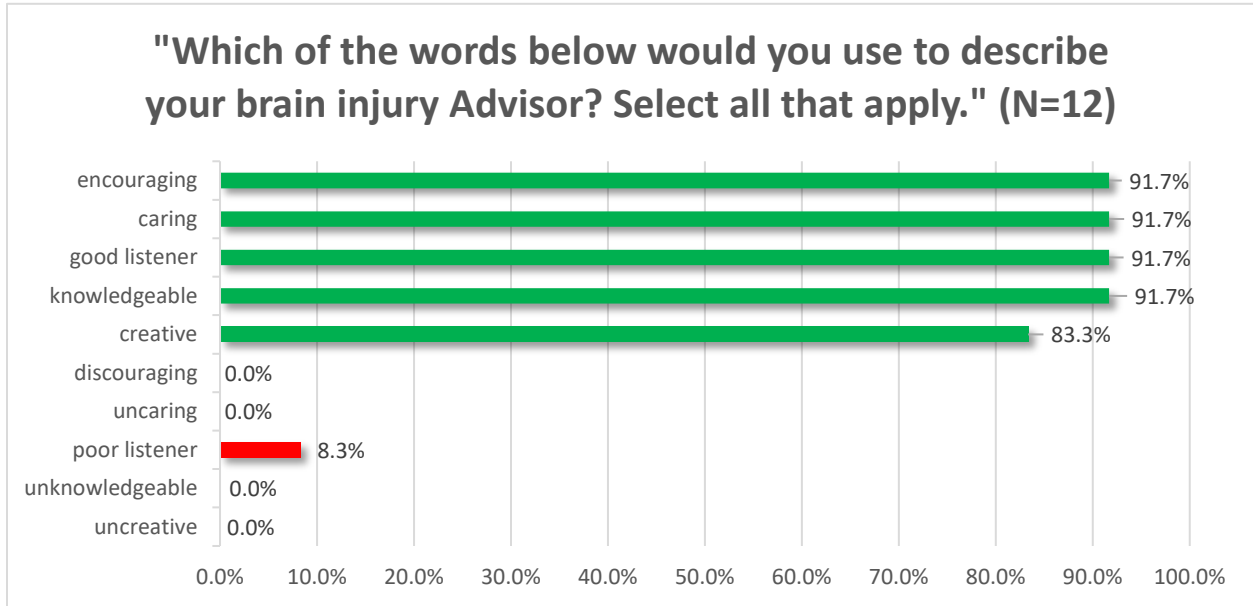
Figure 55 - SM Satisfaction Survey Question - "Which of the words below would you use to describe your brain injury Advisor? Select all that apply"

When assessing the tools and components of the Self-management program, regular meetings with Advisors ranked highest in value with eight clients reporting it as "very valuable." Other core components such as the development of Goal Attainment Scales and the development of strategies for building specific skills ranked second and third with six clients reporting it to be "very valuable". The least valuable reported tool was the relationship mapping, with only three clients reporting it to be "very valuable" *(Figure 56)*.

"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=12)

Component	very valuable	somewhat valuable	a little bit valuable	not at all valuable	does not apply to me	question not answered
regular meetings with a brain injury advisor	66.7%		8.3%			25.0%
development of goal attainment scales	50.0%		8.3%	8.3%	8.3%	25.0%
development of strategies for building specific skills	50.0%	25.0%				25.0%
regular homework assignments between meetings with…	41.7%	16.7%	16.7%			25.0%
self-assessment of strengths	41.7%	16.7%			16.7%	25.0%
development of a transition plan	41.7%	8.3%	25.0%			25.0%
self-assessment of weaknesses	33.3%	16.7%	8.3%		16.7%	25.0%
relationship mapping	25.0%	16.7%	16.7%	16.7%		25.0%

Figure 56 - SM 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?"

Finally, the expectations of eight out the twelve respondents were exceeded by the Self-management program. Only one client felt that the program fell below their expectations (*Figure 57*).
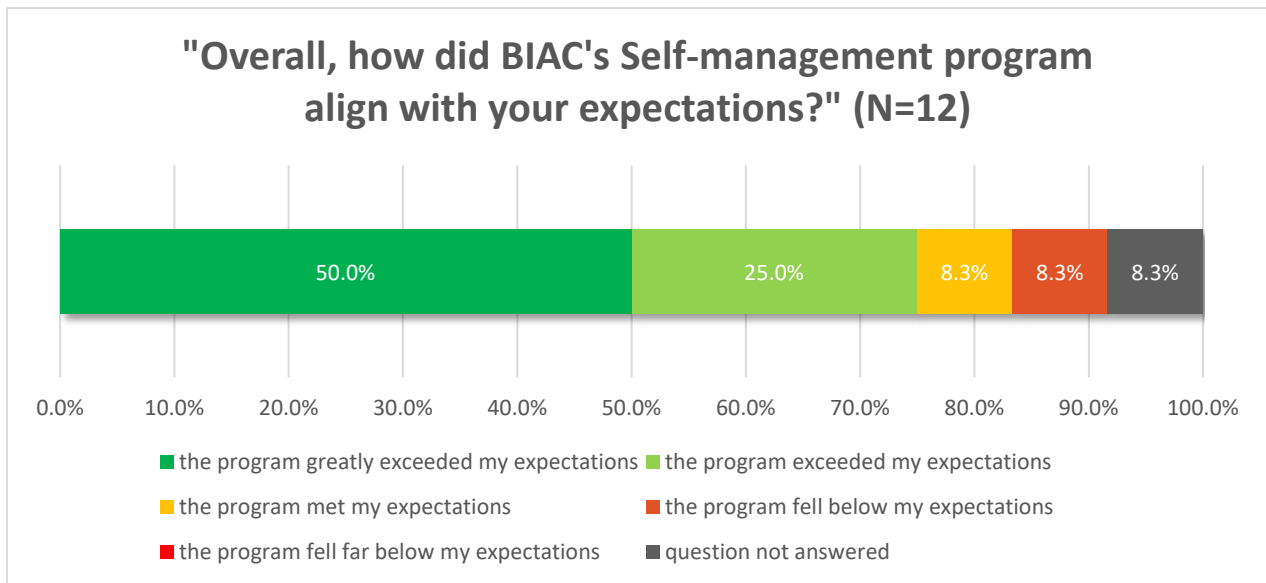
Figure 57 - SM Satisfaction Survey Question - "Overall, how did BIAC's Self-management program align with your expectations?"

Conclusions (Satisfaction Surveys)

The Satisfaction Survey results from the first program year of Self-management are very positive. Clients are reporting substantial benefit from the program while also offering feedback about the structure and tools being used.

At the same time, it should be noted that MINDSOURCE and BIAC have made a concerted effort to expand person-centered programming and policies, and as such, have administered surveys based on each client's preferred method of communication. This has led 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).

Finally, 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.

Testimonials

"You have been a <u>big</u> help to me and made it so that I was able to accomplish a lot more than I know I otherwise would have. You have inspired me - true fact!"

-Self-management Client

"Everyone in the world could benefit from this - brain injury or not! What a gift to receive when life was so scary and I felt like I might never be able to take care of myself effectively again."

-Self-management Client

"I feel much more streamlined and confident in my ability to achieve my goals and desires to maintain a daily schedule that is achievable and is becoming integrated into my routine."

-Self-management Client

"[My Advisor] gave me tools to handle my TBI related difficulties on my own. I am better for all her help and pleased with what I was able to accomplish."

-Self-management Client

Key Accomplishments

- 30 participants from 4 out of 5 regions.
- Increase in Goal Attainment Scale.
- Increase in Perceived Confidence Scale.
- All survey responses reported "more" or "much more" self-sufficiency.

Goals for FY20

- Increase number of clients participating in Self-management Program, specifically in rural and frontier regions through targeted outreach and program marketing.
- Modify client demographic and service participation reporting metrics in Reporting Table to reflect clients served within fiscal year as opposed to only those who complete one instance of service.
- It is an ongoing goal to solicit meaningful feedback from clients across program areas and service offerings. In FY20, BIAC intends to take additional measures as needed to maintain and/or increase the response rate for the self-management satisfaction survey. Additional measures may include, but are not limited to: offering incentives, systematically following up with non-responders, and reminding clients of the importance of providing feedback to maintain, improve, and grow the Self-management program for current and future participants.

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 FY19. The Youth Education Liaison delivered consultative services throughout all regions of Colorado to parents, school professionals and community providers. The services provided in FY19 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

As is true for Resource Navigation and Self-management, BIAC is working closely with MINDSOURCE leadership and board to establish anchor data for Education Consultation services that can be used to assess all programs' success in serving key demographic categories such as gender, race/ethnicity, and county designation (urban/rural/frontier).

In FY19, a total of 79 unique individuals were referred to Education Consultation services. Of those 79 individuals, 74 were found eligible, and 66 received services within FY19. Most youth clients (93.9%, 62) accessed services in urban areas, while 4.5% (3) accessed services in rural areas, and 1.5% (1) accessed services in frontier areas (*Figure 58*). Services were concentrated in the Denver Metro region with 63.6% (42) of clients accessing services there; however, services reached every region of the state with 19.7% (13) accessing services in the Southern region, 13.6% (9) in the Northern region, and 1.5% (1) each in the Central Mountain and Western Slope regions (*Figure 59*).
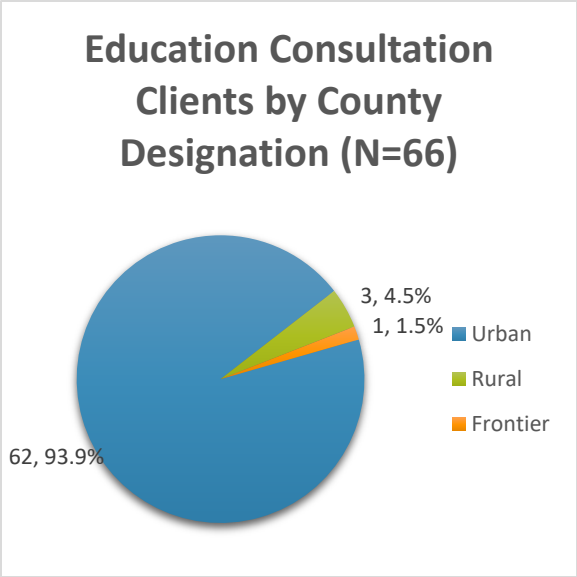
Figure 58 - EC Clients by County Designation
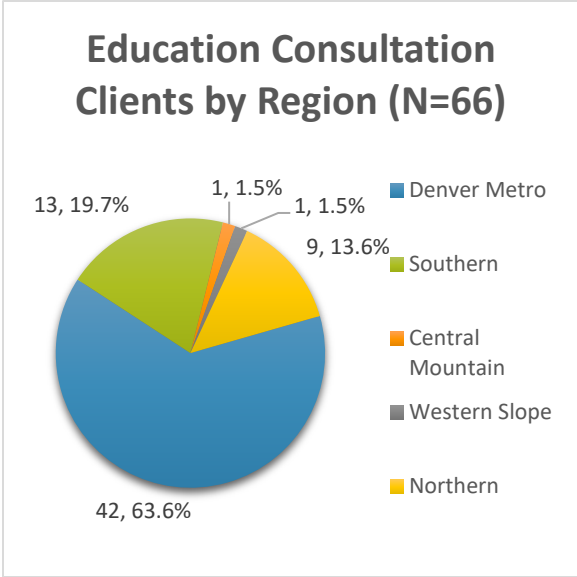
Figure 59 - EC Clients by Region

