Annual Report
Fiscal Year 2021

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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 fiscal year (FY) 2020/2021, July 1, 2020, to June 30, 2021 (FY21). It should be noted that although this is the fifth year that BIAC has held the contract with MINDSOURCE, it is the third year of reporting under a new model of service delivery that started on July 1, 2018.

The model divides services into 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 survivors of a traumatic brain injury who want to invest time in improving their skills in specific areas that can be challenging after a brain injury. Clients work one-on-one with an advisor to assess strengths and weaknesses in their life and develop strategies for building specific skills related to communication, scheduling/planning, and prioritization/organization with the goal of greater self-sufficiency. This is a six to nine-month program, and clients meet with their advisor for an average of four hours each month. Upon completion, clients must wait six months before reapplying.

Education Consultation – This program recognizes that children and youth may have challenges in the classroom after a brain injury and that their families may need support navigating the education systems. As such, it provides free, statewide consultation and support services to children and youth, ages 0-21, with a documented brain injury.

Classes and Workshops – These offerings provide group settings for survivors of brain injury throughout the state to learn more about their injuries, acquire tools to mitigate challenges and practice using them. Specific offerings are based on expressed interest by clients and their connection to common areas of need as identified in other program areas.

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

As this report is for the third year of what was a new model of service delivery, BIAC has had two years of baseline data on which to draw comparisons. However, the COVID-19 pandemic and the need to adjust services to keep clients and staff safe have impacted the fidelity of the data for the last 12 months.

COVID-19 Pandemic

During this difficult fiscal year, most services continued to be offered albeit in a modified way due to the COVID-19 pandemic.

In FY21:

Resource Navigation: Resource navigators continued to be available for support from 8:30 a.m.-4 p.m. Monday – Friday through our main line.

Self-management/Skill building program: *The program accepted applications and gave services with modifications throughout the year. The most common modification was that meetings were held virtually.*

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

Classes and Workshops: *Classes were offered remotely.*

Support Groups: *Some groups met via Zoom. Others suspended their meetings for all or some of the year.*

Professional Training: *BIAC used various virtual platforms to meet the needs of the community partners to provide training.*

Recreation Programs: *Recreation programs were suspended all year.*

Education Consultation: *Staff were available for education consultation services through the end of the school year. Many school districts continued to hold 504 and IEP meetings virtually. Our youth services coordinator assisted families with school-related concerns and provided strategies for at-home learning.*

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

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

Data in each program area are commonly aggregated to regions and county designations. These geographic breakdowns provide context in understanding how consistently and equitably services are offered and accessed statewide. *Figure 7* and *Figure 8* are maps that show Colorado counties aggregated into five regions (Denver Metro, Southern, Central Mountain, Western Slope, and Northern) and three county designations (urban, rural, and frontier).

Comparative analysis with FY20 data is included as appropriate throughout this report. This type of analysis will be more valuable beginning in FY21, with FY19 and FY20 data to compare against because there will be sufficient baseline data to illuminate trends over time (which requires at least three data points). The focus in FY19 and FY20 has been on establishing baseline data and implementing process improvements as needed, whereas programmatic improvements are unlikely to be recommended within this contract cycle.

In the new contract, MINDSOURCE identified the data sources to be used for establishing anchor data. BIAC, contracting with Joining Vision and Action (JVA), is working to overlay these sources to identify 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, but it is anticipated to be captured in the next fiscal year's report.

All data and analysis included in this report is derived from the approved Data Reporting Table (*Appendix I: FY21 Reporting* Table*)* developed in collaboration between BIAC and MINDSOURCE at the

start of FY20. Additional analyses may be available upon request to BIAC's vice president of client programs, Kate Kerkmans, Kate@BIAColorado.org.

Outreach

Program Overview

At the beginning of each fiscal year, priorities for outreach are set based on the previous year's annual data. MINDSOURCE and BIAC meet to discuss gaps in regions, demographics, program areas and the ways BIAC can strive to improve outreach. For FY21, BIAC and MINDSOURCE decided on the following goals for outreach:

1: Deliver outreach and training with both in-person and virtual options across the state. The targeted approach included increased outreach to the Regional Accountability Entity (RAE) providers, Centers for Independent Living (CIL), and Division of Vocational Rehabilitation (DVR) as recommended by MINDSOURCE, as well as offering monthly virtual training opportunities for professionals statewide, and increased training on administering screening for brain injury.

Goal 2: Increase participation in the Self-management program by 28%. This goal included the objective of integrating testimonials and survey feedback from previous participants into outreach materials.

Goal 3: Increase participation of individuals that identify as Hispanic, Black, Indigenous, and people of color with brain injury in BIAC programs. This goal is through a targeted effort toward agencies that serve people of color and by delivering culturally competent training.

Goal 4: Increase knowledge gained about BIAC services and referral process during trainings. This goal was created with the intention of using the Audience Response System and polling functions in online training platforms to test pre/post responses.

Goal 5: Support eligible BIAC staff and community professionals in becoming Certified Brain Injury Specialists (CBIS). This was intended to be achieved through CBIS training for internal and external professionals seeking certification and through evaluation of the training effectiveness.

Goal 6: Increase outreach to criminal justice professionals. Maintaining and growing partnerships in judicial districts and targeting additional agencies such as law enforcement, co-responder programs, and victim services.

Outreach & Training

BIAC provides outreach and training to community agencies with the goal of building capacity within professionals who work with clients with brain injury and to solicit referrals to BIAC programs, addressing each of the goals listed in the outreach plan above. The content is designed to provide audience members with a better understanding of brain injury, especially as it relates to individuals with whom they work (example: individuals experiencing homelessness, intimate partner violence or those involved with the justice system). Audience members learn how to recognize and identify brain injury, how it impacts individuals, strategies and accommodations when working with clients with brain injury, and what resources exist for this population. Depending on the organization's level of engagement with clients who may potentially be survivors of a brain injury, training can also include screening tools and a short workshop session on how to administer such tools.

Six eligible BIAC staff members in need of completing training and passing the exam for CBIS status were able to do so, in addition to two external professionals who attended the training sessions and a BIAC proctored exam.

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

Figure 1 - Outreach and Training Activities by Region (n=322)
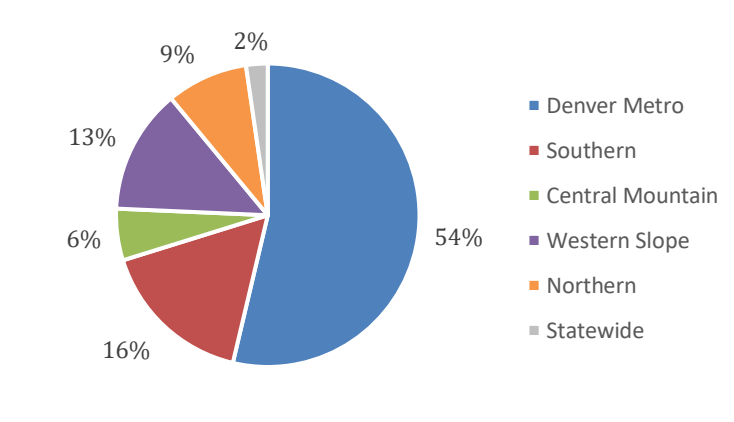
Figure 2 - Outreach and Training Activities by County Designation (n=322)
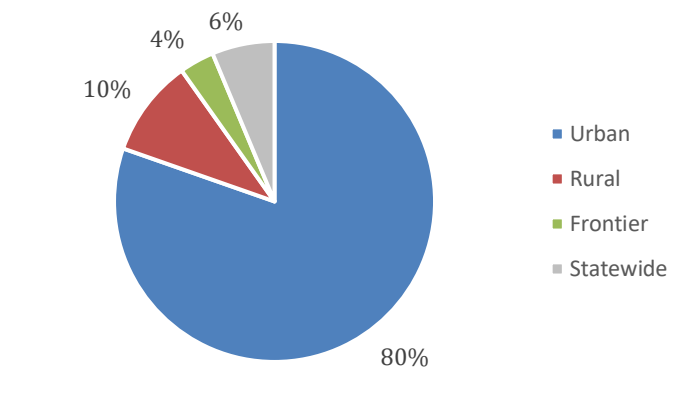
Three hundred and twenty-two outreach activities and trainings took place in FY21, a 45% increase from FY20. However, we saw a decrease in hours spent on outreach activities and number of attendees. Early FY21 still posed many barriers to providing agency-wide, in-depth trainings due to COVID-19. This could explain why fewer audience members attended and less time was spent on delivering the lengthier training curriculum. The decrease in time spent is partly due to efficient utilization of time and lack of travel-related time that was instead used for additional outreach efforts. *Figure 3* displays the breakdown of outreach activities that were delivered to the different organizational sectors. The sectors that received the greatest

amount of outreach were nonprofits and corporate. Due to many hospitals dealing with issues related to COVID-19, the typical outreach activities geared toward hospitals was down 12%. While outreach and training delivery are often reactive to education requests by external professionals, intentional outreach was given to address goals 1, 3, & 6.

Figure 3 - Outreach Training Activities by Organization Type (n=322)
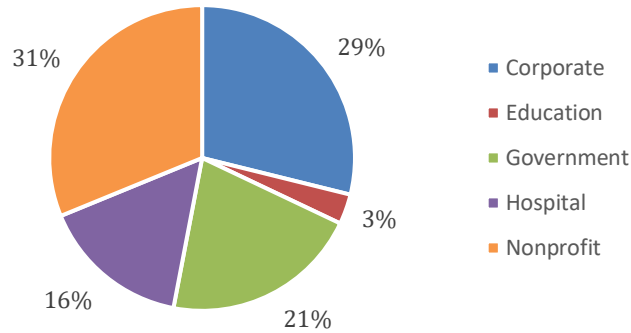
Referrals

Figure 4 shows BIAC received 866 referrals for services, which is a 9% decrease from last year. Referrals come in through faxes, emails, phone calls, social media messages and an online referral form. In a typical year, walk-ins are another way referrals are received. Due to COVID-19 and the necessity to only offer services remotely, this was not an option. Some individuals self-refer, while others are referred by friends, family members, or professionals in the community. In FY21, website/web search was the largest referral source category. This is a 7% increase from FY20. There was a 2% increase in referrals from the Community Agency category, but nearly all referral categories referral percentages went down. This could be attributed to individuals being unable to be engage with services in-person in the community due to COVID-19.[1]

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[1] Referral categories that make up less than 1% of referrals received were not included in this chart. Those categories are: DVR (.2%), Event (.1%), Homeless Service Agency (.9%), School (.7%), and Support Group (.3%).

Figure 4 - Referrals by Type of Referral Source (n=866)

Figure 4 - Referrals by Type of Referral Source (n=866)

Referral Source	Percentage
Other	4.8%
Word of Mouth	7.2%
Mental Health Provider	8.2%
Hospital	9.1%
Medical Provider	12.6%
Community Agency	14.4%
Criminal Justice	18.7%
Website/Web search	22.6%
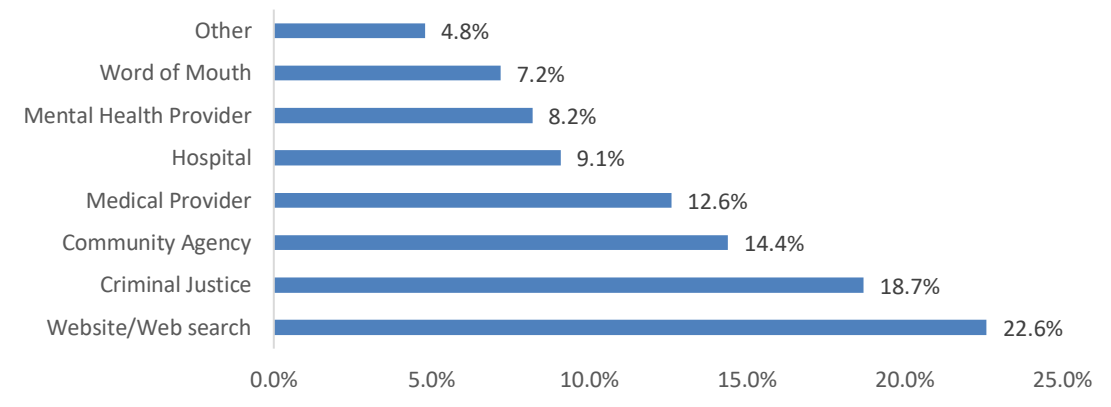
Resource Directory

BIAC maintains an online resource directory with providers listed from around Colorado (and some nationwide) that provide services to individuals with brain injury. Nearly 1,000 entries currently exist in this directory. BIAC staff and those visiting the website can use this directory to navigate resources. During this reporting period, 54 new entries were added to the directory (*Figure 5).*

The number of new entries was like the 55 new entries in FY20. BIAC received additional entries submitted that were not included as they were deemed not appropriate. There was a significant increase in entries in the field of Medical/Rehab.

Figure 5 - New Resource Directory Entries by Type (n=54)
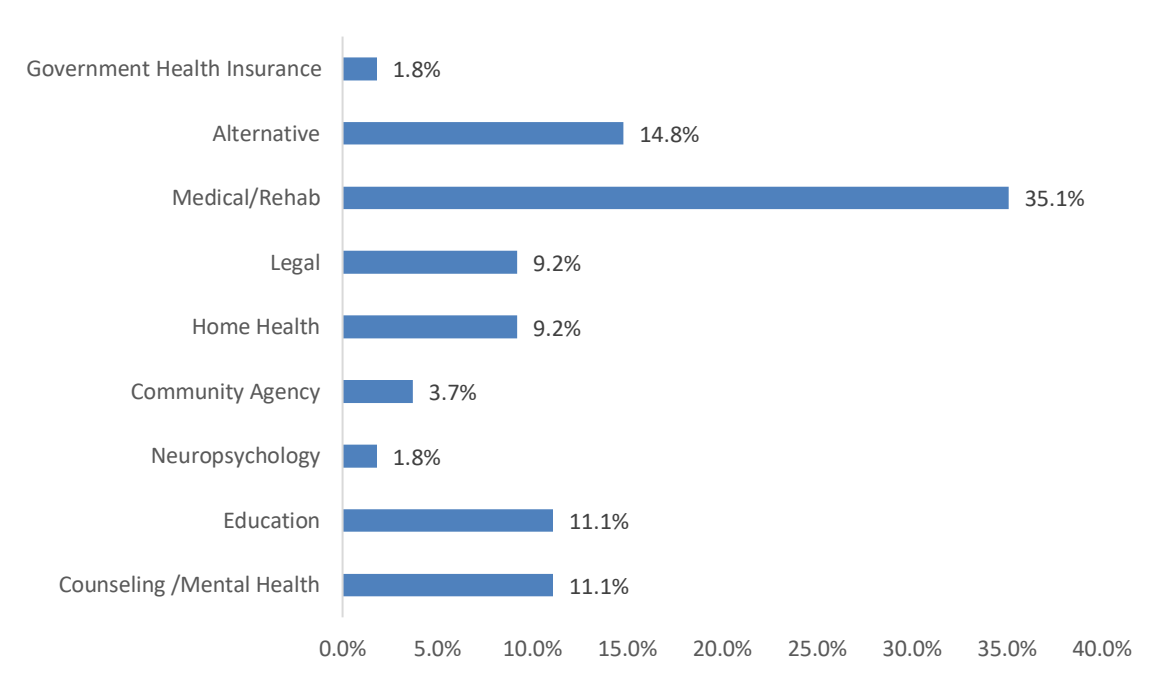
Evaluation

Knowledge Attainment

Background and Objectives

Typically, BIAC uses an Audience Response System (ARS) to collect data from participants before, during, and after they receive training to assess knowledge attainment and participant satisfaction with the trainings. This system is also utilized for intermittent lighthearted polls to solicit attendee engagement. Because of COVID-19 and the adjustments that needed to be made to provide training on a virtual platform only, BIAC utilized the Zoom polling feature and SurveyMonkey surveys. This resulted in a stark drop in participation in feedback from attendees.

Methodology

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

- My understanding of brain injury has increased. I know what brain injuries are, how people get them, and the common signs/symptoms.
- My knowledge of how to support, interact with, and provide accommodations for individuals with brain injury has increased.

Results

In FY20, BIAC continued to see both confidence and knowledge increase across the board in the areas of brain injury basics, identification and screening, strategies, and accommodations (*Figure 6*).[2,3] Not reflected in the chart is the number of training recipients who learned of BIAC for the first time upon the training; 41.9% of individuals polled did not know of BIAC prior to the training or outreach activity. The number of responses to evaluation was particularly challenging in the virtual platform. Virtual trainings often would be delivered in a hybrid format, where some audience members were remote and others were in a classroom together,

watching the same screen. This made gathering polling responses in Zoom challenging, and survey responses that were sent out via SurveyMonkey following a training were low.

Figure 6 - Outreach and Training Activities, Knowledge Attainment Summary
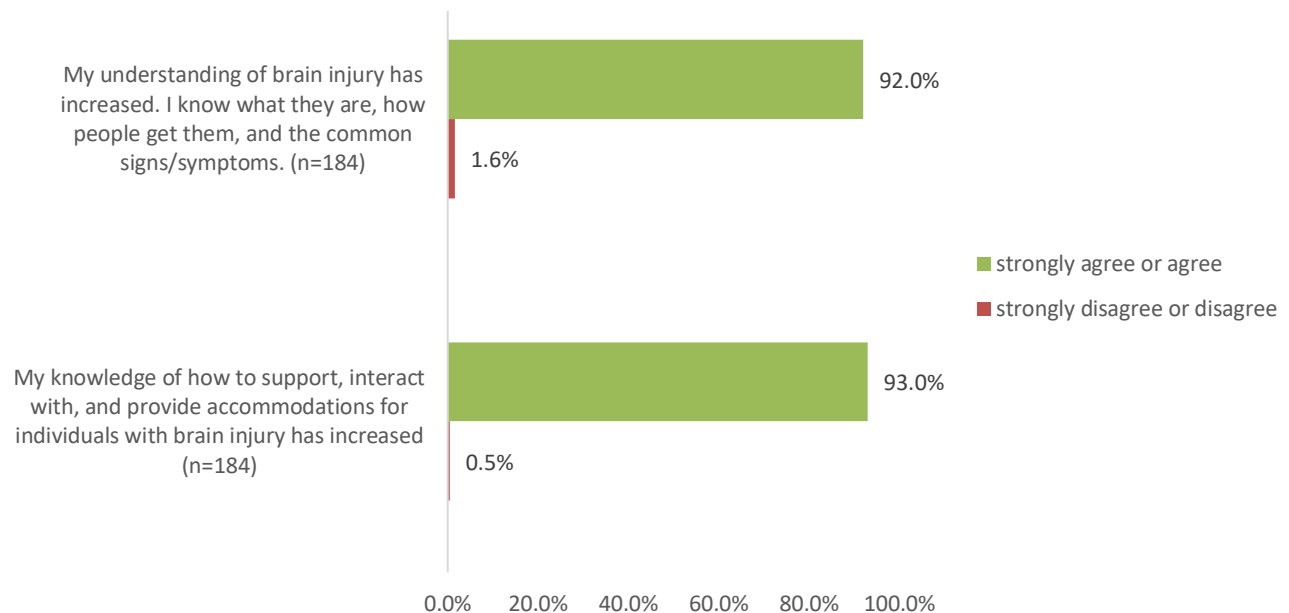
Conclusions

While outreach was limited to only virtual offerings, BIAC was able to continue many outreach activities through various virtual platforms. BIAC saw an increase in outreach activities and a comparable volume of referrals from various agencies. Virtual learning platforms has enabled BIAC to evaluate ways that capacity building can more readily be available on a statewide scope.

