

MINDSOURCE Client Services Logic Model

The Situation (The Why):

- More than 500,000 Coloradans of all ages are living with long-term disabilities and a brain injury (BI).
- Colorado's infrastructure to support people living with BI is complex and difficult to navigate.
- Many children and adults go undiagnosed and untreated because BI is a non-apparent disability and manifests with great variability (e.g. mild brain injury/concussion, moderate brain injury, severe brain injury, closed versus open head injury, non-traumatic and traumatic brain injury).
- The chronicity of BIs requires long-term support of various types at various times, especially during life transitions/events (pre-school to school-aged students to entry into adulthood, vocational issues, middle age, and geriatrics)

External Factors (What is Out of Our Control):

- Colorado Department of Human Services and/or MINDSOURCE leadership or organizational changes
- High prevalence of brain injuries
- COVID-19 and Safer-at-Home policies
- Increasing awareness and understanding around the effects of BI and the services available creates a greater demand when the capacity for providing high quality care is already limited
- Finite financial resources that make intensive case management challenging
- Community resources and needs vary greatly across the state
- Continuity of care challenges
- Lack of community awareness and understanding, including about MINDSOURCE, and political will
- Lack of education about BI

Assumptions (Our Underlying Beliefs):

- Funding will continue albeit with significant negative impact due to the dependence on revenue generation from surcharges on various motor vehicle safety convictions and the impacts of COVID-19 on budgets in the immediate future.
- People affected by BI benefit from services that support them in exploring their options, learning skills, making informed choices, building their networks, and accessing services.
- Client Services' logic model can be applied throughout the lifespan, with the focus being on the person with the BI and/or their caregivers.
- A dearth of highly qualified providers exists, particularly in more rural areas of the state.

Guiding Principles (The How):

The relationship is paramount

- Appreciating the social determinants of health (basic needs, such as food, shelter, transportation) first and foremost as applicable to the individual
- Creating a safe place to be vulnerable and reclaim their uniqueness and power
- Embodying a person-centered approach by focusing on what's important TO them, not FOR them

- Providing guidance on information/resources and facilitating skill-building to navigate the complex web of systems that exist to support people with BIs as a means to supporting autonomy and agency, advancing the freedom and encouragement sought by people affected by BI
- Supporting people affected by BI in understanding that episodic services may be necessary over an entire lifespan (not a one and done approach)

Figure 1.1 Logic Model

Client Service Activities	Outputs	Outcomes		
		Short-term	Medium-term	Long-term
With Clients:				
<p>Start with a strengths-based, holistic assessment of presenting issue's root causes and identification of meaningful life goals to:</p> <p>1) Support accessing resources</p> <p>2) Educate about BI basics, myths, and resources</p> <p>3) Provide guidance to:</p> <ul style="list-style-type: none"> • Set, reflect on, revise, and achieve meaningful goals • Access the right resource at the right time • Learn and apply skills for: <ul style="list-style-type: none"> ○ Executive functioning ○ Communication ○ Social-emotional wellness 	<p>Client-directed plan to attain meaningful life goals that addresses root cause issues through:</p> <p>1) Resource navigation</p> <p>2) Gaining knowledge</p> <p>3) Regular support provided for individual to set and achieve person-centered social, educational, vocational, emotional, and/or therapeutic goals</p>	<p>Feeling heard, seen, and supported</p> <p>Basic needs are met</p> <p>Increased self-awareness Increased understanding of the BI journey</p> <p>Increased connections with family and natural supports and/or supplement with additional supportive services to ensure ability to participate in own care Increased confidence</p>	<p>Satisfaction with plans</p> <p>Crises are averted</p> <p>Client-directed plan includes goals to address gaps given new awareness of BI and self with BI</p> <p>Increased connections with support groups (if desired) Increased self-esteem, resiliency, and</p>	<p>Goals achieved</p> <p>Increased stability:</p> <ul style="list-style-type: none"> • Decreased use of more expensive service systems (e.g. criminal justice, psychiatric hospitals, emergency rooms, human and behavioral health services) • Decreased school suspensions, expulsions, and dropouts <p>Increased connections with workplace, school, and broader society Increased self-efficacy Increased hope, meaning, and balance</p>
With Systems & Communities:				
<p>Advocate for agencies, schools, and communities to understand and increase screening, access, and support for people with BIs</p>	<p>Educate agencies and communities about BI basics, myths, and resources</p>	<p>Increased BI identification and/or correct diagnoses (when applicable) Increased access to services, schools, workplaces, and community organizations for people with BI</p>	<p>Increased effective services Increased integration of people with BI at home, school, work, and community</p>	<p>Increased stability, hope, meaning, and balance Increased creativity, diversity, and inclusivity throughout society Increased efficiency of limited public funds</p>