Youth clients must be 21 years or younger to be eligible for Education Consultation services. Clients were nearly equally distributed across the elementary (32%, 21), middle (30%, 20), and high school and older (29%, 19) age groups, with a smaller number of clients (9%, 6) falling into the early childhood age group. (*Figure 60*)
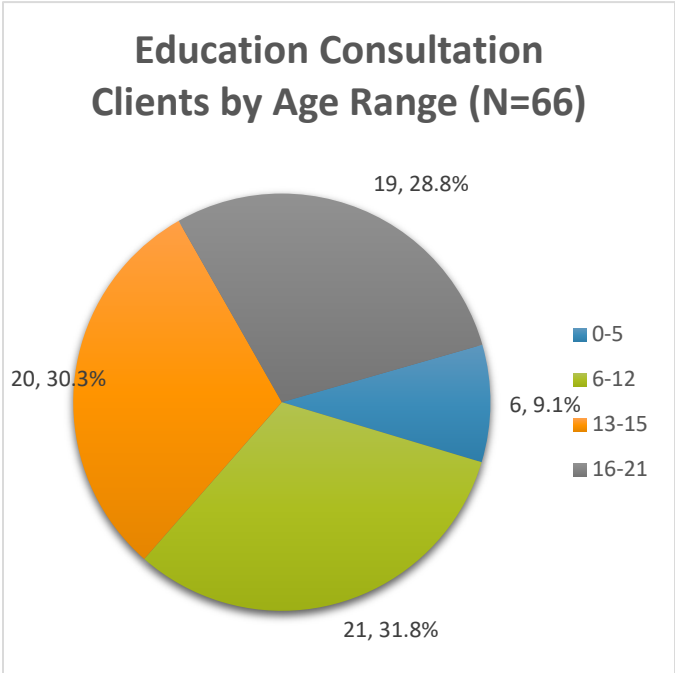
Figure 60 - EC Clients by Age Range

The majority (69.7%, 46) of youth clients were males, and the minority (30.3%, 20) were female (*Figure 61*).
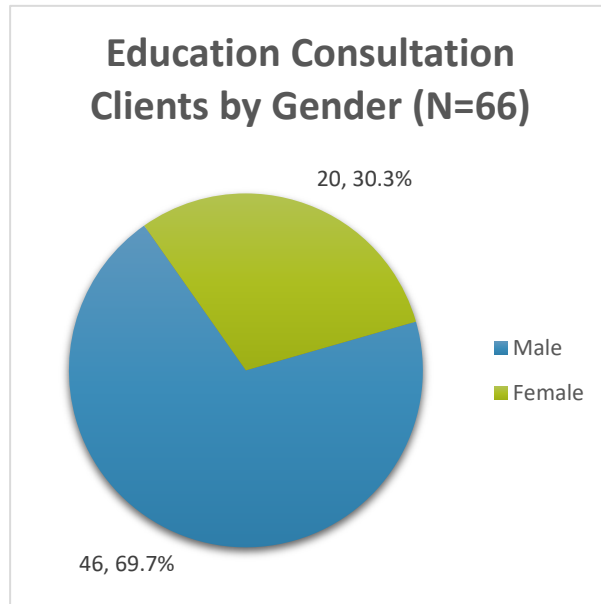
Figure 61 - EC Clients by Gender

Almost half of youth clients identified as Caucasian/White (48.5, 32%), with just over a quarter identifying as Hispanic/Latino (27.3%, 18). Equal proportions (3.0%, 2) identified as African American/Black, American Indian/Alaskan, and Asian. Of the remaining, 4.5% (3) identified as Other and 10.6% (7) did not specify (*Figure 62*).
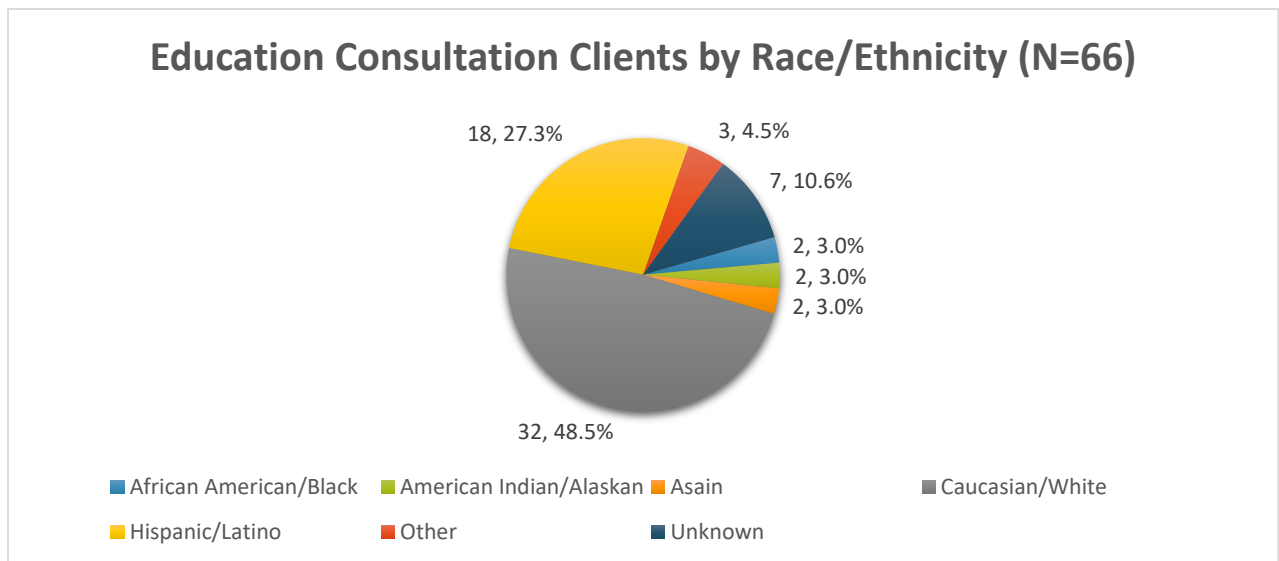
Figure 62 - EC Clients by Race/Ethnicity

English was the preferred language of the vast majority of youth clients (89.4%, 59), with the remaining 10.6% (7) preferring Spanish (*Figure 63*).
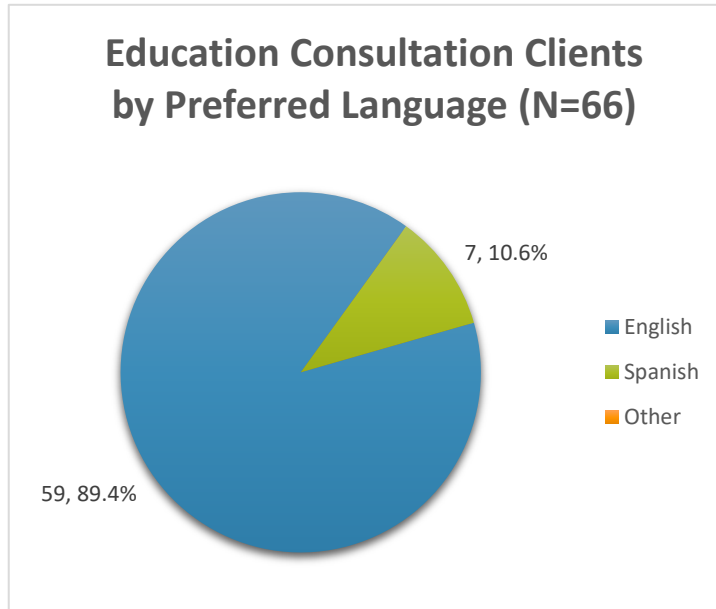
Figure 63 - EC Clients by Preferred Language

A total of 89 injuries were reported for clients receiving Education Consultation services. The majority (91.0%, 81) reported a single injury, while 8 (9.0%) clients reported two or more injuries. The average number of injuries per youth client was 1.24, and the average age of youth clients at the time of their first injury was 7.4 years. The most common types of injuries reported by youth clients were falls (20.2%, 18), and motor vehicle accidents (14.6%, 13), together comprising just over a third of all injuries reported. *Figure 64* has a breakdown of all reported injuries by type.
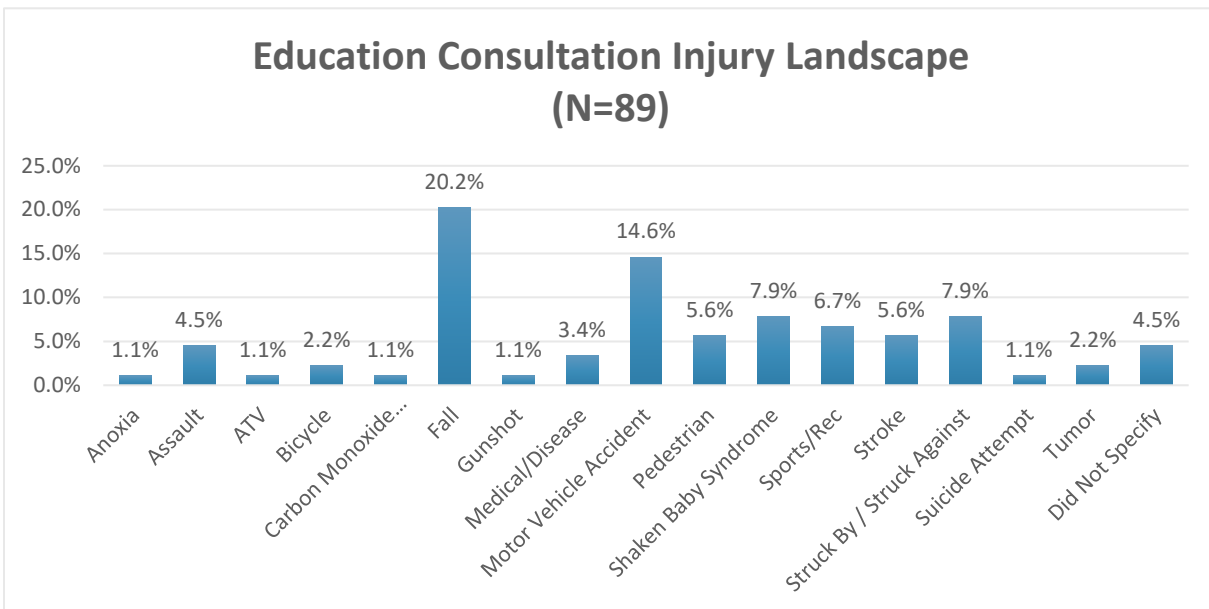
Figure 64 – EC Injury Landscape

Service Participation

During FY19, 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 once at the end of academic year in May. As written in the contract, BIAC estimated a total of 80 youth being served by Education Consultation in FY19. In actuality, 66 clients (75% of estimate) accessed Education Consultation services, of which 25 (37.9%) were first-time clients.