The extensive outreach was made possible through other funding sources MINDSOURCE has obtained that support the ACL Systems Outreach Coordinator and Justice Assistance Grant (JAG) funded position, Systems Outreach Coordinator – Criminal Justice. These two positions focus much of their work on reaching hospital

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[2] Sample size varies on question responses since resource question is not always appropriate (i.e., law enforcement professionals), and attendees often step out of the training room or do not fully answer the questions.
[3] Full choices are: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree. Neutral is omitted from this chart.

and criminal justice systems. Hospitals were particularly difficult to provide outreach for due to COVID-19, but these efforts were redirected to other agencies across the state.

Based on feedback from professionals attending training, individuals have an increased understanding of brain injury after a training.

Testimonials

"I really appreciated the information on what the impairment type looks like and the associated accommodations to support the person"

- Crisis Services Professional

"I appreciated how the content actually related to victims of brain injuries and the helpful tactics to help victims in this situation."

- COVA conference attendee, BIAC breakout session

"The content of this workshop was great! I learned a lot about TBIs, how they [affect] victimization and how to navigate offering services to victims who have TBI(s). The specific steps and tips for dealing with folks who have experienced a TBI was particularly helpful, as it can be difficult to know what is helpful and what is not and as an advocate, I work with people who are at a higher risk for TBIs every day. Great content and super relevant to our work!"

- COVA conference attendee, BIAC breakout session

"I wanted to thank you so much for coming to our team meeting last week and presenting to us. As I mentioned, it was so informative and helpful."

- Nonprofit professional

Key Accomplishments

- BIAC was able to support six staff members in becoming a certified brain injury specialist (CBIS).
- Outreach continued to be offered throughout the year, and a virtual platform created ease of access for agencies outside the Denver metro area.
- Open attendance webinar-style capacity building was offered in March, May, and June.
- Outreach included targeted effort toward agencies that serve people of color and by delivering culturally competent training.
- Despite the significant disruption in daily activities due to COVID-19, BIAC continued to be able to grow its footprint in the community and raise knowledge and awareness of brain injury and BIAC services.
- Maintained and grew connections in the criminal justice system, including obtaining a grant to provide support to specific units at the Denver City & County Jail to support survivors, which includes referring to client services as they return to the community.

Goals for FY22

BIAC and MINDSOURCE, utilizing input from the MINDSOURCE logic model and available sources of anchor data, established the following goals for FY22:

- Increase awareness of BIAC services and resources and support referrals to BIAC
- Target engagement with groups that have a high prevalence of TBI
- Through capacity building, improve CO agencies engagement with survivors
- Continue professional growth of MINDSOURCE funded BIAC staff through in-reach efforts
- Continue work with criminal justice systems (judicial, jails, DOC, community corrections)
- Increase outreach and service engagement with youth survivors of a BI (internally and externally)
- Demonstrate knowledge gained by training participants

Direct Client Services

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

- A program overview
- Client demographics
- Service participation
- Evaluation
- Key accomplishments
- Goals for FY21

Resource Navigation

Program Overview

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

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

- Over the phone
- Via SMS text messaging
- Over email
- Via video conference
- In-person in their home community

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

- Finding medical providers
- Understanding brain injury
- Filling out paperwork
- Connecting to community-based resources
- Problem-solving

Client Demographics

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

In FY21, 706 unique individuals interacted with the Resource Navigation program, and 714 cases were opened. Seven hundred and fourteen opened at least one case, while 706[4] closed at least one case.

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[4] This includes individuals who opened cases in FY20 that were closed in FY21.

Figure 7 - Colorado County Map by Service Region
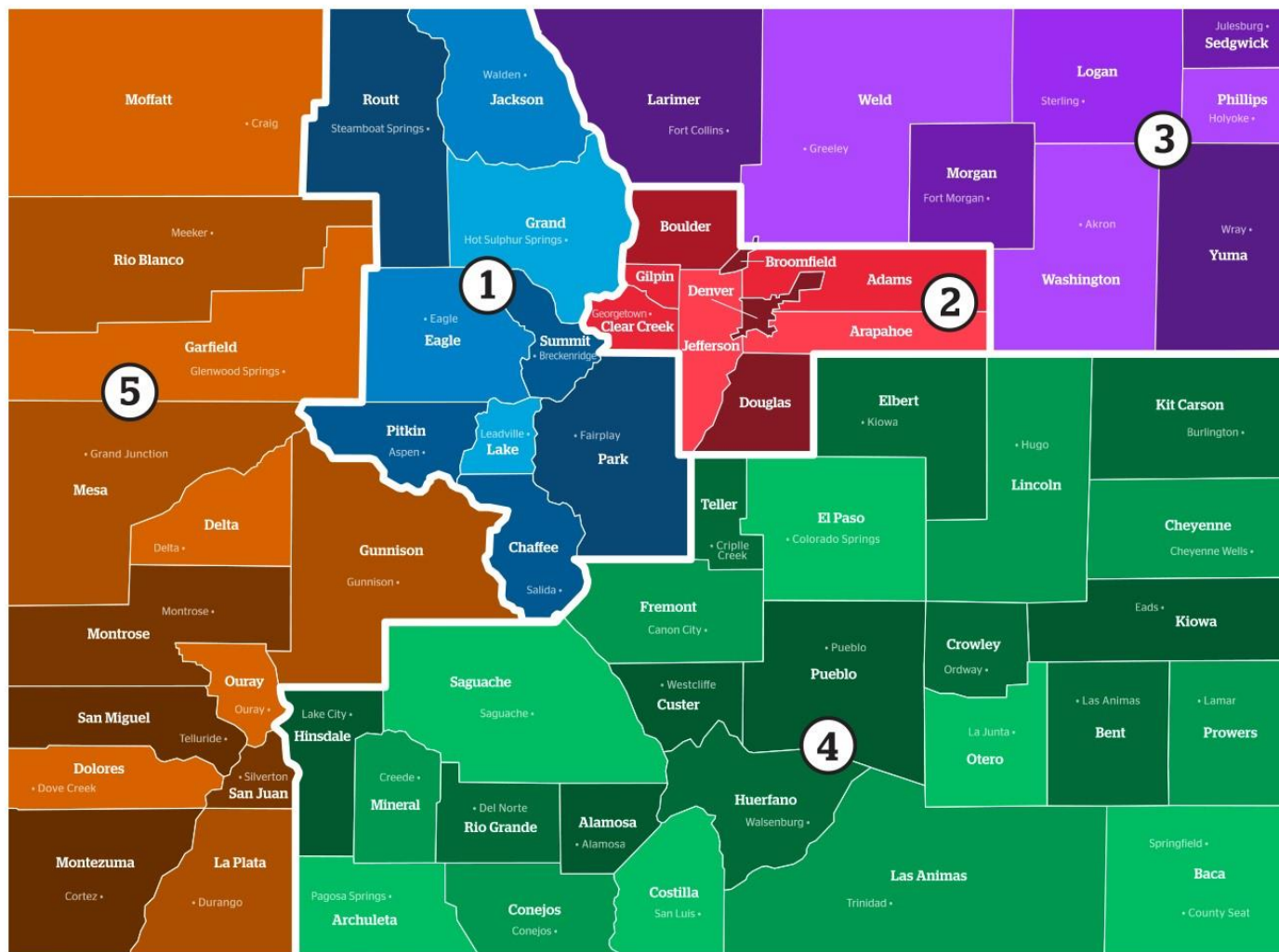
1 Central Mountain Region
2 Denver Metro Region
3 Northern Region
4 Southern Region
5 Western Slope Region

Figure 8 - Colorado County Map by County Designation

Colorado: County Designations, 2018

County Classifications

- ☐ Urban (17)
- ☐ Rural (24)
- ☐ Frontier (23)
- ▨ Rural areas of Urban Counties (approximate)

0   25   50 miles

Data Source Information.
Site addresses were collected and
geocoded by the State Office of
Rural Health, current as of
January 2016.
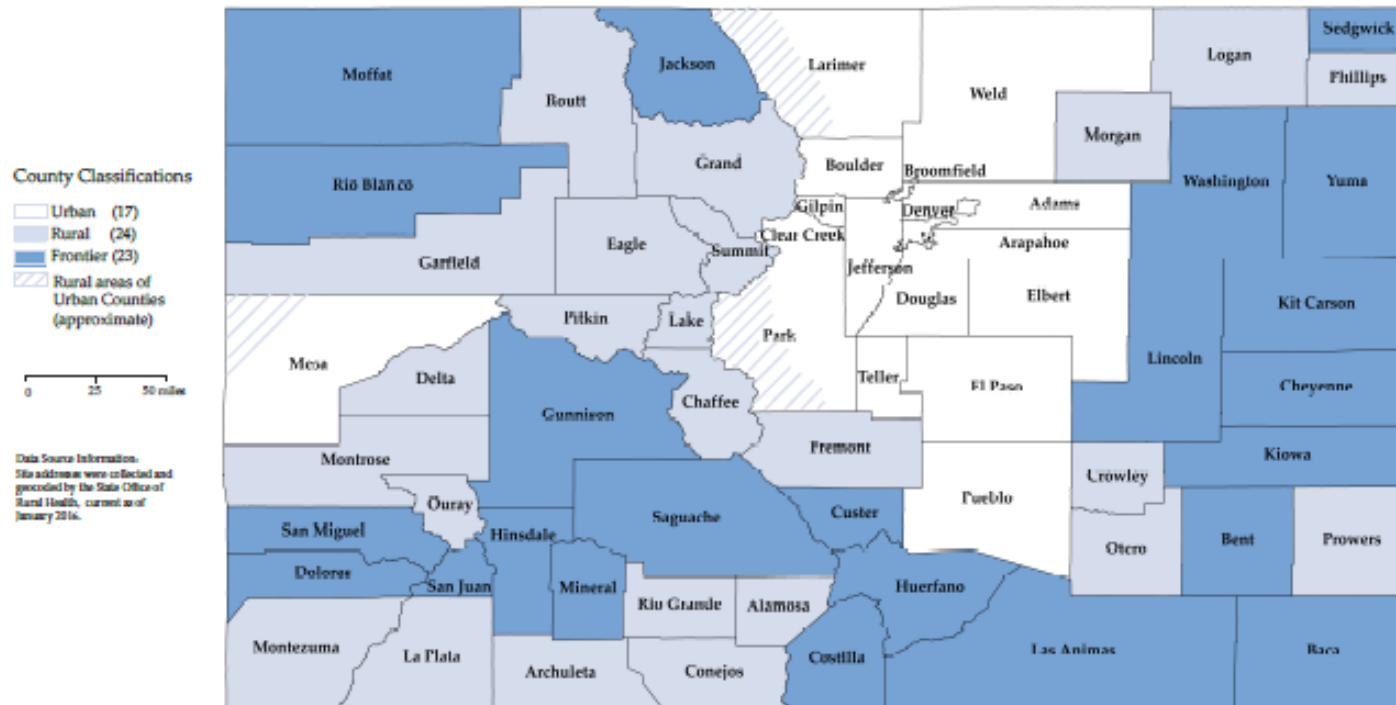
The definition of rural and frontier varies depending on the purpose of the program or policy in which they are used. Therefore, these are referred to as programmatic designations, rather than definitions. One designation commonly used to determine geographic eligibility for federal grant programs is 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.

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Resource navigation is provided to youth and adult clients who have sustained at least one traumatic brain injury. Most clients (97%) who opened at least one case in FY21 were adults (*Figure 9*) and first-time clients (68%) (*Figure 10*).

Figure 9 - Resource Navigation Clients, Youth and Adults (n=714)

Of the unique individuals who were served by Resource Navigation in FY21, most clients who completed at least one instance of support in resource navigation reside in urban counties and specifically the Denver Metro region. Frontier counties and the Central Mountain region had the least number of resource navigation clients (*Figure 11, Figure 12*).

Figure 10 - Resource Navigation Clients, First-time and Returning (n=714)

Figure 11 - Resource Navigation Clients by County Designation (n=706)

- Urban
- Rural
- Frontier

8% 2%

90%
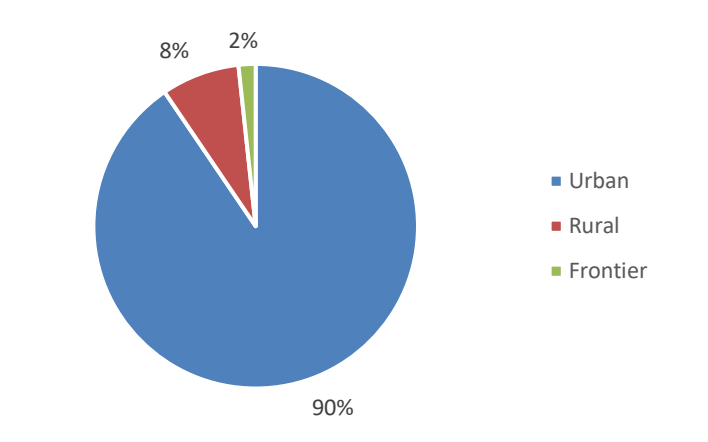
Figure 12 - Resource Navigation Clients by Region (n=706)

14%
4%
3%
16%
63%

- Denver Metro
- Southern
- Central Mountain
- Western Slope
- Northern
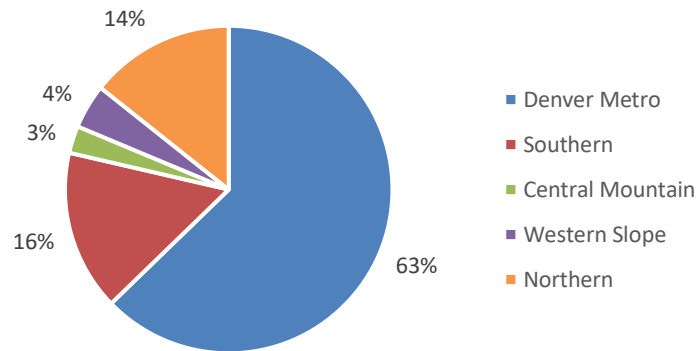
Resource navigation is available for survivors of brain injury of all ages. Every age range, with the exception of 0-5 years old, were served this fiscal year, with the largest number of clients falling in the range of 41-55 years old (*Figure 13*).

Figure 13 - Resource Navigation Clients by Age Range (n=706)

3% 1% 1% 2% 3%
24%
28%
38%

- 6-12
- 13-15
- 16-21
- 22-25
- 26-40
- 41-55
- 56-69
- 70+
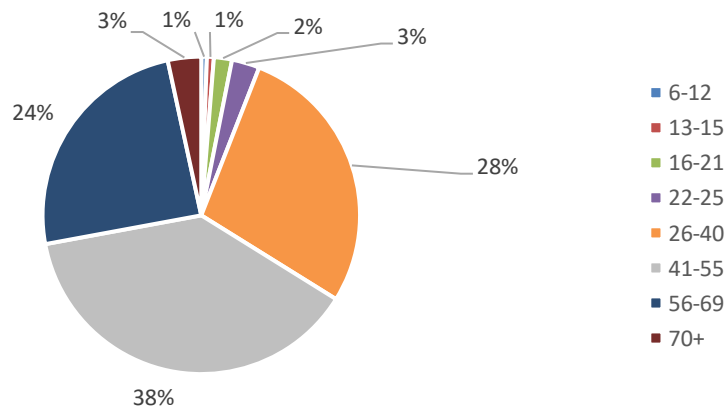
The distribution by gender was close to evenly split, with the slight majority being male (*Figure 14*). Six clients reported as "other," indicating that they do not fit into the binary gender categories offered.

Figure 14 - Resource Navigation Clients by Gender (n=706)
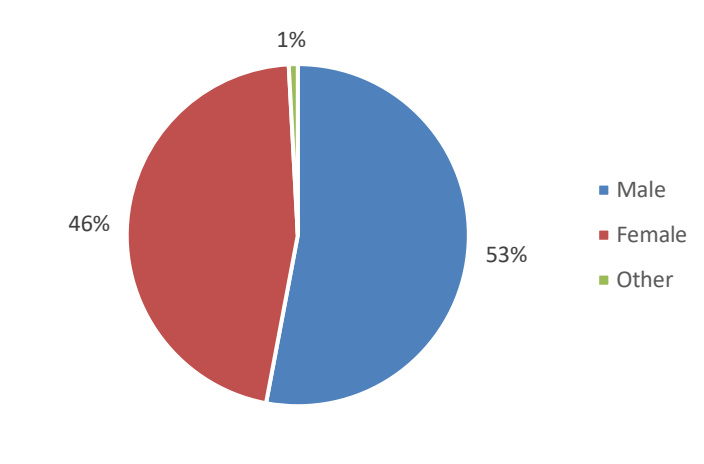
All tracked races/ethnicities were represented in resource navigation, with the majority being Caucasian/white clients. Those that identified as Hispanic/Latino accounted for the second largest group with 12% (*Figure 15*).

Figure 15 - Resource Navigation Clients by Race/Ethnicity (n=706)
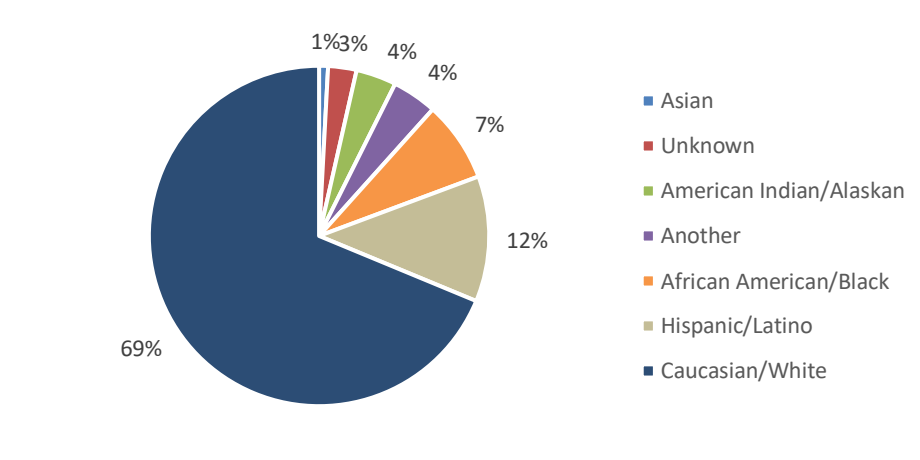
In FY21, (1%) reported a preferred language other than English. Four clients (0.6%) preferred Spanish, which is much less prevalent than FY20, in which 15 clients preferred Spanish. The remaining (0.4%) preferred "other" languages, including Tamil and Tigrinya (*Figure 16)*.