Once a case is opened, one or more Goals are created related to the client's needs. A total of 75 Goals were created during the year, with an average of 1.14 Goals per client. Over half of the Goals created were Academic (57.3%, 43), and just over a quarter were related to Behavior (28.0%, 6). The remaining were related to brain injury education, hospital to school transitions, connection to resources, and health (*Figure 65*).

Education Consultation Goals by Type (N=75)

- 21, 28%
- 6, 8%
- 1, 1%
- 1, 1%
- 3, 4%
- 43, 58%

Legend:
- Academic
- Behavior
- BI Education
- Connection to Resources
- Health
- Hospital to School Transition
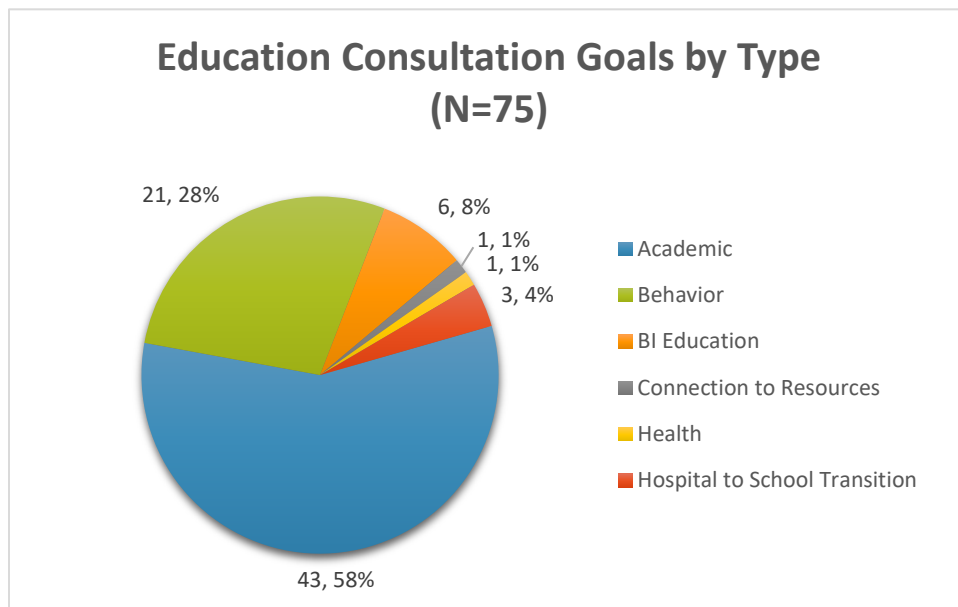
Figure 65 - EC Consultation Goals by Type

The average amount of time that a case remained open was 196 days, or about 6.5 months. This suggests that, on average, clients are starting services about one-third of the way through the academic year. When looking at differences by county designation, those in urban areas follow the overall average at 193 days, or about 6.5 months. However, clients in rural and frontier areas opened cases earlier in the academic year as indicated by the longer time from case creation to case closure, at 266 days (nearly 9 months) and 248 days (just over 8 months), respectively (*Figure 66*). Regional differences also exist, with clients in the Denver Metro, South and Northern region starting services, on average, at or just before a third of the way through the academic year, as indicated by the time from case creation to case closure at 197 (about 6.5 months), 222 (just over 7 months), and 222 (just over 7 months) days respectively. At the same time, the client in the Central Mountain region started services earlier, at nearly the beginning of the academic year, as indicated by the longer time from case creation to case closure at 271 days (nearly 9 months) and the client in the Western Slope region started later, about mid-way through the academic year, as indicated by the shorter time from case creation to case closure at 147 days (nearly 5 months) (*Figure 67*).

Education Consultation - Length of Time from Case Creation to Case Closure in Days by County Designation (N=66)

Frontier (N=1): 266
Rural (N=3): 248
Urban (N=62): 193
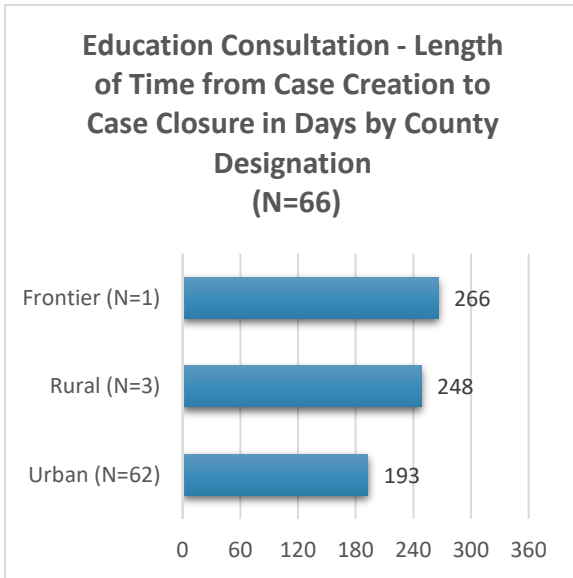
Figure 66 - EC Length of time from Case Creation to Case Closure in Days by County Designation

Education Consultation - Length of Time from Case Creation to Case Closure in Days by Region (N=66)

Northern (N=9): 222
Western Slope (N=1): 147
Central Mountain (N=1): 271
Southern (N=13): 222
Denver Metro (N=42): 197
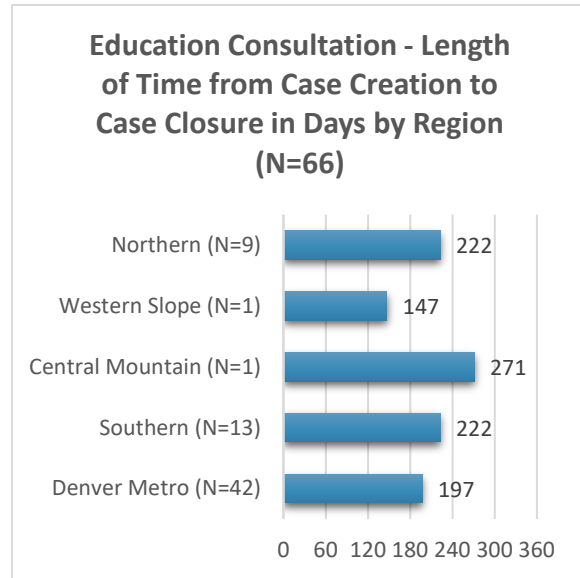
Figure 67 - EC Length of time from Case Creation to Case Closure in Days by Region

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 66 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. Fifty-four English-speaking and three Spanish-speaking clients were emailed a link to the survey, while four English-speaking and five Spanish-speaking clients received the survey through the mail.

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*.

Results

Of the 66 surveys distributed, 17 (25.8%) were completed. No mailed surveys were returned, and one of the 17 completed surveys was from a Spanish-speaking client. Fifteen (24.2%) of 62 surveys distributed to those in Urban areas were completed; the remaining two returned did not provide geographic identifying information, so their county designation is unknown (*Figure 68*). By region, 26.2% (11) of Denver Metro region, 15.4% (2) of Southern region, and 11.1% (1) of Northern region clients completed the survey; three respondents did not provide geographic identifying information, so their county designation is unknown (*Figure 69*).
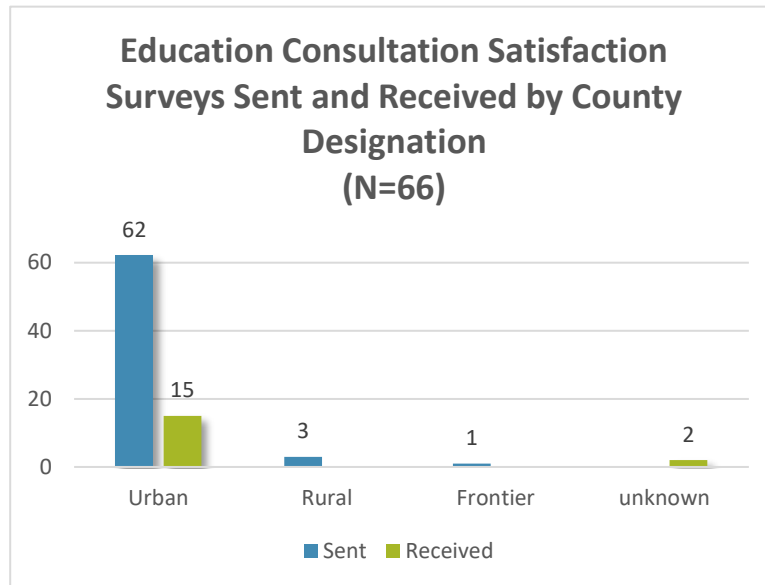
Figure 68 - EC Satisfaction Surveys Sent and Received by County Designation
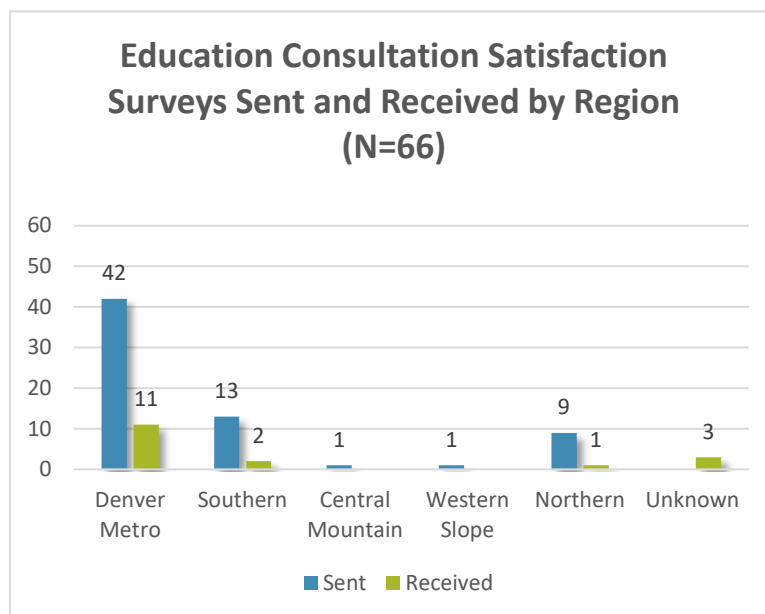
Figure 69 - EC Satisfaction Surveys Sent and Received by Region

Key findings from the survey are as follows:

When asked "Overall, how supported do you feel since you began receiving Education Consultation services from our Youth Education Liaison this school year?" over two thirds (70%, 12) indicated they felt "more supported" (29%, 5) or "much more supported" (41%, 7) (*Figure 70*).