Figure 16 - Resource Navigation Clients by Preferred Language (n=706)
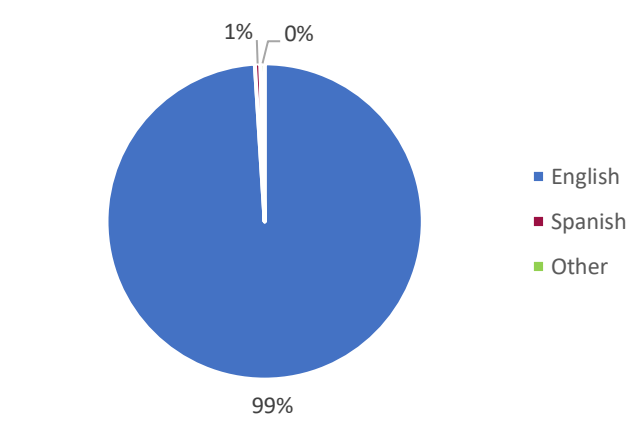
No active duty members of the military participated in resource navigation in FY21, and (5%) were veterans. The remaining (95%) were civilians or did not report a military status (*Figure 17*). With the high rate of TBI among military service members, this may seem like a low number accessing a core TBI support program. However, Colorado is lucky to have a strong military-specific TBI support program called Operation TBI Freedom that BIAC frequently refers service members to if they are interested. Some military-involved clients also access support through the Veterans Administration, which is similar to resource navigation.

Figure 17 - Resource Navigation Clients by Military Status (n=706)
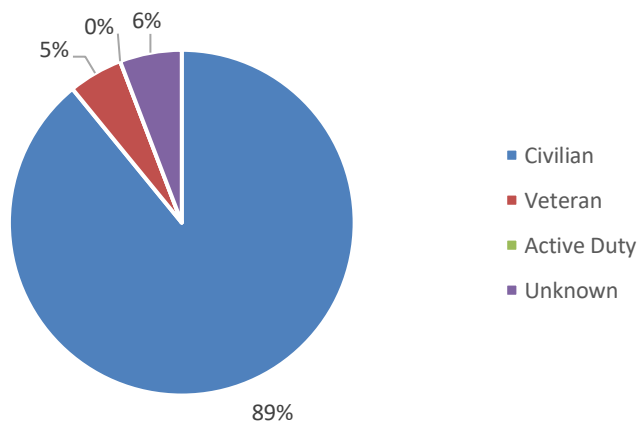
BIAC also collected data from resource navigation clients about their injury history via self-report (*Figure 18*). It is important to note that this figure includes *all* causes of brain injury – both traumatic (TBI) and non-traumatic (non-TBI) - however, all clients represented in the data reported *at least one TBI* making them eligible for MINDSOURCE-funded services. In FY21, a total of 853 injuries were reported by the 706 unique individuals served, with an average of 1.8 injuries per client. A little over a third of clients (38.5%) reported a history of two or more injuries. The average age of the client at the time of their first brain injury was 26 years old.

Cause of Injury	Percentage
Motor Vehicle Accident	26.7%
Fall	17.4%
Assault	14.0%
Struck By / Struck Against	10.0%
Sports/Rec	7.7%
Domestic Abuse	4.8%
Motorcycle	4.5%
Bicycle	3.0%
Pedestrian	2.3%
Stroke	2.1%
Medical/Disease	1.9%
Gunshot	1.3%
Unknown	0.9%
Anoxia	0.5%
Other	0.4%
Blast/Explosion	0.4%
Aneurysm	0.4%
Tumor	0.4%
Suicide Attempt	0.2%
Surgical Intervention	0.2%
ATV	0.1%
Carbon Monoxide Poisonin	0.1%
Abscess	0.0%
Shaken Baby Syndrome	0.0%
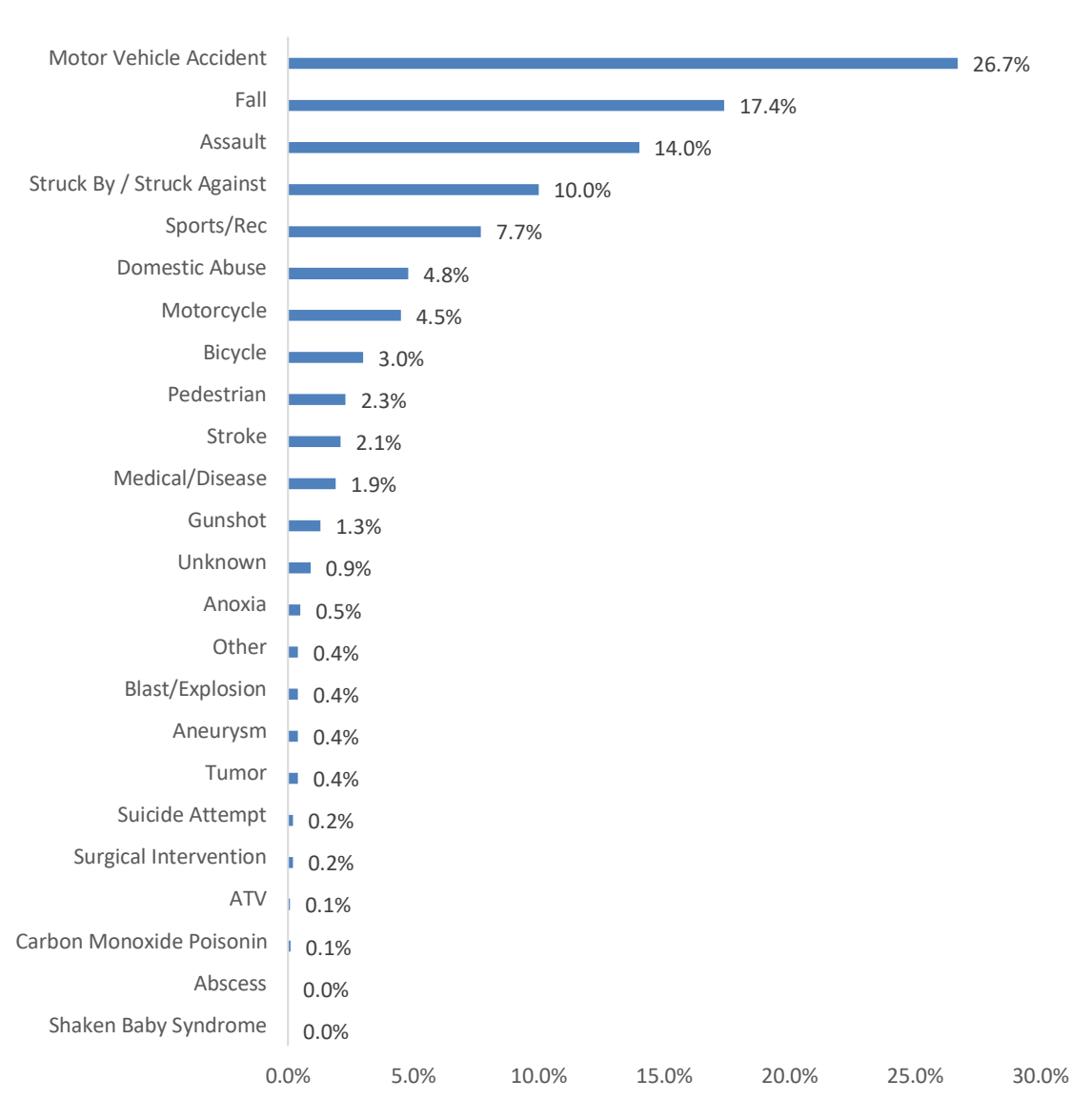
Causes of injuries for survivors continue to be diverse. The most common causes reported in FY21 were consistent with FY20, with motor vehicle accidents accounting for about just over a quarter of all injuries reported (26.7%), followed by fall (17.4%). Unlike FY20, assault was reported (14.0%) higher than struck by/against (10.0%).

Service Participation

BIAC estimated a range of 671-2,300 clients being served by resource navigation in FY21. In actuality, 706 were served, which falls within the estimated range and is 105% of the minimum estimated.

Resource navigation emphasizes ease of access for clients, ongoing support as needs persist, and delivery of support in a variety of formats. No paper or online application is required for an individual to access support.

If a need arises, a survivor from anywhere in Colorado can contact BIAC's main phone number, submit an online referral, or email Info@BIAColorado.org and an intake will be completed over the phone to gather the survivor's contact information, key demographics, injury history, areas of need, and the source of the referral.

Once a client need is identified, a case is opened, and goals are created for a BIAC resource navigator and the client to work on together. If the client and the resource navigator are actively working on a goal, the case remains open. Once all goals are achieved or closed, the case is closed. If at any time the client identifies a new need or wants to re-engage with support related to the same previously established needs, a new case is opened, and the process starts again. This cycle is repeated as frequently as the client's needs dictate.

This model of resource navigation allows clients to be met where they are without jumping through the all-too-common hoops of similar programs. Support can be provided over the phone, email, video conferencing or through a scheduled in-person visit in the client's home, the BIAC office, or another location in the client's community. In-person services were suspended a few months before the start of FY21 due to COVID-19 regulations and impacted the way BIAC served clients and is reflected in the following data.

In FY21, resource navigation served 706 unique individuals across Colorado and 714 opened at least one case during the year. Due to the ongoing needs related to living with a brain injury, many clients returned for support and opened a subsequent case to work on a new or ongoing need that resurfaced. On average, each client in FY21 had 1.33 cases. When looking at this figure across county designations, clients from the Frontier area had the highest average of 4.0 cases each (*Figure 19*). Regionally, the average number of cases per client was more consistent, between 1.26 and 1.55 cases each (*Figure 20)*.

Figure 19 - Average Number of Cases per Client by County Designation (n=706)
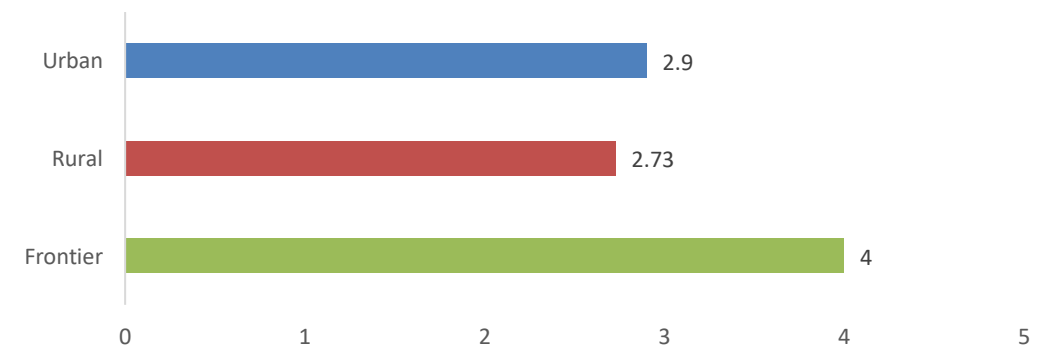
Figure 20 - Average Number of Cases per Client by Region (n=706)
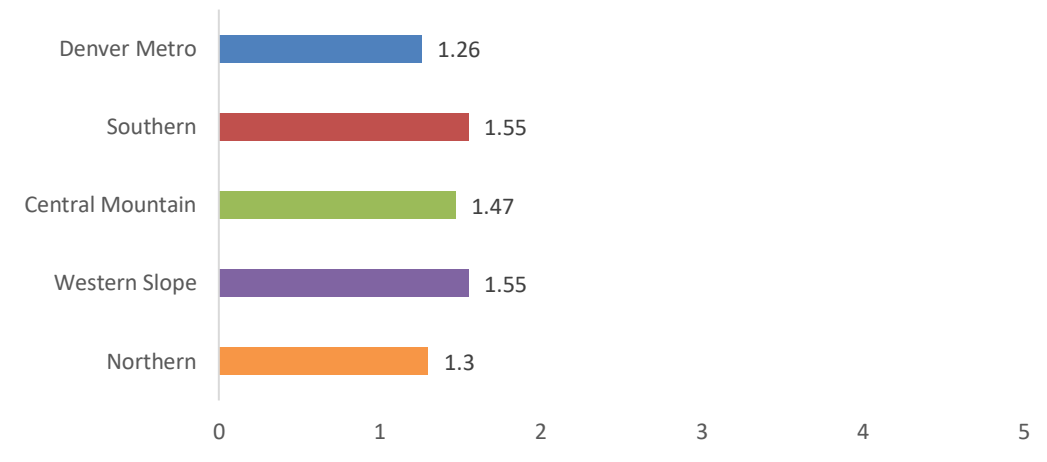
Looking at goals statewide, each client had an average of 2.91 goals that were worked on across all their cases. Survivors from Frontier counties had the highest average at 4.0 goals each (*Figure 21*).

Figure 21 - Average Number of Goals per Client by County Designation (n=706)
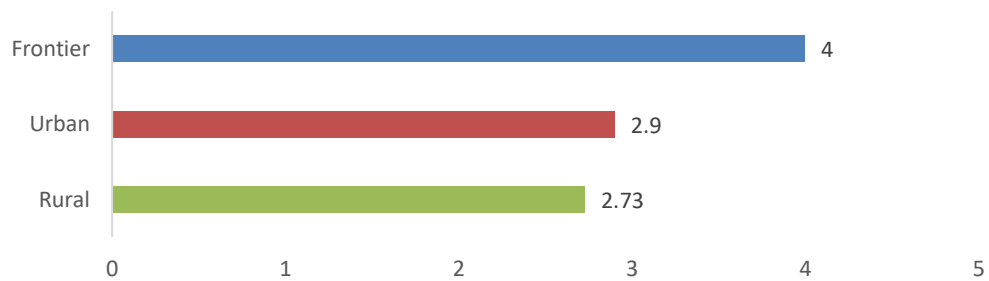
Figure 22 - Average Number of Goals per Client by Region (n=706)
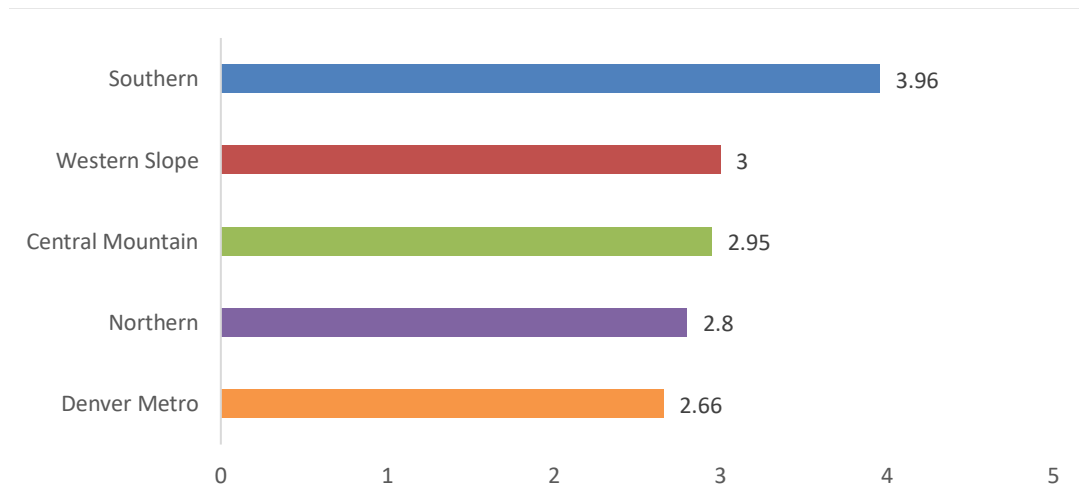
Within each resource navigation goal, a category is assigned to represent the area in which the client needs assistance. There are 22 high-level categories and 44 overall, including sub-categories. For a more detailed explanation of goal categories, please refer to *Appendix A*: Resource Navigation Goal Category Explanations.

As in FY20, personal support system goals were most popular in FY21, with 25.8% of goals falling into the category. This category houses any activity where the resource navigator connects clients to other non-medical professionals who can assist them with their needs. After that, the most common goals were in the physical health (12.3%) and housing (10.2%) categories. Physical health goals encompass any general health need including, but not limited to, dental, vision, and primary care. Housing goals involve searching for, establishing, and/or maintaining a stable living situation, which can include financial support to do so.