"Overall, how supported do you feel since you began receiving education consultation services from our Youth Education Liaison this school year?"
(N=17)

41.2%	29.4%	17.6% 5.9% 5.9%

- much more supported
- more supported
- about the same level of support
- less supported
- much less supported
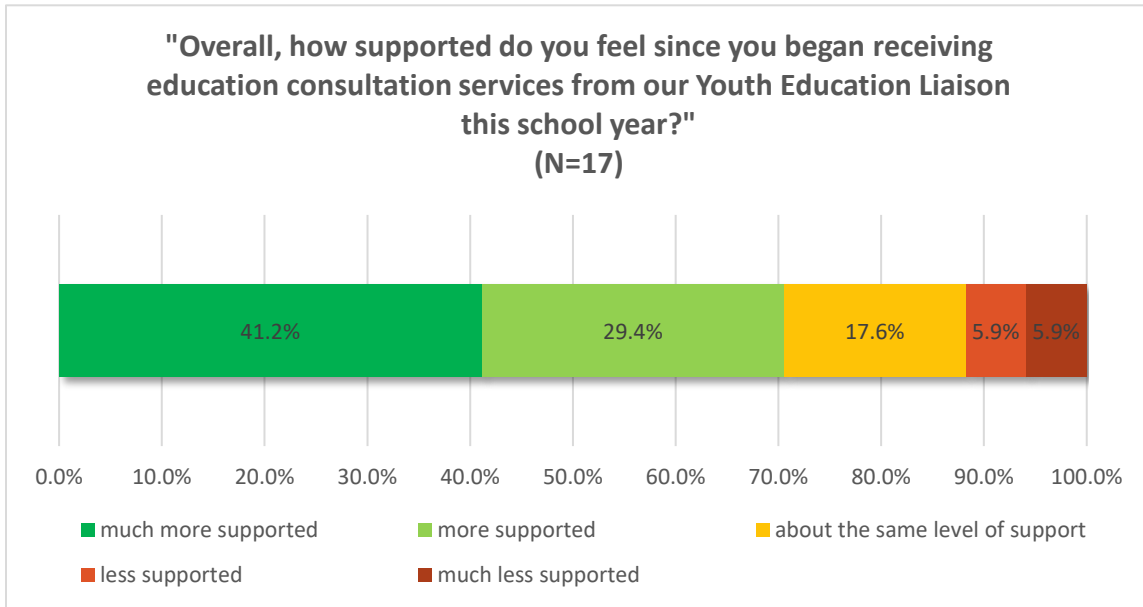
Figure 70 - EC Satisfaction Survey Question - Overall, how supported do you feel since you began receiving education consultation services from our Youth Education Liaison this school year?

When asked which words describe the Education Consultation services, about two-thirds of respondents selected "easy to understand", "met my needs", "worthwhile", and "high quality" (*Figure 71*).

"Which of the words below would you use to describe BIAC's education consultation services? Select all that apply."
(N=17)

- high quality: 64.7%
- worthwhile: 70.6%
- met my needs: 64.7%
- easy to understand: 64.7%
- poor quality: 5.9%
- not a good use of my time: 5.9%
- did not meet my needs: 5.9%
- confusing: 17.6%
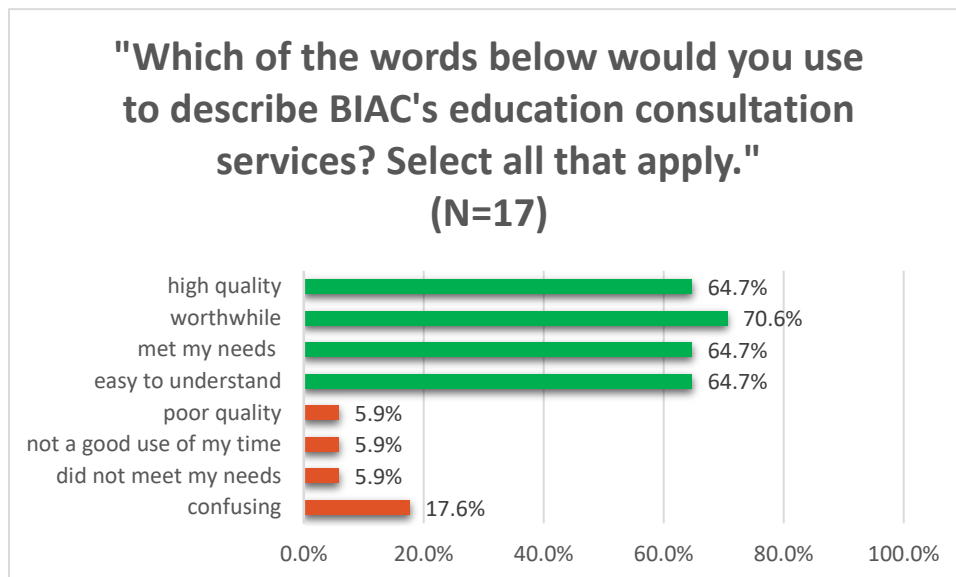
Figure 71 - EC Satisfaction Survey Question - Which of the words below would you use to describe BIAC's education consultation services? Select all that apply

When asked which words describe the Youth Education Liaison, nearly all respondents selected "good listener" (94%, 16) and the majority of respondents also selected "knowledgeable" (88%, 15), "caring" (71%, 12), "encouraging" (65%, 11) and "creative" (53%, 9). All but one respondent described their working relationship with the Youth Education Liaison as "very positive" (82%, 14) or somewhat positive (12%, 2) (*Figure 72*).
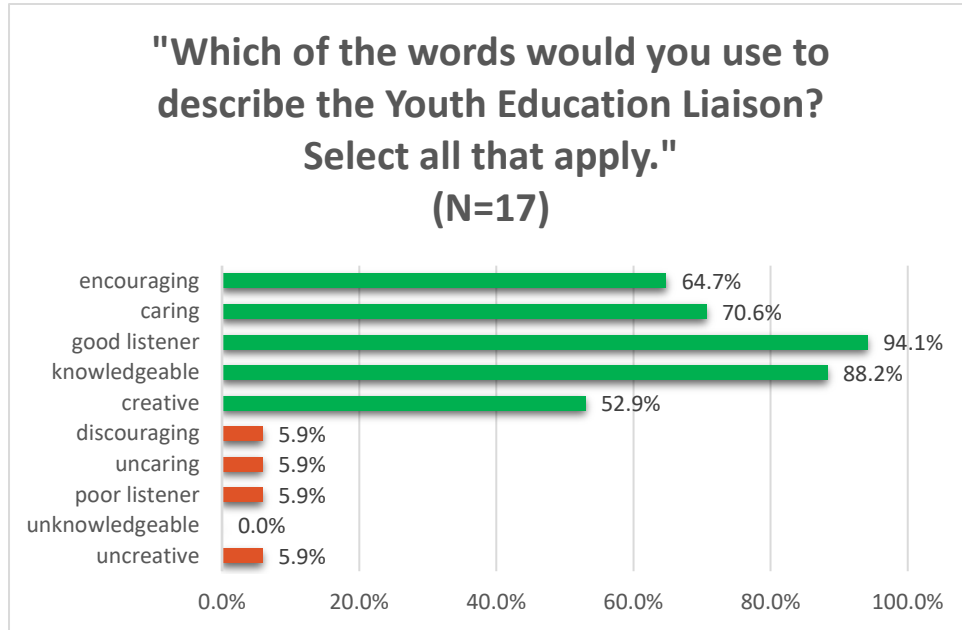
Figure 72 - EC Satisfaction Survey Question - Which of the words would you use to describe the Youth Education Liaison? Select all that apply

Sixteen out of 17 respondents said that the service "met" (24%, 4), "exceeded" (24%, 4), or "greatly exceeded" their expectations (47%, 8), while one said the services "fell far below" their expectations (6%, 1). Over three-quarters (82.4%, 14) of respondents said they would recommend BIAC's Education Consultation services to others (*Figure 73*).
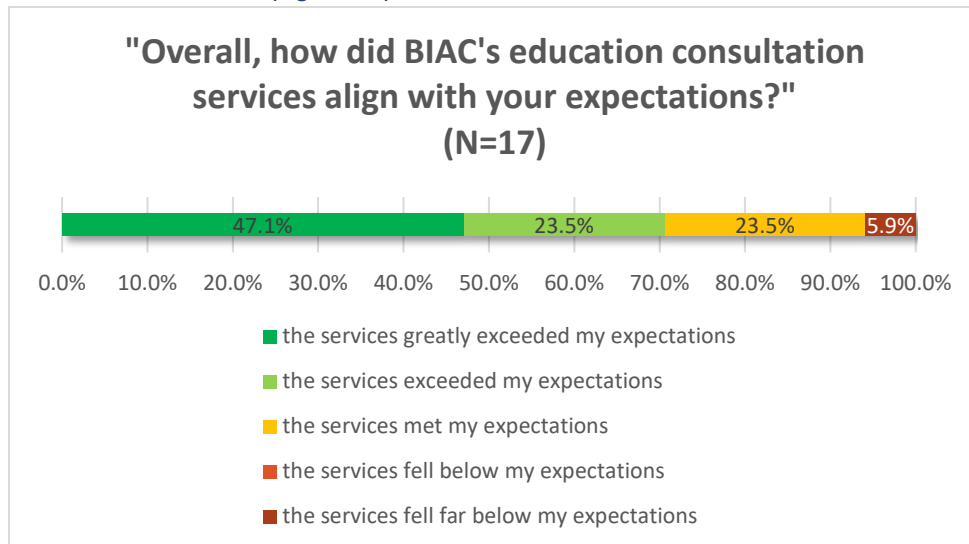
Figure 73 - EC Satisfaction Survey Question - Overall, how did BIAC's education consultation services align with your expectations?

Conclusions

Overall, survey results suggest that the Education Consultation services, in terms of quality, effectiveness, and delivery are meeting the needs of clients.

Clients without email addresses, Spanish-speaking clients, those in rural and frontier areas, and those in the Northern, Western Slope, and Central Mountain regions were underrepresented in these survey results. Additional steps, like systematically sending one or more reminders or offering incentives, may need to be taken to increase participation by these groups in the future.

Also, in line with BIAC and MINDSOURCE's effort to expand person-centered programming and policies, these surveys were administered to clients based on their preferred method of communication, which led to some 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).

Finally, 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 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

"Someone finally heard what we were seeing and understood" - Parent

"The services got my daughter her high school diploma" – Parent

"I felt like [the Youth Education Liaison] was there to represent both sides and was thankful that there was another set of ears to hear. I was just so sorry we did not have [the Youth Education Liaison] involved from the beginning." - Parent

"The direct contact that [Youth Education Liaison] has with my son's teachers including attending the IEP meeting, providing helpful suggestions to problems that arise and feeling like I don't have to have all the answers. [Youth Education Liaison] provides a wealth of knowledge and experience that makes the parent's job less intense in the school environment. I wish I would have had her attending IEP meetings from day one". - Parent of child in BIAC services

"Thank you again for your informative presentation this morning. I believe that the staff have a different level of understanding and comprehension of [our student's] specific struggles and needs now. We would love to access you as a resource sometime in late summer so let's keep in touch and we will keep you posted on how [the student] is doing"! - School Professional

Key Accomplishments

- Education Consultation services reached all county designations and regions.
- Satisfaction survey responses and testimonials continue to demonstrate the value and need for this service.
- The relationship with Children's Hospital Colorado continues to strengthen. BIAC received 54 referrals from Children's this year, compared to 18 in the previous fiscal year (referrals for all services, not just education consultation).
- Case Example: BIAC's Youth Education Liaison successfully assisted a family with enrolling their child in school after an eight-month gap.

Goals for FY20

The primary goal for Education Consultation in the upcoming fiscal year is to increase the number of families served. To do so, 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.

Similar to Resource Navigation and Self-management, BIAC would like to modify client demographic and service participation reporting metrics in the Reporting Table to reflect clients served within fiscal year as opposed to only those who complete one instance of service.

In FY20, BIAC intends to take additional measures as needed to maintain and/or increase the response rate for the education consultation satisfaction survey. As mentioned previously, additional measures may include, but are not limited to: offering incentives, systematically sending follow up reminders to non-responders, and reminding clients of the importance of providing feedback to maintain and improve education consultation services. BIAC also intends to evaluate the trainings delivered to school staff about the value of content and delivery methods.

Classes and Workshops

Program Overview

In FY19, BIAC offered 34 classes and workshops on 22 unique topics for a total of 189 individual offerings throughout the state of Colorado to youth and adults living with a brain injury. Four classes and workshops were specific to youth survivors and the remaining thirty were offered to adult survivors.

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

Service Participation

The total number of unique individuals that attended at least one class or workshop in FY19 was 195. Forty-seven (24%) attended classes and workshops on more than one topic; the average was 1.5 unique topics per unique individual.

The table below lists each unique topic as well as the type, region, county designation, age, number of times offered and related Resource Navigation and/or Self-management Goal categories (*Table 1*).

Table 1 - Class & Workshop Topics by Type, Region, County Designation, Age, Frequency and Related RN or SM Goals Categories

Class and Workshop Topics	Type	Region CM = Central Mountain DM = Denver Metro NC = Northern Colorado SC = Southern Colorado WS = Western Slope					County Designation U = Urban R = Rural F = Frontier			Age A = Adult Y = Youth		# of times offered	Related Resource Navigation (RN) and/or Self-management (SM) Goal(s)
		CM	DM	NC	SC	WS	U	R	F	A	Y		
Art Class	recurring		X		X		X			X		43	RN: Rec/Leisure, Personal Support System (Family/Friends)
Music Therapy	recurring		X		X		X			X		35	RN: Rec/Leisure, Personal Support System (Family/Friends)
Adaptive Yoga	recurring			X		X	X			X		22	RN: Rec/Leisure

Table 1 - Class & Workshop Topics by Type, Region, County Designation, Age, Frequency and Related RN or SM Goals Categories

Class and Workshop Topics	Type	Region CM = Central Mountain DM = Denver Metro NC = Northern Colorado SC = Southern Colorado WS = Western Slope					County Designation U = Urban R = Rural F = Frontier			Age A = Adult Y = Youth		# of times offered	Related Resource Navigation (RN) and/or Self-management (SM) Goal(s)
		CM	DM	NC	SC	WS	U	R	F	A	Y		
Grief and Loss	recurring		X				X			X		16	RN: Mental Health, Education (BI Self Understanding)
The Mindful Brain	recurring		X				X			X		11	RN: Mental Health, Personal Support System (Family/Friends)
Adaptive Aquatics	recurring			X			X			X		10	RN: Rec/Leisure, Personal Support System (Family/Friends)
Needlework	recurring		X				X			X		5	RN: Personal Support System (Family/Friends)
Financial Health Workshop	recurring		X				X			X		4	RN: Education (Other)
Art Workshop for Youth with a Brain Injury	recurring		X				X				X	3	RN: Rec/Leisure, Personal Support System (Family/Friends)
Cooking Matters for Adults	closed series		X				X			X		2	RN: Food/Nutrition SM: Scheduling/Planning (Meal Planning)
Improv Group	closed series		X				X			X		1	RN: Personal Support System (Family/Friends)
Brain Injury Basics	one-time	X	X	X	X	X	X	X		X		12	RN: Education (BI Self Understanding)
Assistive Technology Basics	one-time			X			X			X		1	RN: Technology (Training) SM: Scheduling/Planning (Using a Calendar)

Table 1 - Class & Workshop Topics by Type, Region, County Designation, Age, Frequency and Related RN or SM Goals Categories

Class and Workshop Topics	Type	Region CM = Central Mountain DM = Denver Metro NC = Northern Colorado SC = Southern Colorado WS = Western Slope					County Designation U = Urban R = Rural F = Frontier			Age A = Adult Y = Youth		# of times offered	Related Resource Navigation (RN) and/or Self-management (SM) Goal(s)
		CM	DM	NC	SC	WS	U	R	F	A	Y		
Education Workshop for Parents of Youth with a Brain Injury	one-time			X			X				X	1	RN: Education (Pre-K – 12), Education (BI Self Understanding)
Energy Conservation Workshop	one-time		X				X			X		1	RN: Education (Other)
Financial Literacy	one-time		X				X			X		1	RN: Education (Other)
Medicaid to Medicare Transition	one-time		X				X			X		1	RN: Health Insurance/Long Term Care
Medicare 101	one-time		X				X			X		1	RN: Health Insurance/Long Term Care
Neuropsychology 101	one-time			X			X			X		1	RN: Education (BI Self Understanding), Mental Health
Parent Workshop	one-time	X	X	X	X	X	X	X	X		X	1	RN: Personal Support System (Professionals), Education (Pre-K – 12)
Public Safety Talk	one-time		X				X			X		1	RN: Personal Support System (Professionals)
Smart Shopping: Stretching Your Food Dollars	one-time		X				X			X		1	RN: Food/Nutrition SM: Scheduling/Planning (Meal Planning)

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. 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*.

Table 3 summarizes attendance, the survey schedule, and the response rate per class or workshop.

Table 3 - Class & Workshop Attendance, Survey Schedule, and Response Rate by Class/Workshop

Classes and Workshops Names	Survey Date(s)	# of Total Attendees (N)	# of Attendees on survey date(s)	# of Survey Responses (n)	Response Rate
Adaptive Aquatics	05/22/2019	6	3	3	100%
Adaptive Yoga - Ft. Collins	10/31/2018	11	6	6	100%
	05/22/2019		3	3	
Adaptive Yoga - Grand Junction	3/20/2019	3	0	0	n/a
Art Class - Colorado Springs	10/09/2018	22	4	4	100%
	12/11/2018		8	8	100%
	04/09/2019		7	4	57%
Art Class - Denver	09/25/2018	42	8	5	63%
	12/11/2018		9	9	100%
	03/26/2019		6	6	100%
	06/25/2019		7	2	29%
Art Workshop for Youth with a Brain Injury	05/19/2019	2	1	0	0%
Assistive Technology Basics	7/12/2018	3	3	3	100%
Brain Injury Basics - Colorado Springs	1/28/2018	0	0	0	n/a
Brain Injury Basics - Denver - English	10/8/2018	21	6	4	67%
	12/19/2018		5	4	80%
	02/25/2019		10	7	70%

Table 3 - Class & Workshop Attendance, Survey Schedule, and Response Rate by Class/Workshop

Classes and Workshops Names	Survey Date(s)	# of Total Attendees (N)	# of Attendees on survey date(s)	# of Survey Responses (n)	Response Rate
Brain Injury Basics - Denver- Spanish	01/28/2019	1	1	0	0%
Brain Injury Basics - Durango	06/19/2019	6	6	6	100%
Brain Injury Basics - Firestone	3/26/2019	2	2	2	100%
Brain Injury Basics - Grand Junction	08/14/2018	3	3	3	100%
Brain Injury Basics - Greeley	11/30/2018	2	2	2	100%
Brain Injury Basics - Pueblo	9/27/2018	9	9	7	78%
Brain Injury Basics - Vail	05/29/2019	7	7	6	86%
Cooking Matters for Adults	08/10/2018 06/24/2019	26	8 12	8 11	100% 92%
Education Workshop for Parents of Youth with a Brain Injury	12/12/2018	2	2	1	50%
Energy Conservation Workshop	10/25/2018	1	1	1	100%
Financial Health Workshop	12/20/2018	4	4	4	100%
Financial Literacy	06/21/2019	7	7	2	29%
Grief & Loss	12/12/2018 06/12/2019	14	4 4	3 3	75% 75%

Table 3 - Class & Workshop Attendance, Survey Schedule, and Response Rate by Class/Workshop

Classes and Workshops Names	Survey Date(s)	# of Total Attendees (N)	# of Attendees on survey date(s)	# of Survey Responses (n)	Response Rate
Improv Group	12/10/2018	4	3	3	100%
Medicaid to Medicare Transition	7/23/2018	2	2	0	0%
Medicare 101	7/11/2018	1	1	1	100%
Music Therapy - Colorado Springs	9/6/2019	4	n/a	n/a	n/a
Music Therapy - Denver	12/13/2018	31	7	5	72%
Needlework		7	n/a	n/a	n/a
Neuropsychology 101	08/24/2018	7	6	6	86%
Parent Workshop	04/10/2019	6	6	2	33%
Public Safety Talk	11/15/2018	1	1	0	0%
Smart Shopping: Stretching Your Food Dollars	1/25/2019	8	8	8	100%
The Mindful Brain	12/4/2018 06/04/2019	22	7 7	1 6	14% 86%

Results

Key findings from the survey are as follows:

Across all classes and workshops, on a scale of 1 to 10, with 1 being "not at all satisfied" and 10 being "completely satisfied", the average rating for...