Figure 23 – Percent of Total Goals by Goal Type Statewide (n=2051)

Figure 23 – Percent of Total Goals by Goal Type Statewide (n=2051)

Goal Type	Percent
Personal Support System	25.8%
Physical Health	12.3%
Housing	10.2%
Financial	9.4%
Mental Health	6.6%
Legal	6.4%
Health Insurance/Long Term Care	5.7%
Employment	5.3%
Education	3.8%
Paperwork	3.4%
Transportation	2.3%
Technology	2.1%
Home	1.4%
Food/Nutrition	1.2%
Goal Development	0.9%
Other	0.8%
Rec/Leisure	0.8%
Self Care / Daily Routine	0.4%
Substance Use	0.2%
Medication	0.2%
Volunteering	0.1%

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

Figure 24 - Percent of Goals by Top Goal Categories and County Designation (n=2051)

Category	Urban	Rural	Frontier
Personal Support System	25.5%	30.0%	27.0%
Physical Health	12.0%	14.0%	14.6%
Housing	10.9%	4.0%	4.2%
Financial	9.6%	10.0%	2.1%
Mental Health	6.6%	6.0%	8.3%
Legal	6.2%	8.0%	10.4%
Health Insurance/Long Term Care	5.8%	4.7%	4.2%
Employment	5.3%	4.7%	4.2%
Education	3.0%	10.7%	14.6%
Paperwork	3.4%	2.7%	6.3%
Transportation	2.4%	2.0%	2.1%
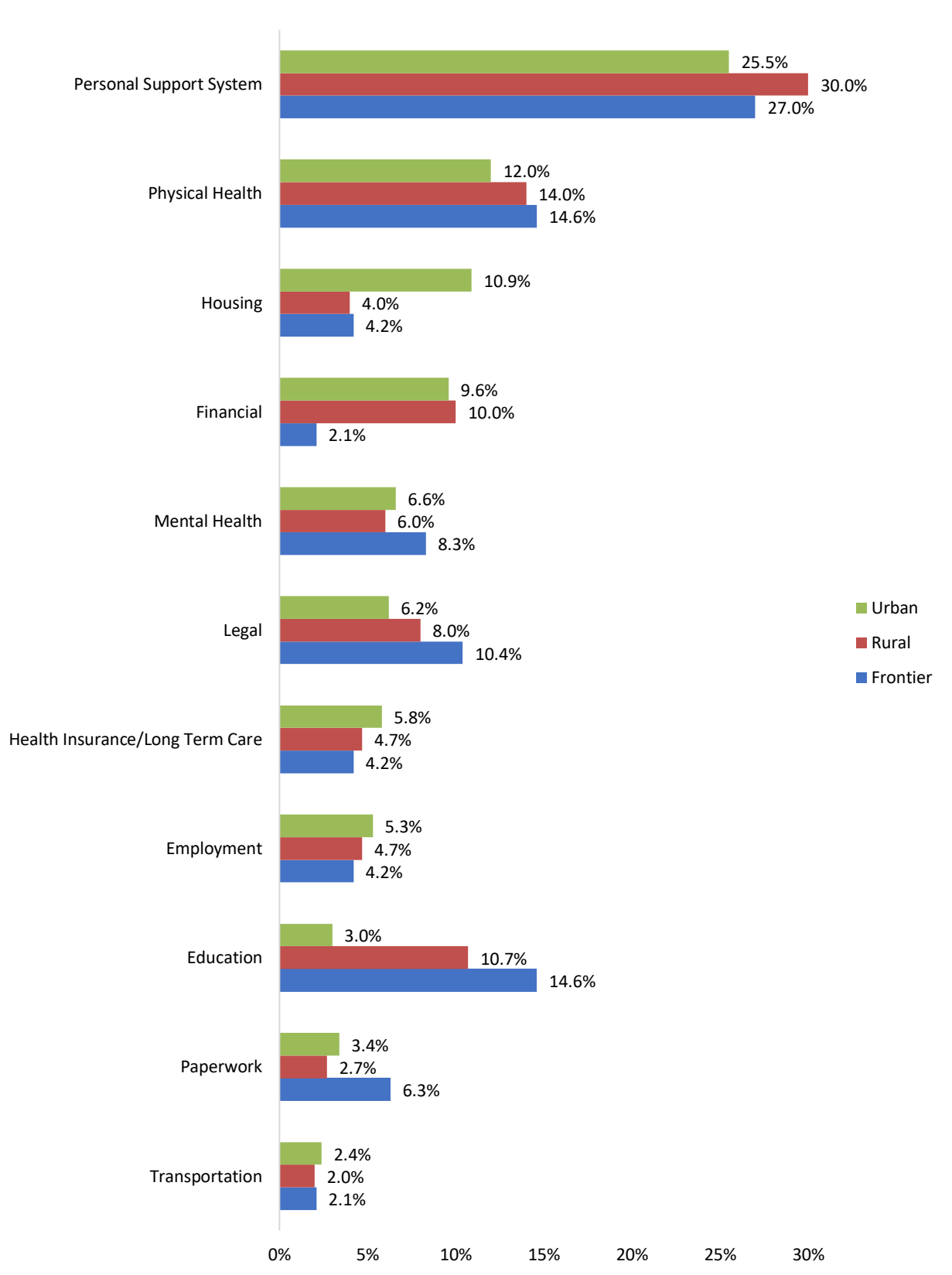
Figure 25 - Percent of Goals by Top Goal Categories and Region (n=2051)

Personal Support System
- Denver Metro: 21.3%
- Central Mountain: 28.6%
- Western Slope: 26.9%
- Northern: 20.1%

Physical Health
- Denver Metro: 12.2%
- Southern: 9.5%
- Central Mountain: 10.7%
- Western Slope: 2.2%
- Northern: 20.1%

Housing
- Denver Metro: 13.5%
- Southern: 5.0%
- Central Mountain: 10.7%
- Western Slope: 5.4%
- Northern: 6.4%

Financial
- Denver Metro: 10.6%
- Southern: 5.5%
- Central Mountain: 12.5%
- Western Slope: 8.6%
- Northern: 10.2%

Mental Health
- Denver Metro: 6.6%
- Southern: 6.8%
- Central Mountain: 8.9%
- Western Slope: 1.1%
- Northern: 7.4%

Legal
- Denver Metro: 2.5%
- Southern: 8.2%
- Central Mountain: 3.6%
- Western Slope: 10.8%
- Northern: 8.8%

Health Insurance/Long Term Care
- Denver Metro: 6.3%
- Southern: 3.9%
- Central Mountain: 5.4%
- Western Slope: 7.5%
- Northern: 5.7%

Employment
- Denver Metro: 5.7%
- Southern: 5.2%
- Central Mountain: 0.0%
- Western Slope: 6.5%
- Northern: 4.2%

Education
- Denver Metro: 12.2%
- Southern: 2.5%
- Central Mountain: 10.7%
- Western Slope: 17.2%
- Northern: 4.9%

Paperwork
- Denver Metro: 3.0%
- Southern: 4.3%
- Central Mountain: 5.4%
- Western Slope: 3.2%
- Northern: 3.2%

Transportation
- Denver Metro: 3.2%
- Southern: 1.6%
- Central Mountain: 0.0%
- Western Slope: 1.1%
- Northern: 0.7%

Legend:
- Denver Metro
- Southern
- Central Mountain
- Western Slope
- Northern

Another way to assess the extent of the average client's needs is to examine how long each individual case lasts. Statewide, the average was 30.2 days per case. Geographically, clients in the urban area had the highest average number of days spent on each case at 31.6 (*Figure 26*). When examining clients by region, clients in the Denver Metro region had the highest average number of days spent on each case at 34.5, differing from FY20, when the Northern region took the lead.

Figure 26 - Average Number of Days from Case Creation to Case Closure by County Designation (n=706)
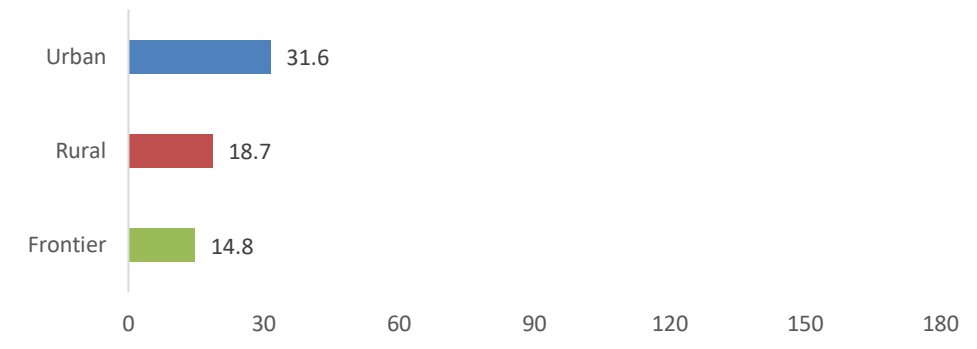
Figure 27 - Average Number of Days from Case Creation to Case Closure by Region (n=706)
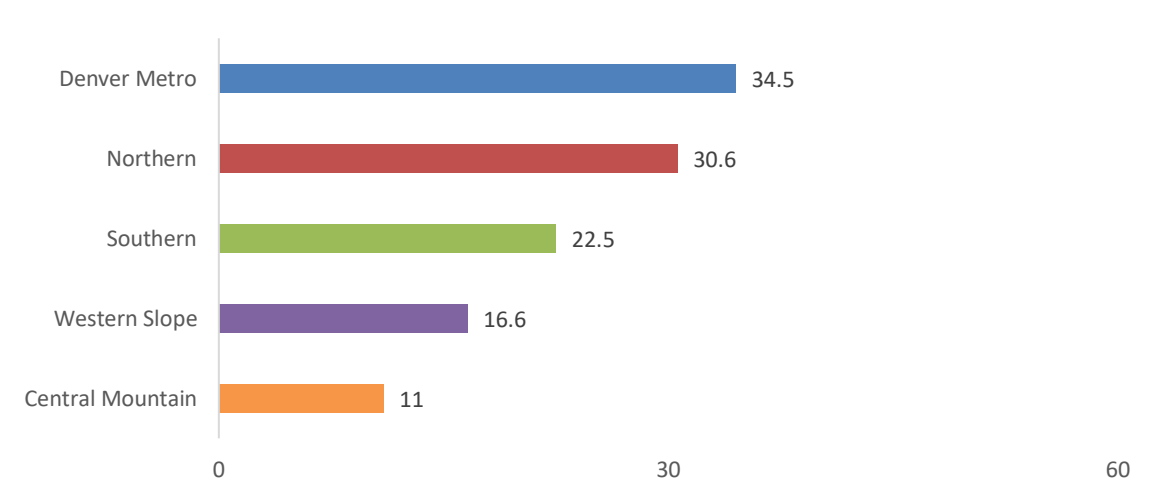
Lastly, because of the person-centered approach that BIAC applies to its services, clients have the option of working with an in-person resource navigator if they would like to or if the nature of their needs demands face-to-face support - for example, assistance with paperwork or attending an appointment together. From March 16, 2020, through July 1, 2021 (the entirety of FY21), BIAC offered minimal in-person services due to COVID-19 safety concerns. BIAC staff made a few exceptions to this when they felt they could support a client while maintaining COVID-19 safety regulations. For example, one client was not able to get toilet paper. A resource navigator was able to get some toilet paper donated and brought it to the client's house. The staff member dropped a bag at the client's front stoop, then stepped back while the client came out and picked it up. In FY21, seven (1%) clients accessed support from an in-person resource navigator throughout the state in comparison to FY20, when 195 (22%) of clients utilized in-person services (*Figure 28*). Clients in the Denver

metro region accessed in-person support the most (1%) (*Figure 29*).

Figure 28 - Percent of Clients by County Designation Accessing In-person Resource Navigation Support (n=7)

Category	Percent
Urban	1.0%
Rural	0.0%
Frontier	0.0%
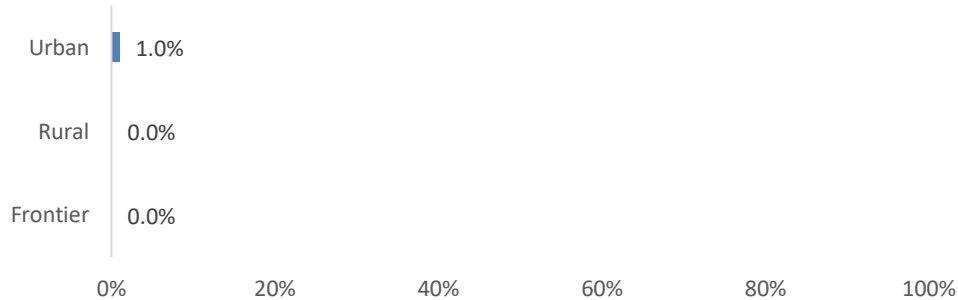
Figure 29 - Percent of Clients by Region Accessing In-person Resource Navigation Support (n=7)

Category	Percent
Denver Metro	1.0%
Northern	1.0%
Southern	0.0%
Central Mountain	0.0%
Western Slope	0.0%
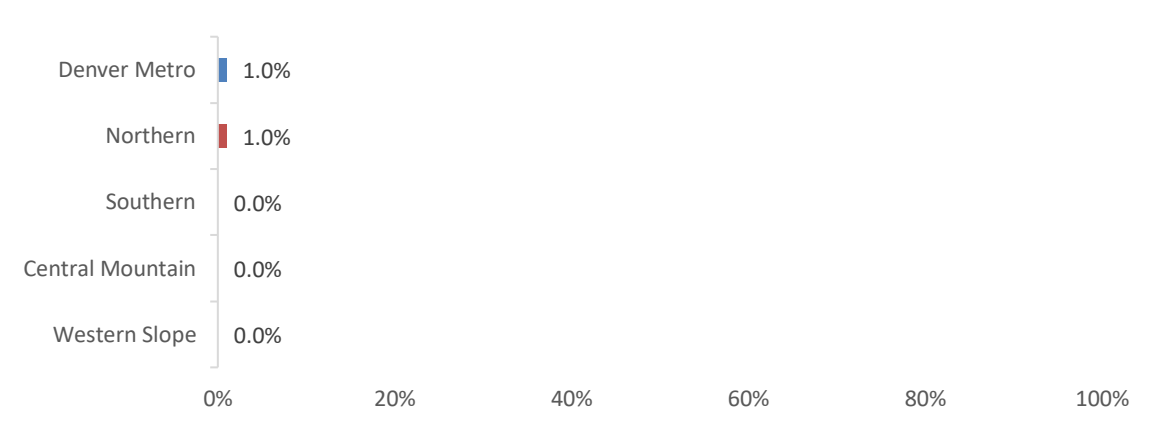
Evaluation

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

Goal Achievement

Background & Objectives (Goal Achievement)

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

Methodology (Goal Achievement)

There are three possible statuses for each goal: open, closed, and achieved. Open goals reflect needs that are in the process of being addressed by one or more people on the team. Achieved goals are needs that have been met through the support provided by a resource navigator. Closed goals represent needs that are unable to be addressed for any one of the following reasons:

- Client requested goal closure
- Goal no longer applicable
- Resources / options exhausted
- 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 FY21, 2,051 goals were reported within 938 total closed cases. The goal achievement rate for FY21 was 98%, comparable with FY20's rate of 90% (*Figure 30*).

Figure 30 - Resource Navigation Goal Status (n=2051)
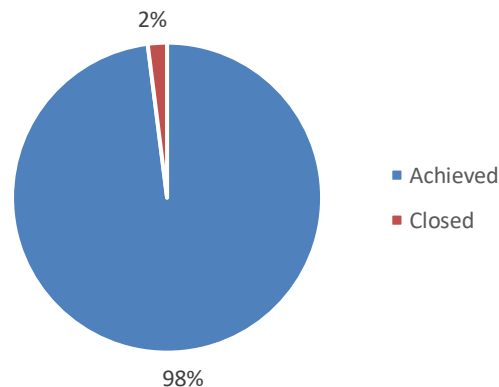
Conclusions (Goal Achievement)

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 available for the client to contact, the goal would be marked closed with a

reason of "resources/options exhausted." Similarly, if the client notified the resource navigator mid-goal that they no longer want assistance finding attorneys, the goal would be marked closed with a reason of "client requested goal closure."

Satisfaction Surveys

Background & Objectives (Satisfaction Surveys)

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

Methodology (Satisfaction Surveys)

Surveys were administered via short message service (SMS aka text message) in a sequential format. When a client's case is closed, a BIAC supervisor reviews the case for completeness and sends survey question 1 (see *Appendix D*: Resource Navigation Satisfaction Survey SMS Messages) to the appropriate phone number on file for that client. The appropriate phone number may be the client's number, or any alternate contact designated by the client, such as a spouse or caregiver, another professional working with the client, or friend of the client. If a response to survey Question 1 is received, survey Question 2 (see *Appendix D*: Resource Navigation Satisfaction Survey SMS Messages) is automatically sent to the same primary phone number. All SMS messages are sent and received through the BIAC Salesforce database and responses are logged and linked to the client case that the survey is related to. The director of client programs reviews all responses received on a quarterly basis and aggregates the responses into "yes," "no," and "N/A" buckets based on the client's original response. For example, a response to Question 1 in FY21 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 FY21 represents the survey responses from individuals following each case closure between July 1, 2020, and June 30, 2021. Only responses received prior to August 1, 2021, are included due to reporting deadlines.

Important to note:

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

however, this is not always accurate. Considering these factors, because only those with SMS capable phone numbers are receiving the opportunity to provide feedback, the responses do not constitute a representative sample of the service population.

Results (Satisfaction Surveys)

A total of 726 surveys were initiated for resource navigation in FY21, representing 77.4% of the closed cases (938). Of those 726 clients who were sent Question 1, 208 responded (yes or no) for a response rate of 28.6%. Sixteen clients responded something other than yes or no that was not considered a proper response, thus not calculating it in overall survey response rate. Question 2 was subsequently sent to 217 of the 224 that responded (yes, no, or N/A), to Question 1. Of those 217 sent, 158 responded for a response rate of 72.7% (*Figure 31*).[5]

Figure 31 - Resource Navigation Satisfaction Surveys Response Rate by Question
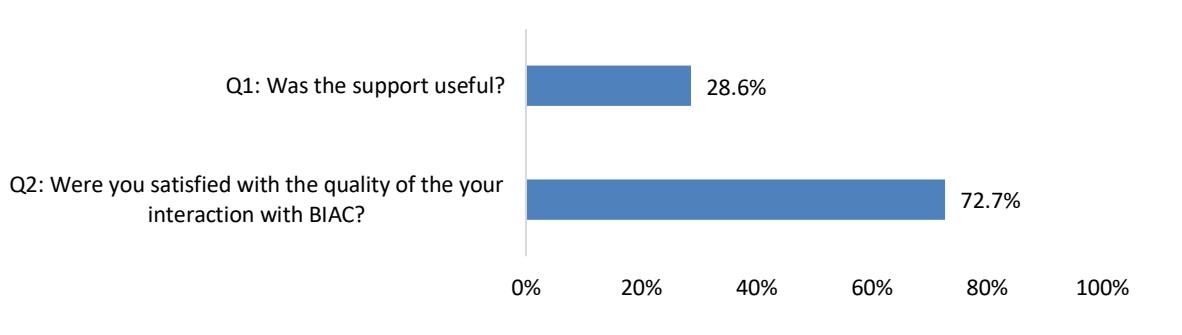
Question 1's had very similar response rates across urban and rural county designations, around 27%. The Frontier counties had a higher response rate of 71.4%. With respect to regions, the response rate was highest in the Western region (32.6%) and lowest in the Central region (25%) (*Figure 32, Figure 33*).

Figure 32 - Resource Navigation Satisfaction Survey Response Rate by County Designation, Q1: Was the support useful? (n=726)

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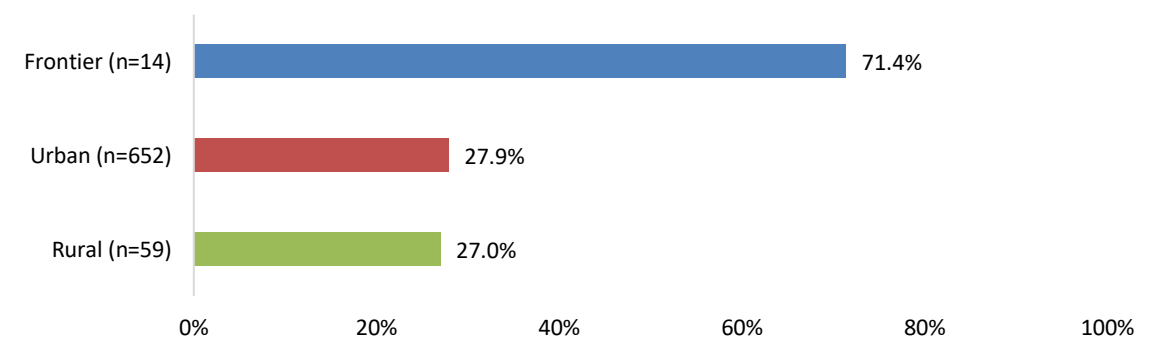
[5] Seven instances of question 2 were not automatically sent following a response to Question 1 (217 Question 2 sent vs. 224 Question 1 responses received). The reason for this is an unknown cause of technical malfunction by the SMS system within the database.