- o the **instructor/facilitator** was 9.6 (median = 10)
- o the **class/workshop content** was 9.5 (median = 10)
- o the **sign-up/registration process** was 9.4 (median = 10)
- o the respondent's **overall experience** was 9.6 (median = 10) (*Figure 74*)
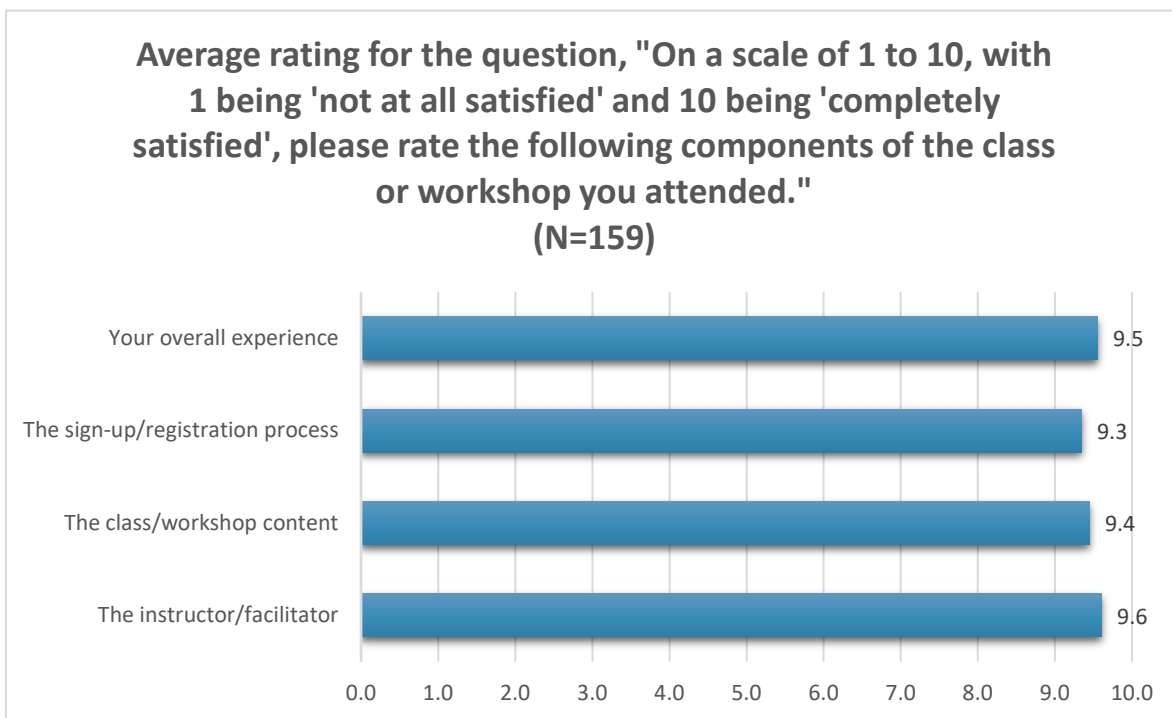
Figure 74 - C&W Satisfaction Survey Question - "Average rating for the question, "On a scale of 1 to 10, with 1 being 'not at all satisfied' and 10 being 'completely satisfied', please rate the following components of the class or workshop you attended."

When asked if the physical space was inviting for people with brain injuries, 79% (129) indicated "yes", 13% (21) indicated "somewhat", and 3% (5) indicated "no"; 5% (8) did not respond. Those that found the space somewhat, or not inviting, mentioned reasons like room size being too small for the amount of people in attendance and noise or light levels being too high or bright at times. Those who found the space inviting often mentioned appropriate lighting levels, adequate space, and friendly, welcoming people (*Figure 75*).
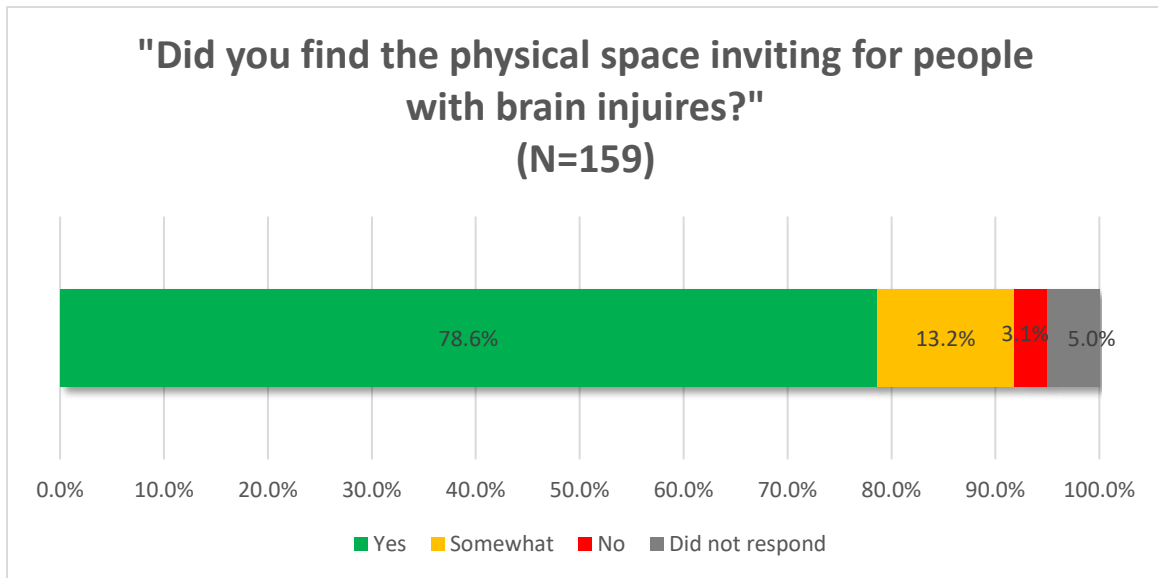
Figure 75 - C&W Satisfaction Survey Question - "Did you find the physical space inviting for people with brain injuries?"

When asked if they would recommend the class or workshop to others, 95% (155) said "yes", and 1% (1) indicated "maybe"; 4% (7) did not respond. Of those that said "yes", many indicated 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 (*Figure 76*).
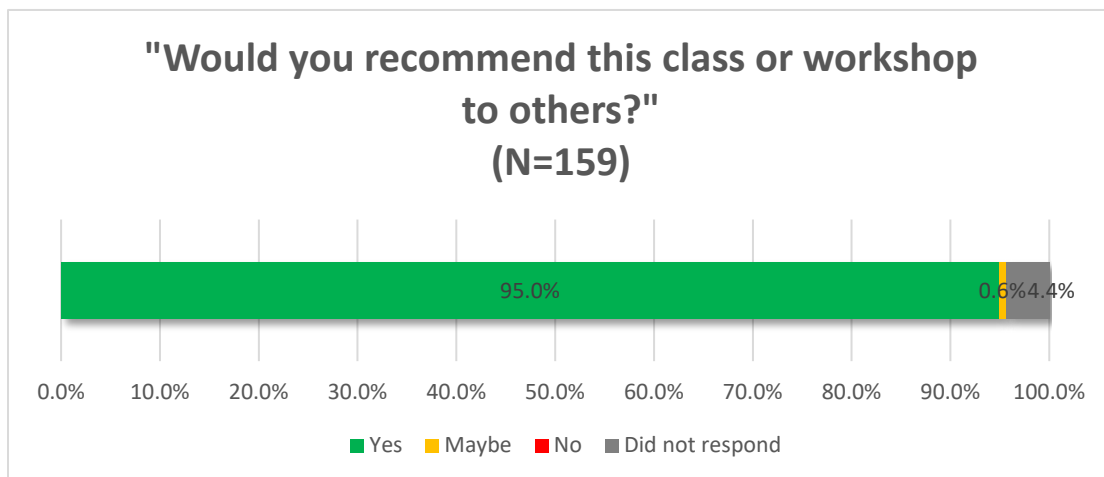
Figure 76 - C&W Satisfaction Survey Question - "Would you recommend this class or workshop to others?"

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 Brain Injury Basics class said "some of us are so immersed or overwhelmed with living this everyday maybe include a positive example, breathing, meditation" which the coordinator plans to respond to by incorporating a breathing exercise into the workshop material about reducing stress). 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 (Adaptive Yoga – Grand Junction, Brain Injury Basics – Colorado Springs, Needlework). These instances are difficult to predict and are irregular, meaning that steps may need to be taken retrospectively to solicit input in the future. One example of how to do this could be sending out the survey by email or mail to all persons that participated in at least one class after the last scheduled or cancelled class or workshop date.

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

"*Stretching and yoga movements help with my mobility as a whole*" – Adaptive Yoga – Fort Collins participant

"*Helps emotional ability and hand/brain conversation*" – Art Class – Colorado Springs participant

"*I found validation with what I'm going through*" – Brain Injury Basics participant

"*Really helped me as a TBI survivor to prepare to take neuropsychological evaluation and apply for disability*" – Neuropsychology 101 participant

"*Strategies for managing stress/pain*" – The Mindful Brain participant

Key Accomplishments

- Classes and workshops were offered in all five regions of the state.
- Our first statewide workshop was offered via live webinar -- the Parent Workshop.
- New partnerships with class/workshop facilitators were formed to offer new closed series and recurring classes such as Adaptive Aquatics, Art Class in Colorado Springs, Improv Group, and Music Therapy in Colorado Springs.
- BIAC's Brain Injury Advisors used their unique expertise and skills to develop a new workshop, Smart Shopping: Stretching Your Food Dollars.
- BIAC renovated part of the Denver office classroom to enlarge the space in response to feedback about it being too small, overcrowded, and limiting in terms of how many people could attend events and what types of activities could take place.

Goals for FY20

In FY20, BIAC will pilot "traveling programs." Classes and Workshops will collaborate with Client and Professional Programs staff to travel to different regions of the state to offer a full day of workshops for survivors plus an outreach opportunity for professionals. The benefits of this pilot include:

- survivors having the opportunity to engage with other BIAC staff (outside of the staff who serve their region)
- survivors having the opportunity to participate in multiple BIAC offerings while only needing one round trip of transportation
- BIAC staff being able to network with professionals in other regions of the state, which might open doors for more classes and workshops in the future

BIAC will also pilot a second location for The Mindful Brain. It is currently scheduled to be offered in Arvada, as well as in Denver, in August, October, and December of 2019. This pilot came about after a community partner noted that mutual clients who reside northwest of Denver were having transportation issues with getting to the BIAC office in Denver for classes and workshops. The pilot will be held at the community partner's location (free of charge) and with the same facilitator that runs the class in Denver. Satisfaction survey results and attendance will be considered when determining if this class will continue after the pilot.

Lastly, it is an ongoing goal to solicit meaningful feedback from clients across program areas and service offerings. As such, BIAC 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 offering incentives, 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.

Administration

Activities

Staffing

Based on other grants and initiatives, MINDSOURCE increased its budget line for client programs staffing such that BIAC was able to increase the number of MINDSOURCE-funded positions in FY19 from 18 to 22 (20.2 FTE). 21 positions were fully funded by MINDSOURCE (20.0 FTE) and one position was partially funded by MINDSOURCE (.2 FTE). MINDSOURCE-funded positions comprised 67% of BIAC's total staff and 77% of BIAC's total FTE.