Figure 33 - Resource Navigation Satisfaction Survey Response Rates by Region, Q1: Was the support useful? (n=726)
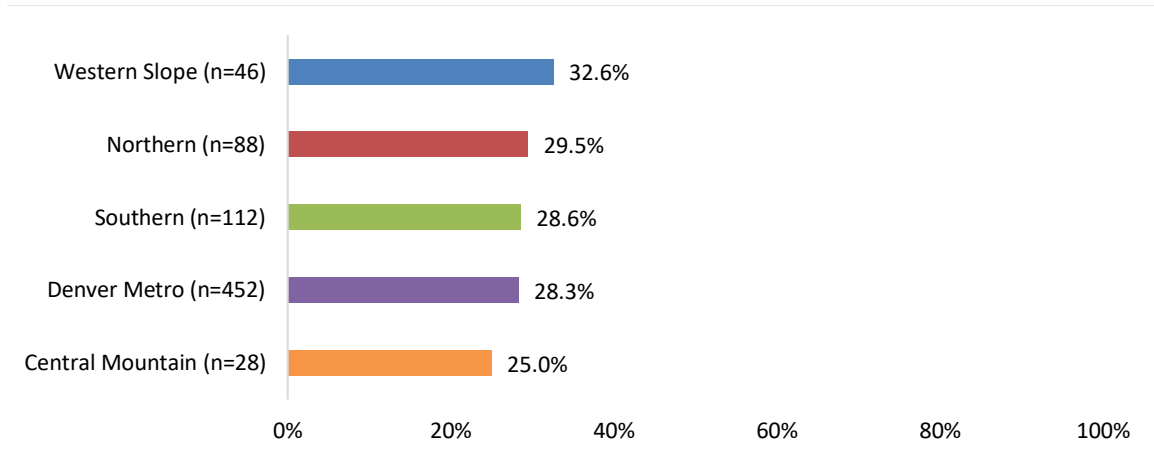
Question 2's response rate was highest in rural counties (82.4%) and lowest in frontier counties (50.0%). By region, the response rate was highest in the Western Slope (80.0%), differing from FY20, when the Denver Metro region took the lead. The lowest response rate was the Central Mountain region (50.0%) (*Figure 33, Figure 34*).

Figure 34 - Resource Navigation Satisfaction Survey Response Rate by County Designation, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=217)
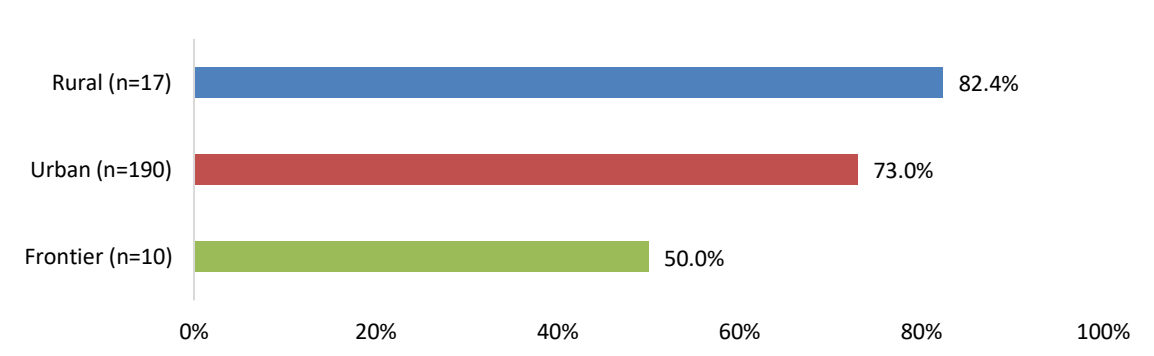
Figure 35 - Resource Navigation Satisfaction Survey Response Rate by Region, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=217)
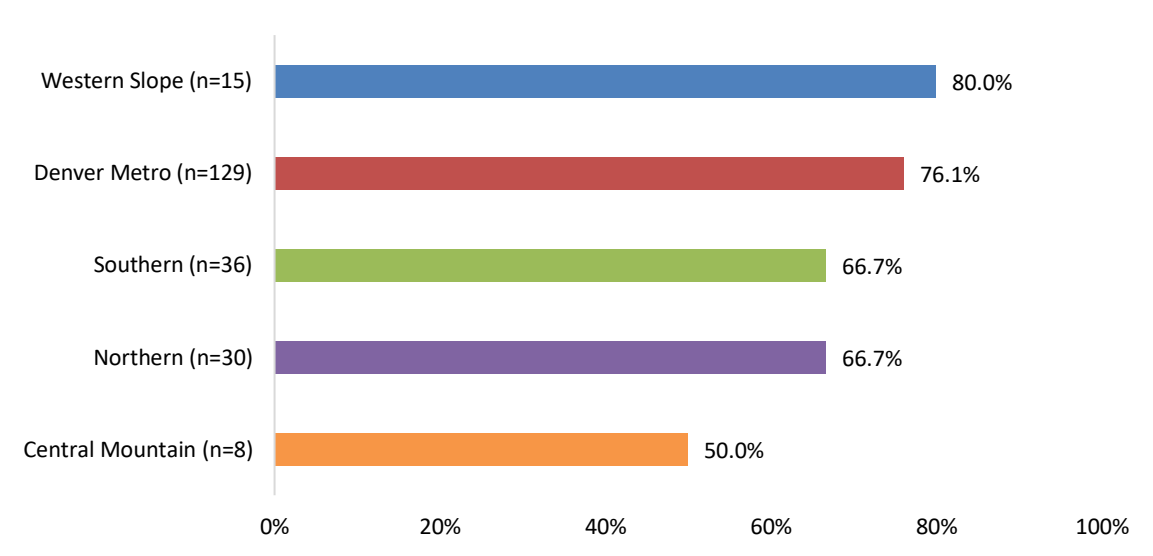
Feedback from clients who received and responded to one or both survey questions was largely positive. Statewide, 92.3% of clients responded yes to Question 1 and 88.5% responded yes to Question 2 (*Figure 36*).

Figure 36 - Resource Navigation Survey Responses Statewide by Question
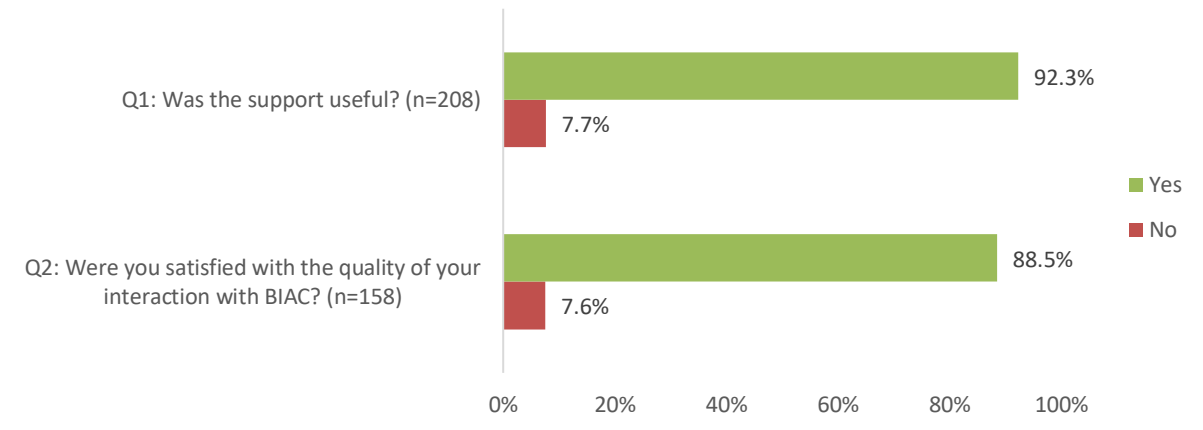
For Question 1, the highest rates of affirmative responses came from clients in frontier and urban counties (100%), and the lowest came from clients in rural counties (93.8%). Regionally, the highest rates of affirmative responses came from both the Central, Southern, and Western regions, all (100%) while the lowest came from the Denver Metro region (89.0%) (*Figure 37, Figure 38*). The majority of respondents in all regions indicated the support they received was useful.

Figure 37 - Resource Navigation Satisfaction Survey Responses by County Designation, Q1: Was the support useful? (n=208)
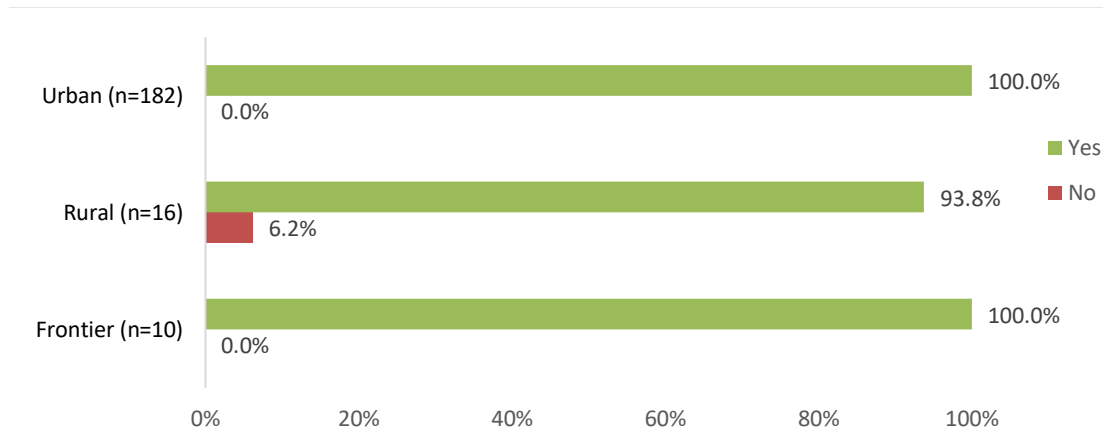
Figure 38 - Resource Navigation Satisfaction Survey Responses by Region, Q1: Was the support useful? (n=208)
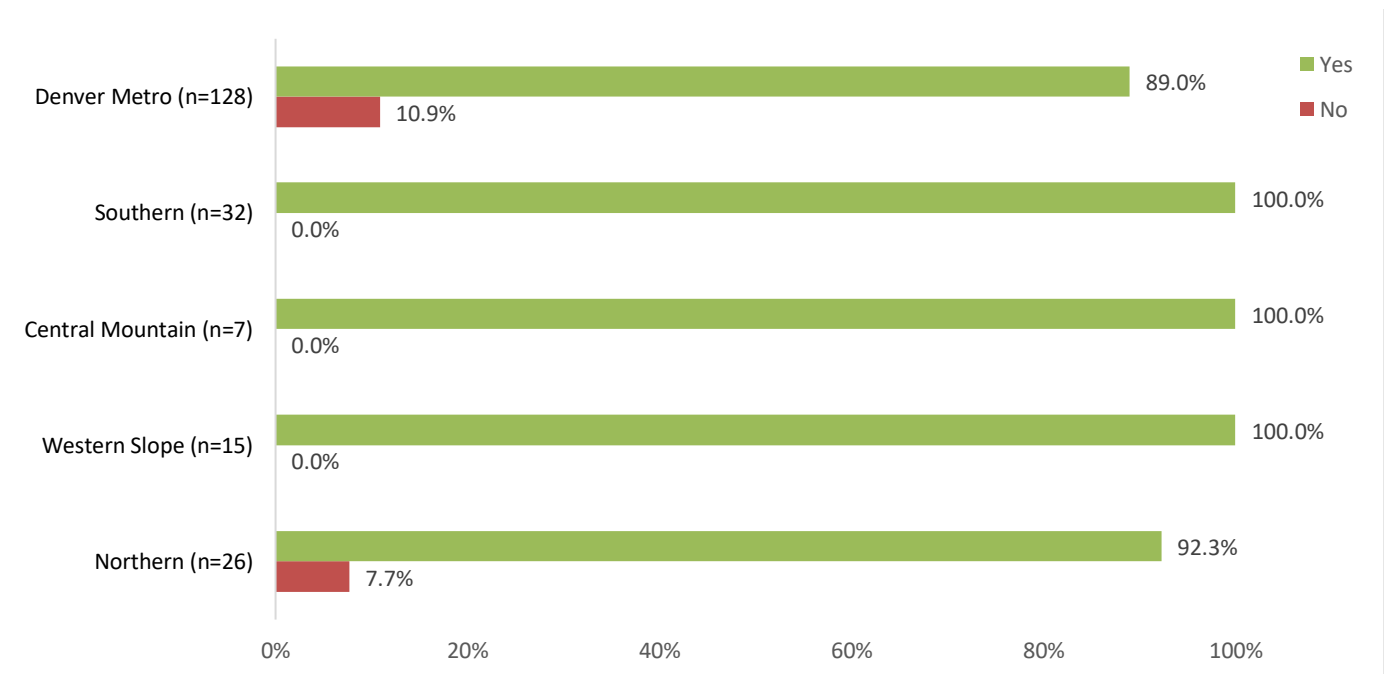
For Question 2, the highest rates of affirmative responses came from clients in rural and frontier counties (100%), and the lowest came from clients in urban counties (91.4%). Across all county designations, the majority of clients indicated they were satisfied with the quality of their interaction, with three regions at (100%) satisfaction including Southern, Western, and Northern. The lowest came from the Central mountain region (75%) (*Figure 39, Figure 40)*. In all regions, the majority of respondents indicated they were satisfied with the quality of their interaction.

Figure 39 - Resource Navigation Satisfaction Survey Responses by County Designation, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=158)
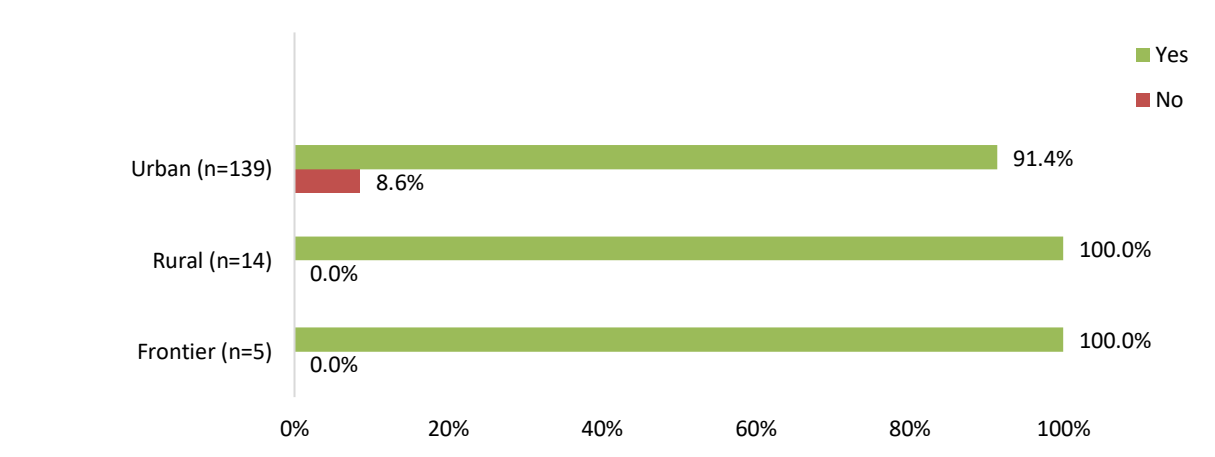
Figure 40 - Resource Navigation Satisfaction Survey Responses by Region, Q2: Were you satisfied with the quality of your interaction with BIAC? (n=158)
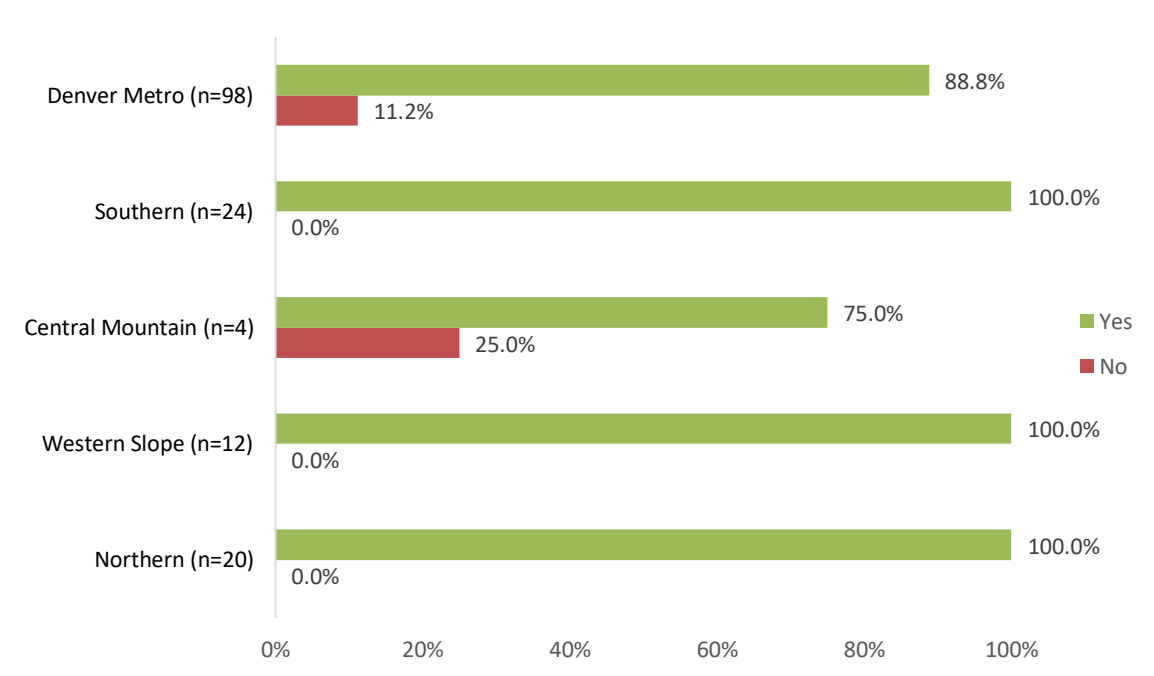
Across both questions, it is important to recognize that frontier counties, as well as the Central Mountain and Western Slope regions, represent very small proportions of clients.

Conclusions (Satisfaction Surveys)

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

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

As MINDSOURCE program areas and service offerings have diversified, the frequency at which BIAC solicits client feedback has similarly increased. Accordingly, it is possible that clients accessing multiple program areas and service offerings, particularly those with cognitive impairments, will tire or become confused when asked to complete multiple surveys throughout the year. This can lead to inaccurate feedback or a reduction in feedback (as indicated by lower response rates or higher rates of incomplete responses) over time. This has not been the case thus far, however, as response rates in FY21 were similar to response rates in FY20.

Overall, feedback on resource navigation remained positive in FY21, and rates of satisfaction are a bit higher than in FY20. In FY21, most respondents indicated the support they received was useful at 92.3%, higher than last year's rate of 79.6% (+16%). Similarly, most respondents indicated they were satisfied with the quality of their interaction with BIAC at 88.5%, higher than last year's rate of 82.8% (+6.8%).

Testimonials

"I want to thank you for sending me the Brain Injury Resource Guides (referring to a directory created by southern region resource navigator). I gave them all to the inmates in my substance abuse classes. They were elated to get them! It was almost as if I had given them a "ray of hope." I can't thank you enough for providing this resource to the students in my classes. I reach about 150 inmates every week in 10 classes. The directory is a HUGE resource for many of them to connect with. It will most likely open many doors to services that most of these individuals did not know about."

> *- Professional working with survivors and southern region resource navigator*

"Thank you so much for helping me, I feel like I have hope!"

> - Resource navigation client

"BIAC staff has gone far beyond what I could have imagined. I am very pleased with the helpfulness thus far to connect (client's) mother to support as well as (client's) father who is struggling as her caregiver."

> - Son of resource navigation client

"Your services are pretty stellar!"

> - Resource navigation client

Key Accomplishments

- In FY21, three regions received 100% affirmative responses for survey Question 1, asking if support was useful, as opposed to FY20, when no regions received 100% affirmative responses ("yes").
- In FY21 (statewide), 92.3% of clients who responded to survey texts following resource navigation help found the support useful compared to 79.6% in FY20. Similarly, 88.5% were satisfied with the quality of their interaction with BIAC as opposed to 82.8% in FY20.

- Maintained virtual modalities (phones, email, text message, video conferencing), providing continuous services to clients through the COVID-19 pandemic.

Goals for FY22

- Maintain or increase resource navigation goal achievement rate.
- Increase consistency of service delivery and documentation across all resource navigators.
- Continue to explore and offer alternative means of accessing services, such as more telehealth-style support, especially to those in rural and frontier areas.
- Ensure all resource navigators follow protocol created by the process and improvement committee (which includes information on taking calls, documenting, and providing resources).
- Continue efforts to meet or exceed minimum survey response rates of 25% at the state, region, and county designation levels by ensuring that resource navigators notify clients that the text survey will be coming when closing their case and encouraging them to complete it.
- Ensure all new and existing clients who open a case complete a pre-outcomes survey capturing their well-being as well as a post-outcomes survey in six months to follow.

Self-management

Program Overview

FY21 is the fourth year BIAC has offered self-management (SM) to survivors 16 and over. 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 challenges in their life and to develop strategies for building specific skills related to communication, scheduling/planning, and prioritization/organization with the goal of greater self-sufficiency. This is a six- to nine-month program, and clients meet with their advisor for an average of four hours each month. Upon completion, clients must wait six months before reapplying.

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

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

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

Table 1 - Self-management Functional Tasks by Category

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

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

When the COVID-19 pandemic hit, clients were given the opportunity to "pause" their services or continue in a virtual format. Clients who chose to pause services were assured that they would still get the full six to nine month time in the program. New self-management applicants were able to begin and successfully complete the program in a virtual format.

In FY21, a total of 62 unique individuals applied for self-management services. Of those 62 individuals, 48 started services within FY21. Reasons that an individual might not start services after being approved for them include: a change in life circumstances that makes participation difficult, a client moving out of state, or a client who is unable to be reached by program staff to begin services. By the end of FY21, 68 unique individuals completed self-management services (some of these were clients who began the program in FY20 but completed it in FY21).

In FY21, self-management clients primarily resided in urban counties (*Figure 41*) and the Denver Metro region (*Figure 42*). For the first time, the Western Slope region had self-management clients. These two clients were both referred to BIAC by word-of-mouth, including one transfer from another state.

Figure 41 - Self-management Clients by County Designation (n=68)
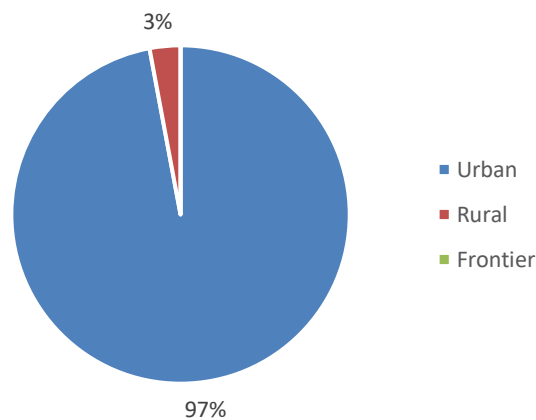
Figure 42 - Self-management Clients by Region (n=68)
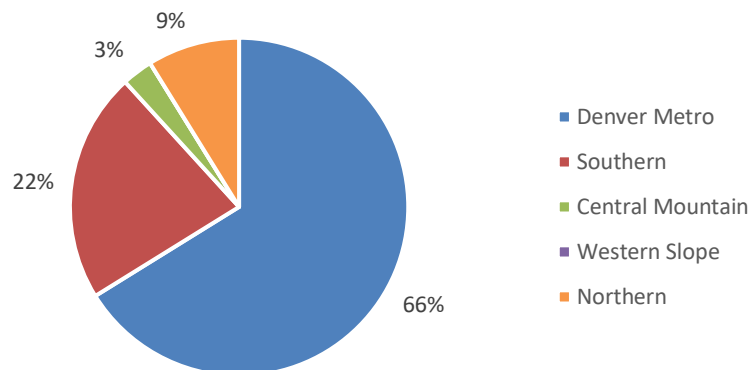
Self-management services are available for survivors who are 16 years or older and able to participate in the program independently. In FY21, self-management had its youngest client ever at age 17. There were three other youth referrals but none of them chose to participate in self-management . This demonstrates an opportunity to provide additional outreach to youth that might be accomplished with support from BIAC's program manager- education consultation/youth services . It was also noted that the largest group of participants shifted from 56-69 years old in FY20 to 41-55 years old in FY21 (*Figure 43*).

Figure 43 - Self-management Clients by Age (n=68)

Figure 43 - Self-management Clients by Age (n=68)
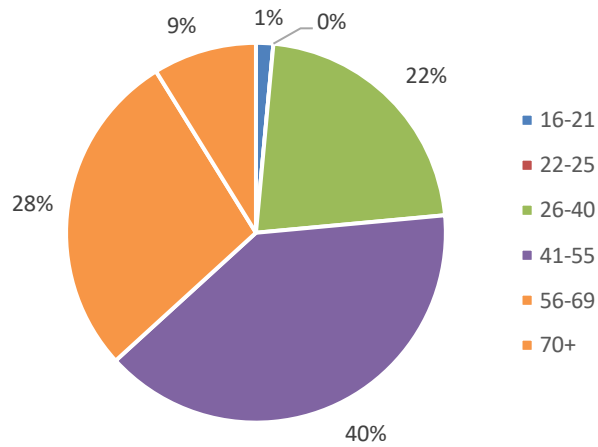
The gender distribution in self-management remained significantly more female than male in FY21, with nearly double the female participants (*Figure 44)*.

Figure 44 - Self-management Clients by Gender (n=68)
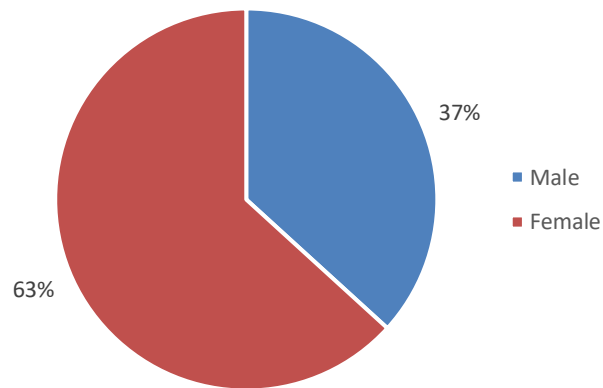
All races/ethnicities, with the exception of Asian, were represented in FY21 self-management clients. Caucasian/white survivors remained the majority of all clients. 100% of clients spoke English.

Figure 45 - Self-management Clients by Race/Ethnicity (n=68)

Legend:
- African American/Black
- American Indian/Alaskan
- Asian
- Caucasian/White
- Hispanic/Latino
- Other
- Unknown

Values: 6%, 4%, 0%, 2%, 3%, 16%, 69%
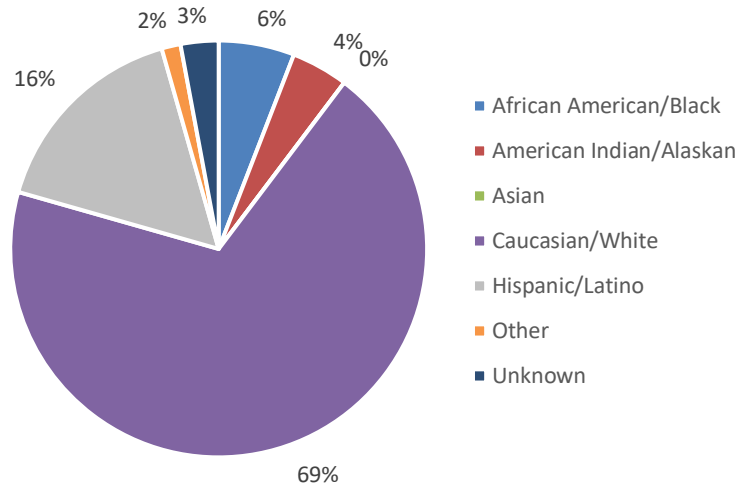
In FY21, BIAC served five veterans. This was a slight decrease from eight in the previous year. All other self-management clients reported as civilian or unknown (*Figure 46*).

Figure 46 - Self-management Clients by Military Status (n=68)

Legend:
- Civilian
- Veteran
- Unknown

Values: 84%, 7%, 9%
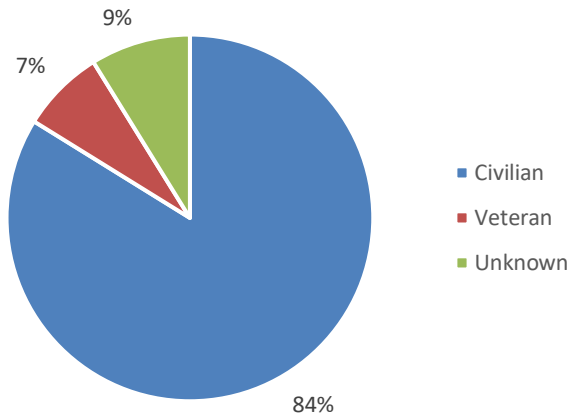
Over three-quarters (77%) of participants were first time clients. Eleven clients re-applied to the program (there were eight repeat applicants in FY20), indicating that clients continue to find value in the program and want to continue to benefit from self–management services. In FY21, one client participated for the third time.

Figure 47 - Self-management Clients, First-time and Repeat (n=48)

23%

77%

- First Time
- Repeat
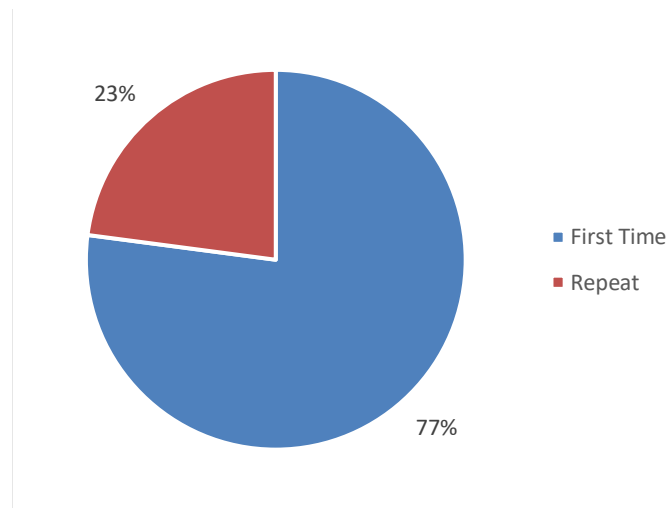
Service Participation

Clients apply for the self-management program by submitting a completed application and World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) (*Appendix E*: World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)). Referral to the program may come from the client, a professional, or a family member or friend. Unlike other services offered by BIAC, the self-management program requires a documented confirmation of a brain injury. This can be proven through medical records or the Ohio State University Traumatic Brain Injury Identification method (OSU TBI-ID). Clients identify the specific skill areas (functional tasks) they want to build or improve upon and are then assigned to a brain injury advisor and work with that assigned advisor for the duration of the program. The advisor and client work together to create specific goals (functional task goals). Forty-eight individuals started services in FY21.

Collectively, clients worked on 136 functional task goals, with an average of two functional tasks goals per client. Both of these figures are a slight increase from the previous year and could indicate that although advisors had fewer clients this year due to COVID-19, more quality time could be devoted to goal attainment. The Southern region shows a higher number of average functional task goals than the other regions. There were two clients in rural areas who signed up for self-management and were approved. However, both clients stopped engaging with their BI advisor before any goals were created. That is the reason there are clients identified in rural areas but no goals identified in those areas. (*Figure 48, Figure 49*).

Figure 48 - Average Number of Functional Task Goals per Client by County Designation (n=136)

Urban	2.1
Rural	0
Frontier	0
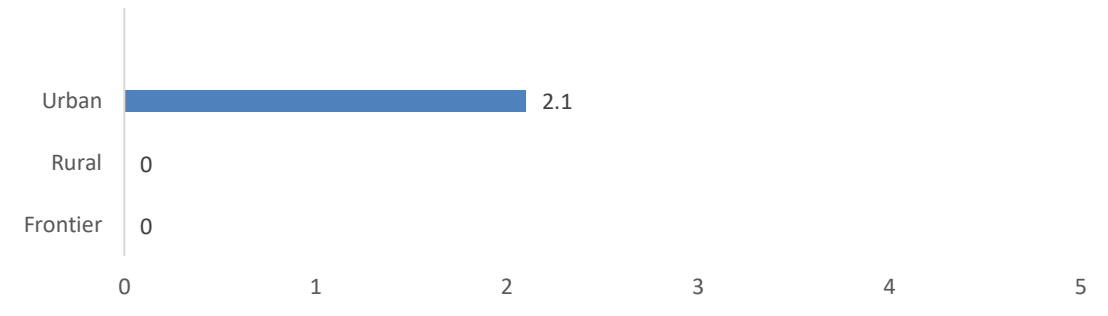
Figure 49 - Average Number of Self-management Functional Task Goals per Client by Region (n=136)

Denver Metro	1.7
Southern	2.9
Central Mountain	1
Western Slope	0
Northern	2.2
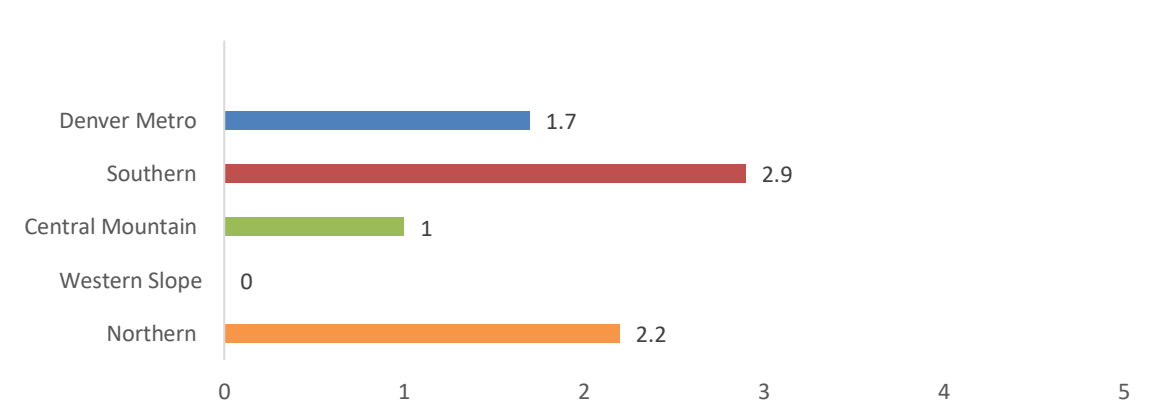
Of the 136 functional task goals, the prioritization/organization category continues to be the most popular category. Although the communication category was the least selected at 22%, this was still a 37% increase from FY20 (*Figure 50*).

Figure 50 - Percentage of Self-management Functional Task Goals by Category (n=136)

Communication	22.0%
Prioritization/Organization	78.0%
Scheduling/Planning	36.0%
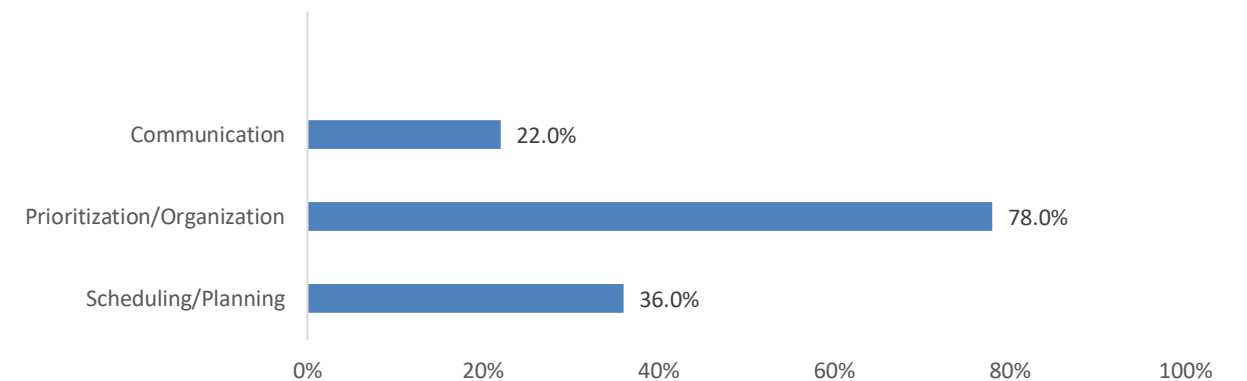
Overall, goals in the Prioritization/Organization category continue to be the most popular, and Communication goals continue to be the least popular. There is some variation between regions, however. This data has remained consistent for the past two years and indicates the importance of offering the

Prioritization/Organization category to clients. In the future, it may be helpful to provide additional clarification of the Communication category to clients, or it may need to be incorporated into another task.

As explained above, despite having two clients engage in self-management in rural areas, both stopped engaging with their brain injury advisor prior to establishing tasks. Therefore, we have data from urban clients only, as displayed below (*Figure 52*).