In FY19 the following changes in staffing were made to better meet the needs of our clients in terms of type/intensity of support needed and geographic location:

- Split the Central Mountain/Western Slope region into two regions - Central Mountain region and Western Slope region (*Figure 5, pg. 15*)
- Increased coverage in the Southern region from one (1.0 FTE) to two (2.0 FTE) employees
- Increased coverage in the Western Slope region by adding one new employee (0.5 FTE)
- Increased coverage in the Northern region from .75 FTE to 1.0 FTE
- Client support staff changed from two program assistants (2.0 FTE), three phone-based case managers (3.0 FTE), four in-person case managers (4.0 FTE), and five blended (phone and in-person) case managers (5.0 FTE) to four phone-based brain injury resource navigators (4.0 FTE), four in-person brain injury resource navigators (4.0 FTE), five brain injury advisors (5.0 FTE), and three in-person brain injury resource navigators and advisors (2.0 FTE)

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 the FY19, all eligible employees that were not yet certified completed 16 hours of training led by BIAC's Past President of the Board of Directors and current MINDSOURCE Board President, Cheryl Catsoulis with The Journey, 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, 14 employees maintained their CBIS certifications, seven employees received their CBIS certification, and two employees were not yet eligible for certification; 100% of eligible staff requiring certification are certified. Also during FY19, BIAC's Director of Professional Programs, Liz Gerdeman, 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 4* summarizes those required of all client-facing MINDSOURCE positions in FY19:

Table 4 - Summary of BIAC-required Training and Professional Development Activities

Type	Topic(s)	Hours
training	- Self-management Program Implementation (4 hrs) - Brain Injury 101 - Adults, Youth, Corrections (2.5 hrs) - Criminal Justice (3 hrs) - Assessing Clients for Self-harm (1 hr) - Person-centered Planning (4 hrs) - Cultural Competency - LGBT Clients (4.5 hrs) - Mental Health First Aid (8 hrs, new employees only) - Safety Policies and Procedures for Home Visits (2hrs) - Overview of Centers for Independent Living (2 hrs)	31.00
conference	BIAC's Professional Conference (10 hrs)	10.00
tour	- St. Francis Center (1 hr, region-specific employees only) - Brain Care (1.25 hrs, region-specific employees only)	2.25
Total		**43.25**

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 presentations, lunch and learns, wellness and self-care activities, in-services, networking events, trainings, and conferences. The topics of focus were similarly diverse and included, but were not limited to: cultural competency, transportation, substance abuse/addiction, housing and homelessness, brain injury and behavioral health, trauma-informed care, and benefits navigation.

In sum, MINDSOURCE-funded employees completed 1,535 hours of training and professional development during the year which breaks down to an average of 78 hours per FTE.

Budget

Table 5 - MINDSOURCE Budget vs Actuals FY 2018-2019 Summary

INCOME	Budget	% of Total Budget	Actual	Over/Under Budget	% of Line Budget Spent
TOTAL INCOME	$1,413,317.95	100%	$1,369,945.69	-$43,372.26	96.93%

EXPENSES	Budget	% of Total Budget	Actual	Over/Under Budget	% of Line Budget Spent	NOTES
PROGRAM EXPENSE	$13,950.00	0.99%	$10,751.60	-$3,198.40	77.07%	Support Groups & ACBIS Training
EVENT EXPENSES	$7,889.51	0.56%	$7,764.05	-$125.46	98.41%	Classes & Workshops
PROG MARKETING AND ADVERTISING	$13,425.00	0.95%	$11,517.68	-$1,907.32	85.79%	Website, printing, newsletter
PROGRAM EXPENSE - OTHER	$7,000.00	0.50%	$1,220.31	-$5,779.69	17.43%	Translation Services
SALARIES & WAGES	$995,221.43	70.42%	$970,801.66	-$24,419.77	97.55%	Personnel costs
PAYROLL TAXES & BENEFITS	$194,827.66	13.79%	$194,821.49	-$6.17	100.00%	Personnel costs
OTHER EMPLOYEE EXPENSES	$16,850.00	1.19%	$16,670.56	-$179.44	98.94%	Training, lodging, meals, hiring
OCCUPANCY EXPENSES	$61,000.00	4.32%	$56,172.83	-$4,827.17	92.09%	Rent
OFFICE EXPENSES	$46,819.35	3.31%	$45,034.02	-$1,785.33	96.19%	Supplies, Subscriptions, Internet, Phone, Postage, IT hardware, copier
CONTRACT & PROFESSIONAL SERVICE	$20,660.00	1.46%	$15,908.20	-$4,751.80	77.00%	Accounting, Payroll admin, Database
TRANSPORTATION	$35,675.00	2.52%	$36,304.32	$629.32	101.76%	Mileage, parking, travel
INSURANCE	$0.00	0.00%	$2,983.40	$2,983.40	N/A	Liability insurance
TOTAL EXPENSES	$1,413,317.95	100%	$1,369,950.12	-$43,367.83	96.93%	

The total budget for FY 18/19 was $1,413,317.95. This included all personnel costs as well as operating expenses. This figure included a 3.6% Cost of Living increase from FY 17/18 on salaries. At the end of the fiscal year BIAC had been reimbursed $1,369,945.69 which is a difference of $43,367 or 96.93% of the total budget.

In partnership with MINDSOURCE and the Division of Probation within the State Court Administrator's Office, BIAC helped to facilitate a pilot program targeted at individuals involved in probation with comorbid brain injury, complex behavioral health conditions and criminal involvement. The pilot sought to increase the identification of brain injury, increase the capacity of the criminal justice system to support these individuals and to connect them to community-based brain injury case management and skill building supports. An additional $450,000 was appropriated to MINDSOURCE that funded this Probation Pilot Program.

Key Accomplishments

- Staffing coverage expanded in the Western Slope, Central Mountains, Northern and Southern regions.
- 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 FY20

Staffing

No changes planned for FY20.

Training and Professional Development

Oversight and reporting on the tracking and monitoring of training and professional development activities will move from the Deputy Director of Client Programs to the BIAC-funded Director of Human Resources, increasing the capacity of the Deputy Director for other job responsibilities.

Beginning in FY20, employees will complete an annual Development Plan with support from their supervisor to identify specific training and professional development goals and objectives to focus on for the year. This process is intended to further foster employee engagement and retention by drawing some focus toward short- and long-term strategic growth opportunities for each employee.

The Director of Professional programs will begin leading ACBIS training to CBIS candidates, both internal and external, at least once annually.

Budget

The budget for FY20 is the same as the current FY19 budget. This is a change from previous years of this contract, where a 3.6% Cost of Living Adjustment (COLA) was added to each previous year's 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 (ie. 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)	Cari's work, IEP Support, help finding school supplies, GED support	elementary school, high school, pre school, 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,	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
		food banks, 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 would be

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
			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	

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
		requirements, divorce, estate 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, (ie. 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	

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
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 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 (ie 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,	finding food, cooking food, improving nutrition, developing healthier eating habits

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
		personal hygiene and grooming, dressing, toilet hygiene, functional mobility/walking, self-feeding	(see Food & Nutrition)
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
Education (BI Self Understanding)	1	6	47	54	**2.7%**
Education (Continuing Education)			7	7	**0.4%**
Education (Higher Education)			6	6	**0.3%**
Education (Other)	1		14	15	**0.8%**
Education (Pre-K -12)			6	6	**0.3%**
Employment (Accommodations)			7	7	**0.4%**
Employment (Job Search / Modification / Maintenance / Development)		3	53	56	**2.8%**
Employment (Other)			11	11	**0.6%**
Financial	6	9	215	230	**11.5%**
Food / Nutrition	1		34	35	**1.8%**
Goal Development	3	5	127	135	**6.8%**
Health Insurance/Long Term Care	3	1	118	122	**6.1%**
Home (Furniture & Housewares)			9	9	**0.5%**
Home (Organization)		1	6	7	**0.4%**
Home (Other)		1	8	9	**0.5%**
Home (Repair / Modification / Maintenance)			11	11	**0.6%**
Housing (Financial Assistance)			20	20	**1.0%**
Housing (Other)		1	28	29	**1.5%**
Housing (Search)		7	115	122	**6.1%**

Appendix B: Resource Navigation Goal Categories by County Designation

Goal Category	Frontier	Rural	Urban	Grand Total	% of all Goal categories
Housing (Stability)			16	16	0.8%
Legal (Complaints / Appeals)	1	4	34	39	2.0%
Legal (Family / Guardianship / POA)			21	21	1.1%
Legal (Other)		1	86	87	4.4%
Medication	1		6	7	0.4%
Mental Health		6	143	149	7.5%
Paperwork	1		38	39	2.0%
Personal Support System (Family / Friends)			6	6	0.3%
Personal Support System (Professionals)		12	237	249	12.5%
Personal Support System (Service Animal / Pet)		1	6	7	0.4%
Personal Support System (Support Groups)		9	124	133	6.7%
Physical Health (Dental)	1		9	10	0.5%
Physical Health (Other)	1	5	19	25	1.3%
Physical Health (PCP / Specialist)	2	6	121	129	6.5%
Physical Health (Vision)		2	11	13	0.7%
Rec/Leisure	1	2	20	23	1.2%
Self Care / Daily Routine			9	9	0.5%
Substance Use			4	4	0.2%
Technology (Acquisition)			14	14	0.7%
Technology (Other)			9	9	0.5%

Appendix B: Resource Navigation Goal Categories by County Designation

Goal Category	Frontier	Rural	Urban	Grand Total	% of all Goal categories
Technology (Setup / Troubleshooting)	1		16	17	**0.9%**
Technology (Training)			7	7	**0.4%**
Transportation		4	41	45	**2.3%**
Volunteering		1	3	4	**0.2%**
Other			43	43	**2.2%**
Grand Total	**24**	**87**	**1885**	**1996**	
% of Goals across all county designations	**1.2%**	**4.4%**	**94.4%**		

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)	41	5	1	2	5	54	**2.7%**
Education (Continuing Education)	5	1			1	7	**0.4%**
Education (Higher Education)	6					6	**0.3%**
Education (Other)	10	2		1	2	15	**0.8%**
Education (Pre-K -12)	6					6	**0.3%**
Employment (Accommodations)	6	1				7	**0.4%**
Employment (Job Search / Modification / Maintenance / Development)	39	9	3	3	2	56	**2.8%**
Employment (Other)	8	3				11	**0.6%**
Financial	172	46	3	2	7	230	**11.5%**
Food / Nutrition	30	5				35	**1.8%**
Goal Development	88	39	4		4	135	**6.8%**
Health Insurance/Long Term Care	103	11	1	2	5	122	**6.1%**
Home (Furniture & Housewares)	6	2			1	9	**0.5%**
Home (Organization)	4	1		1	1	7	**0.4%**
Home (Other)	8			1		9	**0.5%**
Home (Repair / Modification / Maintenance)	6	1		1	3	11	**0.6%**
Housing (Financial Assistance)	19				1	20	**1.0%**
Housing (Other)	23	5		1		29	**1.5%**
Housing (Search)	98	7	6	6	5	122	**6.1%**
Housing (Stability)	16					16	**0.8%**