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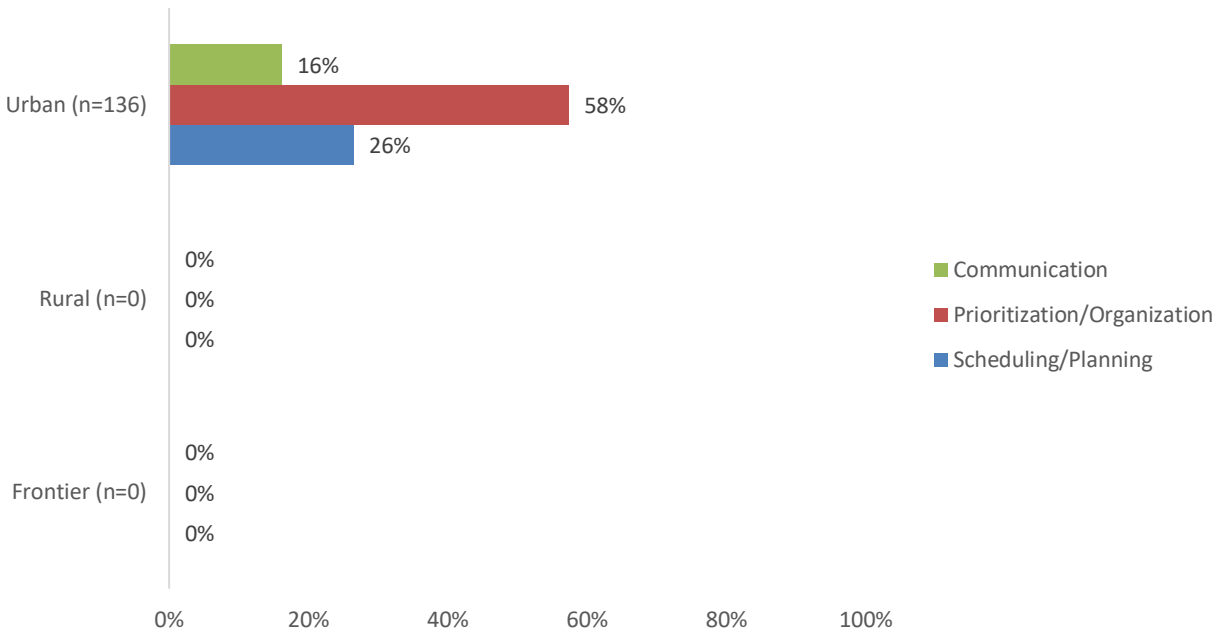
Evaluation

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

Goal Attainment Scales

Background & Objectives (Goal Attainment Scales)

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

Methodology (Goal Attainment Scales)

For each goal created by the client and advisor, a corresponding GAS is collaboratively developed to track each goal's progress. The GAS is comprised of five levels to monitor a client's progress: -1, 0, 1, 2, 3. This is slightly different 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 determined that allowing for more precise evaluation of progress was a higher priority than greater measurement of regression.

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

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

The goal description is: In the next two months, [Client] would like to create a system to keep all appointments that is more efficient and functional.

The strategies developed by the advisor and the client are:

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

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

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

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

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

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

Results (Goal Attainment Scales)

In FY21, from baseline to completion, GAS scores across all functional task goals had an average change of +2.18 (up from +1.92 in FY20), indicating notable progress made by all clients toward goal achievement.

When broken down by functional task type, all categories demonstrated similar amounts of improvement. (*Figure 53*). This indicates client achievement in all functional task categories, demonstrating program success. It is also important to note that no clients regressed or had a reduction in level of function.

Figure 53 - Self-management Average Change in Goal Attainment Scaling by Functional Task Category (n=136)
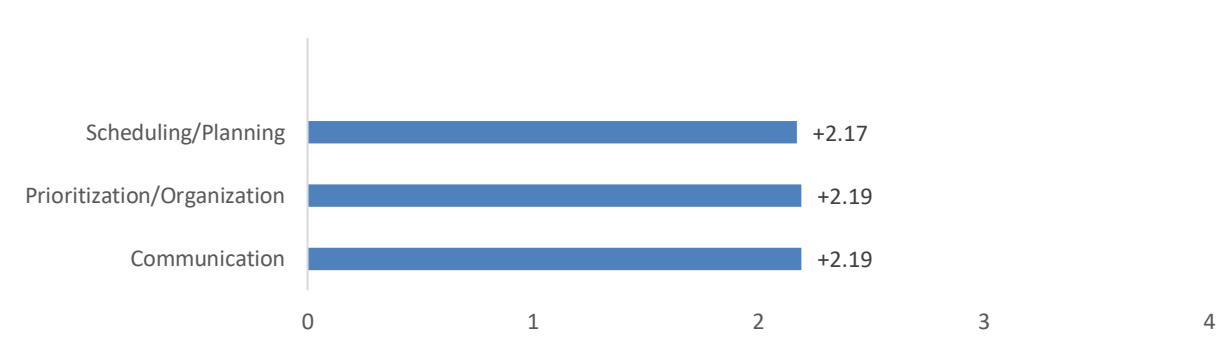
Conclusions (Goal Attainment Scales)

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

Confidence Scales

Background & Objectives (Confidence Scales)

Like GAS, confidence scales are a tool used by advisors and clients to measure and track progress while in the self-management program. While the GAS provides the team an objective approach to measuring progress, confidence scales are an evaluation tool that provides the team a more subjective view into how much more confident the client feels in their ability to achieve a goal, regardless of measurable achievement. The reason BIAC uses this to measure success is two-fold. First, BIAC believes 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 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 increases, that positive momentum will lead to fewer issues with initiation and greater success in learning or fine-tuning existing skills.

Methodology (Confidence Scales)

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

Results (Confidence Scales)

Average baseline confidence scores were slightly higher than FY20 (2.1 vs 2.46), and scores at program completion were lower this year than FY20 (3.68 vs 3.9). These figures indicate an 71% increase in confidence for FY21 (*Figure 54*) Building confidence correlates to goal achievement.

Figure 54 - Self-management Average Change in Confidence Score
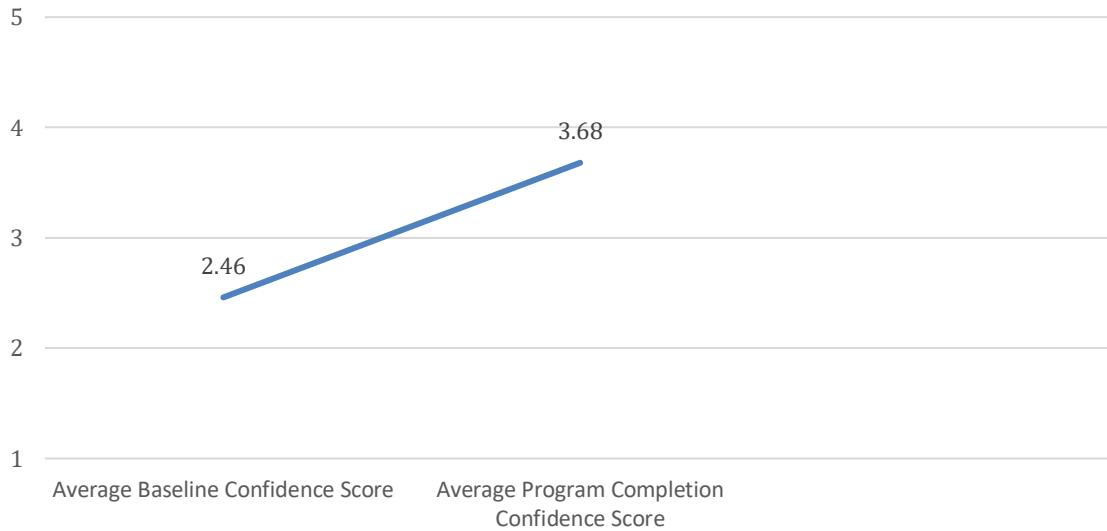
Breaking down client confidence by functional task category, clients entered services with the highest confidence in prioritization/organization and the least confidence in scheduling/planning and communication goals (tied at 2.32). By program completion, the greatest improvement in confidence occurred in scheduling/planning goals. Confidence scores in the scheduling/planning category from baseline to program completion increased +1.44. The prioritization/organization task and communication categories each demonstrated a +1.33 increase (*Figure 55*).

Figure 55 - Self-management Average Change in Confidence by Functional Task Category
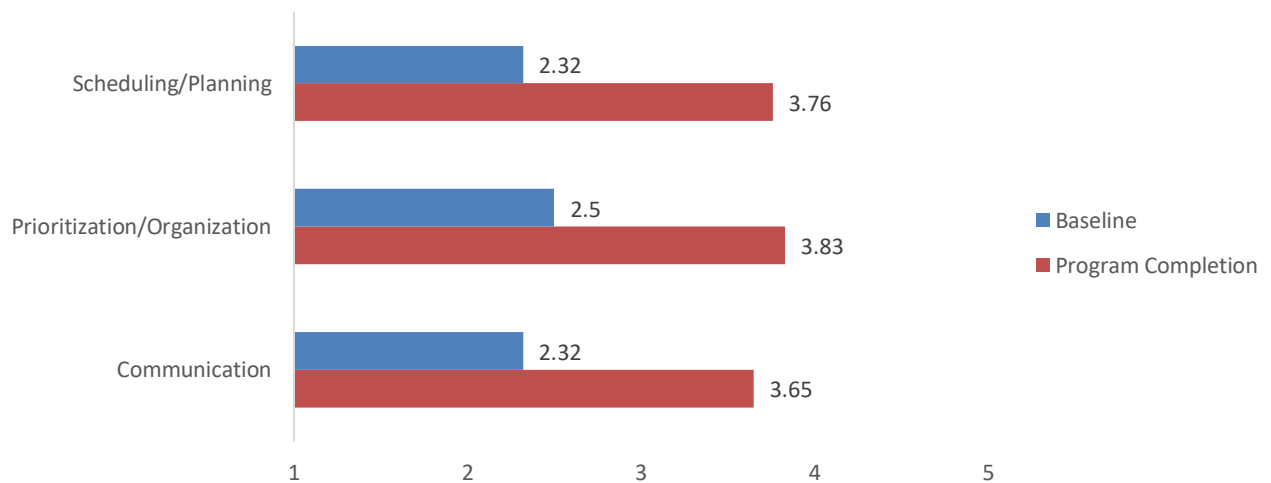
Conclusions (Confidence Scales)

Confidence scale scores increased in all functional task areas. As the program continues into its fourth year (FY22), and more clients re-enter services after their six-month period of practice, BIAC will be looking to compare the confidence scores and GAS scores of repeat clients to determine patterns that reveal how repeated participation in the program impacts clients over time. Confidence scores could be measured in comparison to GAS scores to find correlations between the two.

Satisfaction Surveys

Background & Objectives (Satisfaction Surveys)

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

Methodology (Satisfaction Surveys)

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

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

Results (Satisfaction Surveys)

In FY21, 68 individuals (100%) were offered the opportunity to complete the end of program satisfaction survey. Of those 68, 42 (61%) submitted responses. In FY20, there was a response rate of 19.5%. The self-management team put in a concerted effort to improve the response rate and their efforts proved successful. Response rates were highest in urban counties at 86%. By region, response rates were highest in the Denver Metro region and lowest in the Central Mountain region. No clients in the Western Slope region completed the self-management program in FY21 (*Figure 56, Figure 57*).

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

Figure 56 - Self-management Satisfaction Survey Response Rates by County Designation (n=42)
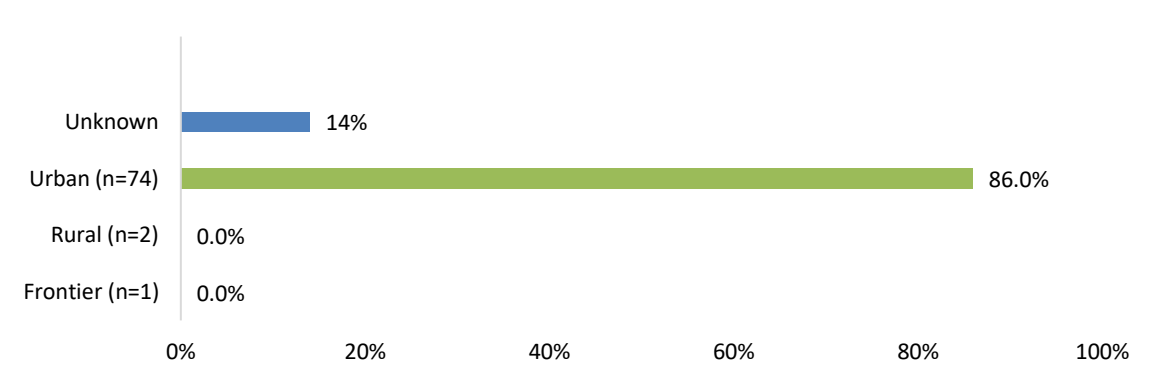
Figure 57 - Self-management Satisfaction Survey Response Rates by Region (n=42)
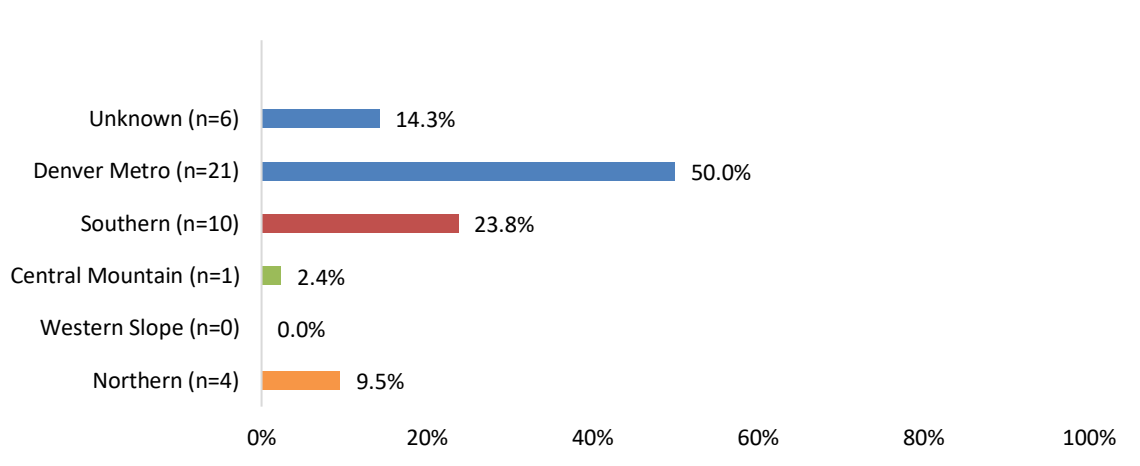
When asked ,"Overall, how self-sufficient do you feel since you began participating in BIAC's Self-management program?", nearly every respondent (96%) indicated that they felt "much more self-sufficient" (47%) or "more self-sufficient" (49%) (*Figure 58*). These figures are comparable to results in FY20.

Figure 58 - Self-management Satisfaction Survey, Question: Overall, how self-sufficient do you feel since you began participating in BIAC's Self-management program? (n=42)
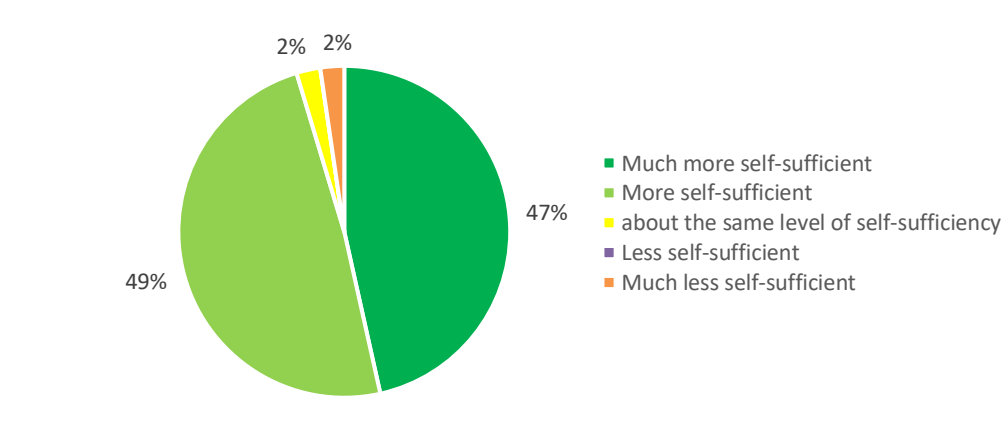
When asked, "Which of the words below would you use to describe BIAC's Self-management program? Select all that apply.", feedback was nearly all positive. Most respondents said the program was high quality (67.4%), worthwhile (74.4%), and met my needs (51.1%). Forty-six percent said the program was easy to understand. One respondent indicated that the program was confusing (2.3%) (*Figure 59)*. [7]

Figure 59 - Self-management Satisfaction Survey, Question: Which of the words below would you use to describe BIAC's Self-management program? Select all that apply. (n=42)
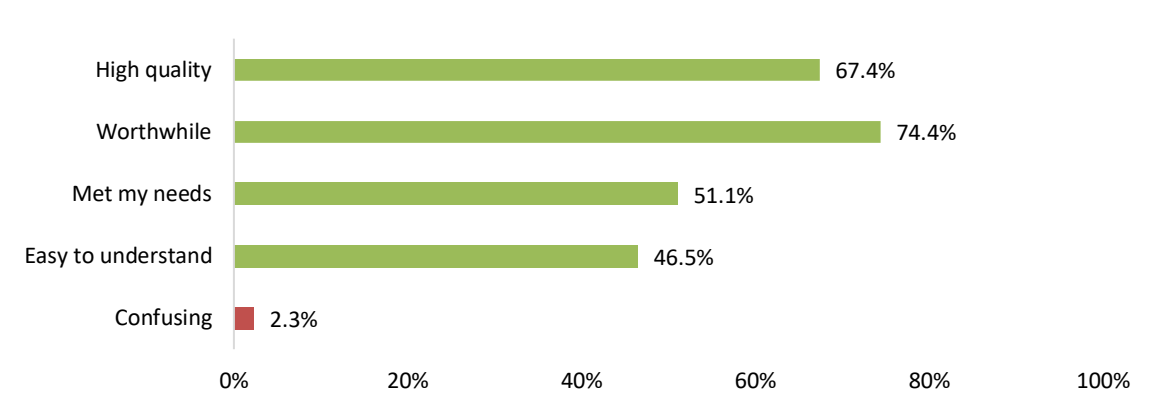
Overwhelmingly, clients indicated the working relationships with their brain injury advisor was very positive. When asked, "Which of the words below would you use to describe your brain injury Advisor? Select all that apply," all clients had positive feedback about staff approach. (*Figure 60*). [8]

Figure 60 - Self-management Satisfaction Survey, Question: Which of the words below would you use to describe your brain injury advisor? Select all that apply. (n=48)

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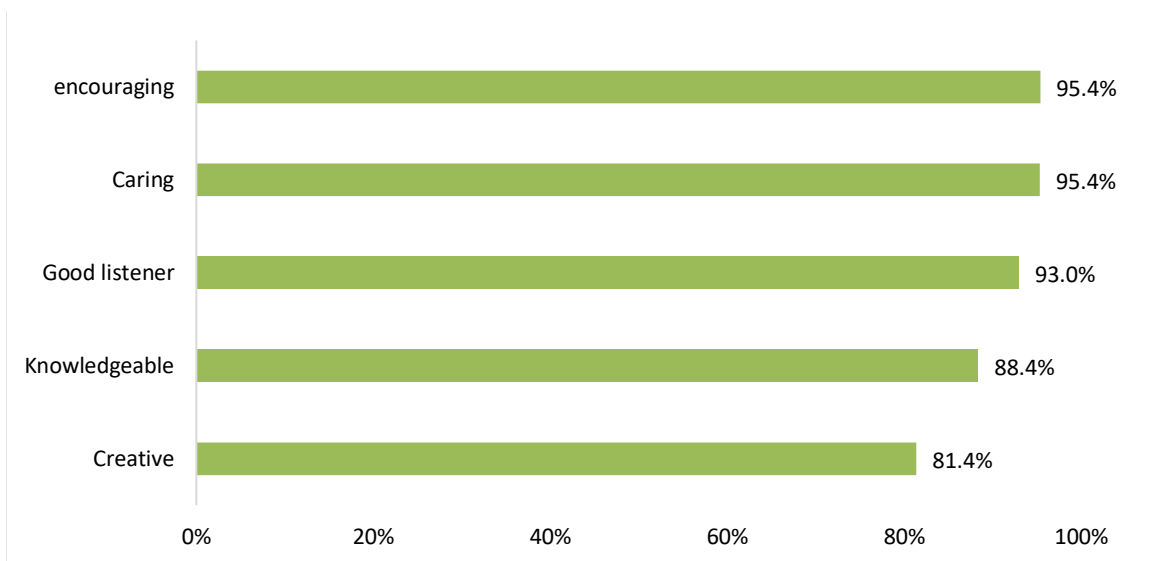
[7] Response options included: high quality, worthwhile, met my needs, easy to understand, poor quality, not a good use of my time, did not meet my needs, confusing.
[8] Response options included: encouraging, caring, good listener, knowledgeable, creative, discouraging, uncaring, poor listener, unknowledgeable, and uncreative.