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)	26	8	1	3	1	39	2.0%
Legal (Family / Guardianship / POA)	18	1	1		1	21	1.1%
Legal (Other)	64	15	1	4	3	87	4.4%
Medication	5			1	1	7	0.4%
Mental Health	110	13	3	10	13	149	7.5%
Paperwork	32	5			2	39	2.0%
Personal Support System (Family / Friends)	6					6	0.3%
Personal Support System (Professionals)	188	21	13	6	21	249	12.5%
Personal Support System (Service Animal / Pet)	5	1	1			7	0.4%
Personal Support System (Support Groups)	94	18	4	6	11	133	6.7%
Physical Health (Dental)	8	1			1	10	0.5%
Physical Health (Other)	15	5	3	1	1	25	1.3%
Physical Health (PCP / Specialist)	97	8	7	11	6	129	6.5%
Physical Health (Vision)	9	1	2	1		13	0.7%
Rec/Leisure	17	3		1	2	23	1.2%
Self Care / Daily Routine	5	3			1	9	0.5%
Substance Use	4					4	0.2%
Technology (Acquisition)	13	1				14	0.7%
Technology (Other)	7				2	9	0.5%
Technology (Setup / Troubleshooting)	14	3				17	0.9%
Technology (Training)	5	2				7	0.4%
Transportation	36	5	2		2	45	2.3%

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	3		1			4	0.2%
Other	38	3			2	43	2.2%
Grand Total	**1513**	**255**	**57**	**64**	**107**	**1996**	
% of Goals across all regions	**75.8%**	**12.8%**	**2.9%**	**3.2%**	**5.4%**		

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

Please continue to next page...

3

97

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

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

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.

4

Brain Injury Alliance — COLORADO

BIAC's Self Management Program Satisfaction Survey (TBI) 2018-2019

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!

1

BIAC's Self Management Program Satisfaction Survey (TBI) 2018-2019

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

* 1. 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:

2

100

* 2. Which of the words below would you use to describe BIAC's self management program? <u>Select all that apply.</u>

☐ 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 your brain injury advisor? <u>Select all that apply.</u>

☐ encouraging

☐ caring

☐ good listener

☐ knowledgeable

☐ creative

☐ discouraging

☐ uncaring

☐ poor listener

☐ unknowledgeable

☐ uncreative

☐ Other (please specify)

```
[                                    ]
```

3

* 4. 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:

---

* 5. 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:

* 6. 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:

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* 7. 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

* 8. 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.

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BIAC's Self Management Program Satisfaction Survey (TBI) 2018-2019

* 9. 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	○	○	○	○	○
self-assessment of weaknesses	○	○	○	○	○
relationship mapping	○	○	○	○	○
development of strategies for building specific skills	○	○	○	○	○
development of goal attainment scales	○	○	○	○	○
regular meetings with a brain injury advisor	○	○	○	○	○
regular homework assignments between meetings with brain injury advisor	○	○	○	○	○
development of a transition plan	○	○	○	○	○

Optional Comment:

7

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

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

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

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

8

* 14. 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:

[ ]

15. 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.

[ ]

* 16. 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

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.

* 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:

1

107

* 2. Which of the words below would you use to describe BIAC's education consultation services? <u>Select all that apply.</u>

☐ 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? <u>Select all that apply.</u>

☐ 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:

[ ]

4

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.

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```

* 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

Brain Injury Alliance
COLORADO

Classes and Workshops Survey (Jan-Jun 2019)

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	○	○	○	○	○	○	○	○	○	○	○
The class/workshop content	○	○	○	○	○	○	○	○	○	○	○
The sign-up/registration process	○	○	○	○	○	○	○	○	○	○	○
Your overall experience	○	○	○	○	○	○	○	○	○	○	○

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

1

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: FY19 Reporting Table

Classes and Workshops	Resource Navigation	Self Management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development
Monthly					

● none	● Total # of clients who opened at least one case in previous month
	  ○ # and % first-time
	  ○ # and % youth
	  ○ # and % adults
	● Total # of cases opened in previous month
	● Total # of cases closed in previous month
		● Total # of applications received in previous month
		  ○ # and % approved
		  ○ # and % denied
		  ○ # and % pending
		● Total # of clients starting self-mgmt in previous month
		  ○ # 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
		  ○ # by region
			● Total # of clients referred for Ed. Cons. in previous month
			  ○ # and % eligible
			  ○ # and % ineligible
			  ○ # and % pending
			● Total # of clients who opened at least one Ed. Cons. case in previous month
			  ○ # and % first-time
			● Total # of Ed. Cons. cases opened in previous month
			● Total # of Ed. Cons. cases closed in previous month
				● Total # of JAG/JBC target site referrals received
				  ○ % by referral source type (JAG vs JBC target sites)
				● Total # of JAG/JBC outreach activities & trainings delivered
				  ○ Amount of time spent
				  ○ # of attendees
				  ○ By target site
					none

Quarterly					
none	none	none	none	none	none

Appendix I: FY19 Reporting Table

Classes and Workshops	Resource Navigation	Self Management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development
Semi-annually					

• Total # of classes and workshops offered in previous six months
   ○ # 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 six months
   ○ Avg. # of attendees per class/workshop
	• Total # of clients who closed at least one case in the previous six months
	   ○ # 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
	   ○ # 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 (total received/texts sent)
	• Total # of goals created in cases closed in the previous six months
	   ○ # and % by goal type
	   ○ # and % by status (closed or achieved)
		• Total # of clients who ended self-mgmt in the previous six months
		   ○ # 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
		   ○ # and % by func. Task type
		   ○ Avg goal attainment score change (from baseline to completion)
		   ○ Avg. perception of confidence score change (from baseline to completion)
		• Satisfaction survey results
		• Satisfaction survey response rate
		• # of appeals or grievances in the previous six months
		   ○ By type
			• Total # of clients receiving Ed. Cons. who closed at least one case in the previous six months
			   ○ # 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
			   ○ # 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
			   ○ # and % by goal type
			   ○ # and % by status
				• Total # of referrals received
				   ○ % 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
				   ○ % by JBC, JAG
				• Total # of outreach activities & trainings delivered
				   ○ Amount of time spent
				   ○ # of attendees
				   ○ % new
				   ○ By region and geography
				   ○ By organization type
				• Total # of new Resource Directory entries
				   ○ % by referral source type
					none

Classes and Workshops	Resource Navigation	Self Management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development
	• # of appeals or grievances in the previous six months 　○ By type		(closed or achieved • # of appeals or grievances in the previous six months 　○ By type		
Annually					
• Total # of classes and workshops offered in previous twelve months 　○ # 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 six months 　○ Avg. # of attendees per class	• Total # of clients who opened at least one case in the previous twelve months 　○ # and % first-time 　○ # and % youth 　○ # and % adults • Total # of clients who closed at least one case in the previous twelve months 　○ # 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 　　■ By geog. 　　■ By region 　○ avg # of goals per client 　　■ By geog. 　　■ By region 　○ # and % who accessed in-person support 　　■ By geog. 　　■ By region 　○ Satisfaction survey results 　　■ By geog.	• Total # of applications received in previous twelve months 　○ # 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 　○ # 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 　○ # by region 　○ # By geog. • Avg length of time spent on waitlist before starting self-mgmt on last day of previous twelve months 　○ By region 　○ By geog. • Total # of clients ending self-mgmt in the previous twelve	• Total # of clients referred for Ed. Cons. in previous twelve months 　○ # and % eligible 　○ # and % ineligible 　○ # and % pending • Total # of clients who opened at least one Ed. Cons. case in previous 12 months 　○ # and % first-time • Total # of Ed. Cons. cases opened in previous twelve months • Total # of Ed. Cons. cases closed in previous twelve months • Total # of clients receiving Ed. Cons. who closed at least one case in the previous twelve months 　○ # 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 　　■ By geog. 　　■ By region 　○ avg # of goals per	• Total # of referrals received 　○ % by referral source type • Total # of outreach activities & trainings delivered 　○ Amount of time spent 　○ # of attendees 　○ % new 　○ By region and geography 　○ By organization type • Total # of new Resource Directory entries 　○ % by type • BIPN Overview (locations, meeting summary, attendee info, annual survey results) • Audience Response Data • Testimonials	• Staff Training & Professional Development 　○ Avg. # of trainings attended per staff member 　○ # of staff member that are ACBIS certified 　○ Avg. # of CE credits acquired per staff member

Appendix I: FY19 Reporting Table

Classes and Workshops	Resource Navigation	Self Management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development

	■ By region
	○ Satisfaction survey response rate (total received/texts sent)
	  ■ By geog.
	  ■ By region
	● Total # of cases opened in the previous twelve months
	○ By geog.
	○ By region
	● Total # of cases closed in the previous twelve months
	○ By geog.
	○ By region
	○ # and % by area of need
	  ■ By geog.
	  ■ By region
	○ Avg # of goals per case
	  ■ By geog.
	  ■ By region
	○ Avg length of time from case creation to case closure
	  ■ By geog.
	  ■ By region
	
	Injury "Landscape"
	
	● Total # of reported brain injuries
	○ # 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
		months
		○ # 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
		  ■ By geog.
		  ■ By region
		○ # and % By func. task
		  ■ By geog.
		  ■ By region
		○ Avg goal attainment score change (from baseline to completion) By func. task
		  ■ By geog.
		  ■ By region
		○ Avg. perception of confidence score change (from baseline to completion)
		  ■ By geog.
		  ■ By region
		○ Avg. time 1 perception of confidence score
		  ■ By func. task
		  ■ By geog.
		  ■ By region
		○ Avg. time 2 perception of confidence score
			client
			  ■ By geog.
			  ■ By region
			○ Parent/family satisfaction survey results
			  ■ By geog.
			  ■ By region
			○ Parent/family satisfaction survey response rate (total received/texts sent)
			  ■ By geog.
			  ■ By region
			● Total # of cases closed in the previous six months
			○ By geog.
			○ By region
			○ # and % by area of need
			  ■ By geog.
			  ■ By region
			○ Avg # of goals per case
			  ■ By geog.
			  ■ By region
			○ Avg length of time from case creation to case closure
			  ■ By geog.
			  ■ By region
			
			Injury "Landscape"
			
			● Total # of reported brain injuries
			○ # 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		

Appendix I: FY19 Reporting Table

Classes and Workshops	Resource Navigation	Self Management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development
		■ By func. task ■ By geog. ■ By region ○ Satisfaction survey results 　■ By geog. 　■ By region ○ Satisfaction survey response rate 　■ By geog. 　■ By region **Injury "Landscape"** ● Total # of reported brain injuries 　○ # 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	or more brain injuries		