Ninety-one percent of respondents indicated that the self-management program greatly exceeded or exceeded their expectations. Three clients indicated the program met their expectations, and one respondent did not answer the question (*Figure 61*).[9] Eight-six percent of respondents said they would recommend the program to others.

Figure 61 - Self-management Satisfaction Survey, Question: Overall, how did BIAC's self-management program align with your expectations? (n=42)

- The program greatly exceeded my expectations
- The program exceeded my expectations
- The program met my expectations
- No response
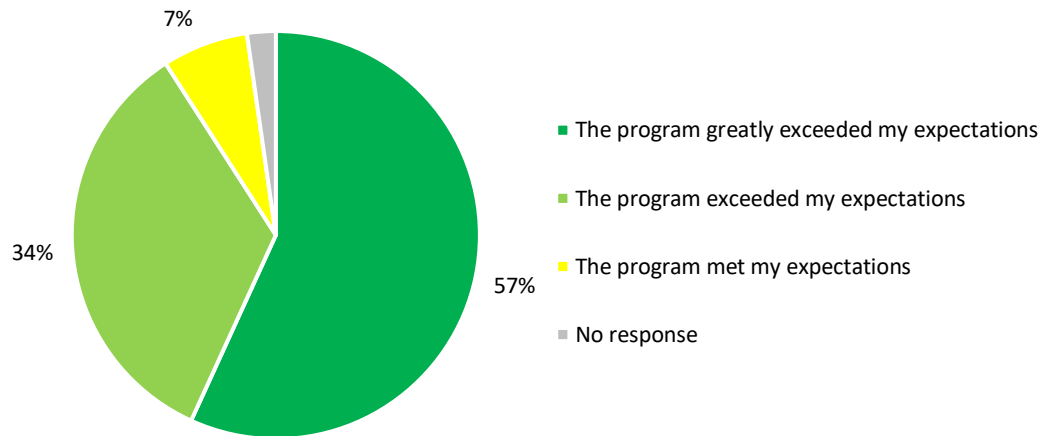
When assessing the components of the self-management program, regular meetings with advisors ranked amongst the highest in value with an average rating of 3.9 out of 4. Relationship mapping was the least valuable tool at 3.6. In FY20, relationship mapping was rated 1.8, between not at all valuable and a little bit valuable [10]. This increase may indicate the BI advisors improved the ability to utilize the tools effectively with clients (*Figure 62*).

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[9] Response options included: the program greatly exceeded my expectations, the program exceeded my expectations, the program met my expectations, the program fell below my expectations, the program fell far below my expectations, no response.
[10] For this question, 0 = does not apply to me, 1 = not at all valuable, 2 = a little bit valuable, 3 = somewhat valuable, and 4 = very valuable.

Figure 62 - Self-management Satisfaction Survey, Question: In your experience, how valuable were each of the following components of BIAC's Self-management program in helping you become more self-sufficient? (n=42)
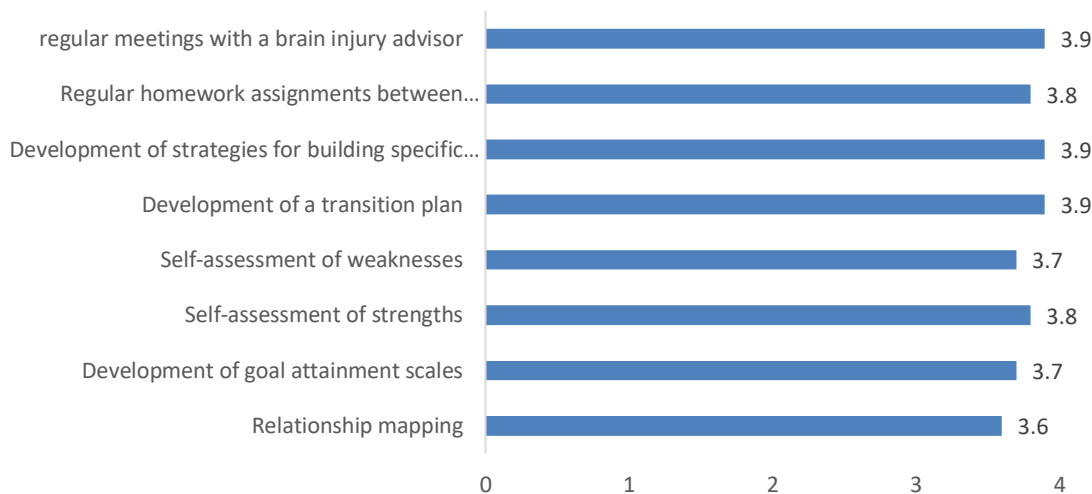
Conclusions (Satisfaction Surveys)

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

Response rates in FY21 were significantly higher (61%) compared with FY20 (19.5%). This increase is a direct result of new guidelines established by BI advisors.

Overall, feedback on the self-management program remained very positive in FY21 and is consistent with that received in FY20. Clients are feeling more self-sufficient at the end of the program, are working well with their advisors, and are reporting that the program exceeds their expectations and that they would recommend it to others.

Testimonials

"With new tools I am less anxious and more hopeful. I am trying to live more with purpose and less confusion."

> – Self-management client

"Regained some self-confidence & some very useful skills for moving forward!"

> – Self-management client

"My advisor is very knowledgeable, talented and well suited for this type of job. They were creative and had to be with me as my mind suddenly switches gears. They challenged me in beneficial ways"

– Self-management client

"What I liked best about the self management program was the excellent advice I would receive along with accomplishing my goals."

Self-management client

"I would definitely recommend the self management program to others. If one wants to move any part of their life forward and could use quality help, this is an excellent program to produce positive results."

– Self-management client

Key Accomplishments
- Successfully continued the self-management program virtually by working with clients by phone or Zoom during COVID pandemic.
- First youth (17 years old) to participate in the program.
- All clients increased in-goal attainment scale scores.
- 85% increase in perceived confidence scale scores.
- 96% of survey responses reported "more" or "much more" self-sufficiency, an increase from FY20.

- Tripled the number of returned surveys from 19.5% in FY20 to 61% in FY21.

Goals for FY22
- Increase the diversity of clients participating in the self-management program with a targeted outreach plan. This plan will include collaborative efforts with the program manager-systems outreach, the program manager- education consultation/youth services and the DEI committee at BIAC.
- Continue efforts to meet or exceed minimum survey response rates of 25% at the state, region, and county designation levels. Ensure that advisors provide the surveys to clients using their preferred method of communication, identify supports for completing the survey if needed, remind clients of the importance of providing feedback to maintain, improve and grow the program, and systematically follow up with non-responders.
- Increase client numbers by offering new program task options that include personal skills, home skills, and vocational skills, and reminding clients when they are eligible to reapply to the program.

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 FY21. The youth education liaison delivered consultative services in all five regions of Colorado to parents, school professionals, and community providers. The services provided in FY21 are the same as those provided in previous years of the contract, and included:

- Phone and in-person meetings with parents and school teams to discuss student-specific strengths, challenges, and education plans.
- Classroom observations.
- Guidance to BIAC case-managers on youth resources and education information.
- Collaboration with district-level BrainSTEPS team members.
- Collaboration with other agency professionals, including brain injury consultants at the Colorado Department of Education (CDE), the ARC of Colorado regional advocates, HCP care coordinators, Children's Hospital Colorado medical providers and learning specialists, concussion specialists at Rocky Mountain Hospitals for Children, and professionals at the Division of Youth Services (DYS), as well as other community providers involved with a particular student (mental health providers, speech language pathologists, occupation and physical therapists, etc.).
- Professional presentations at conferences and professional development for school personnel and community agencies.

Client Demographics

In FY21, a total of 37 unique individuals were referred to education consultation services. Of those 37 individuals, all were found eligible and received services within FY21. Most youth clients (89%) accessed services in urban areas, while 11% accessed services in rural areas, and zero clients accessed services in frontier areas (*Figure 63*). Services were concentrated in the Denver Metro region, with 65% of clients accessing services there; however, services reached all additional regions of the state, with 14% accessing services in the Southern region, 14% in the Northern region, 5% in the Western Slope region, and 3% in the Central Mountain region (*Figure 64*).

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

11%

89%

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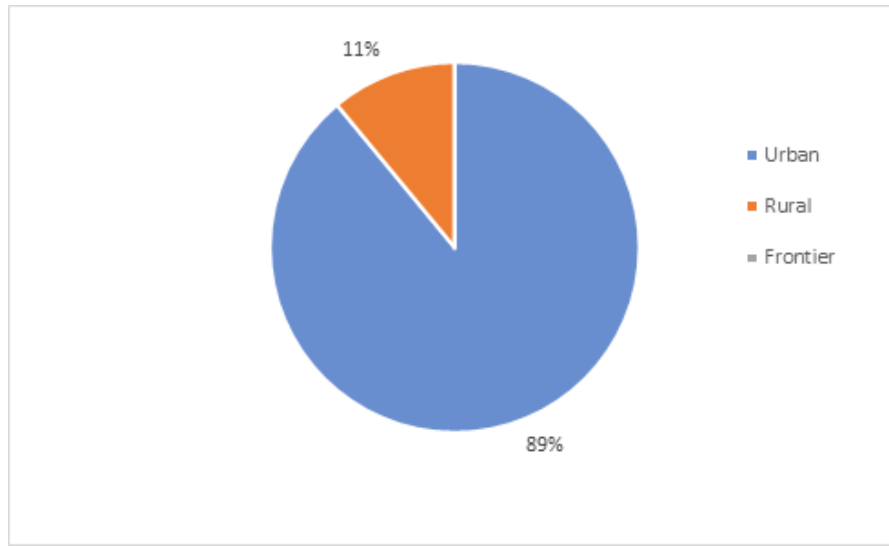
Figure 64 - Education Consultation Clients by Region (n=32)

14%

5%

3%

14%

65%

- Denver Metro
- Southern
- Central Mountain
- Western Slope
- Northern
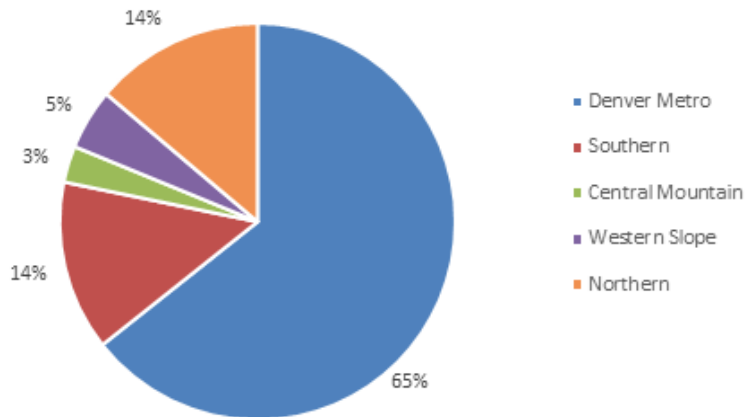
Youth clients must be 21 years old or younger to be eligible for education consultation services. Clients were nearly equally distributed across the middle (38%) and high school (41%) age groups, with a smaller number of clients falling into the early childhood (5%) and the elementary (16%) age groups. (*Figure 65*).

Figure 65 - Education Consultation Clients by Age Range (n=32)
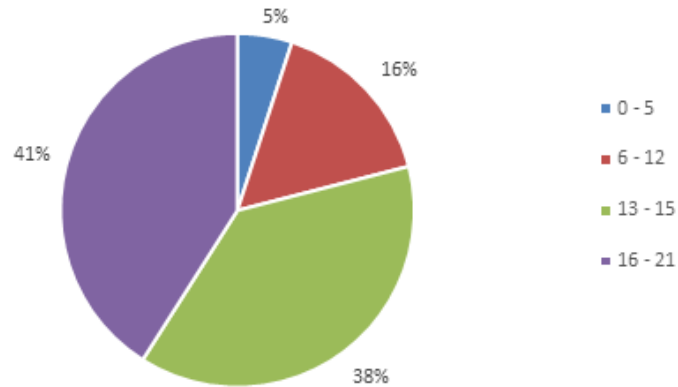
The majority (73%) of youth clients were male, and the minority (27%) were female (*Figure 66)*.

Figure 66 - Education Consultation Clients by Gender (n=32)
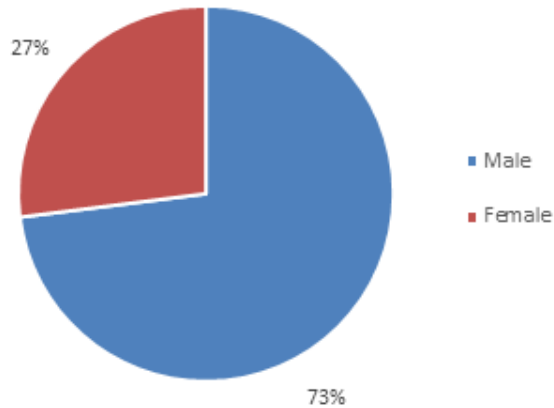
Almost half of youth clients identified as Caucasian/white (43%), and almost one-third identified as Hispanic/Latino (30%). Five percent identified as being African American/Black. No clients (0%) identified as American Indian/Alaskan or Asian. Of the remaining, 5% identified as Other and 16% did not specify (*Figure 67*).

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

Figure 67 - Education Consultation Clients by Race/Ethnicity (n=32)
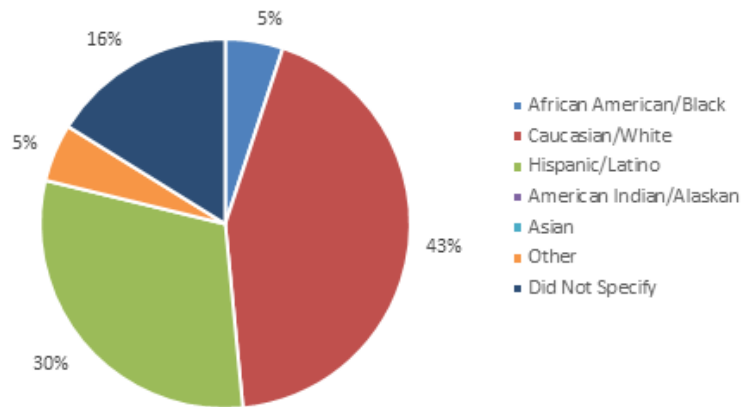
English was the preferred language for most youth clients (86%), with the remaining 14% preferring Spanish and zero preferring Other. (*Figure 68*).

Figure 68 - Education Consultation Clients by Preferred Language (n=32)
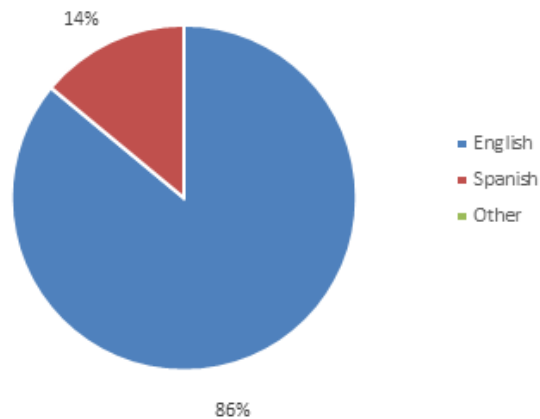
BIAC also collected data from first-time education consultation clients about their injury history via self-report (*Figure 69*). It is important to note that this figure includes *all* causes of brain injury – both traumatic (TBI) and non-traumatic (non-TBI) - however, all clients represented in the data reported *at least* one brain injury, making them eligible for MINDSOURCE-funded services. A total of 26 injuries were reported for clients receiving education consultation services. The minority (3%) reported two or more injuries, while 97% of clients reported one injury. 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 10.85 years. The most common types of injuries reported by youth clients were struck by/struck against (19%), motor vehicle accidents (12%), falls (12%), and sports/rec (12%), together comprising over half of all injuries reported.

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

(Bar chart showing, from top to bottom:)
- Struck By / Struck Against: 19%
- Sports/Rec: 12%
- Motor Vehicle Accident: 12%
- Fall: 12%
- Pedestrian: 8%
- Medical/Disease: 8%
- Domestic Abuse: 8%
- Tumor: 4%
- Stroke: 4%
- Gunshot: 4%
- Bicycle: 4%
- Anoxia: 4%
- Aneurysm: 4%

(x-axis: 0% to 20% in 2% increments)
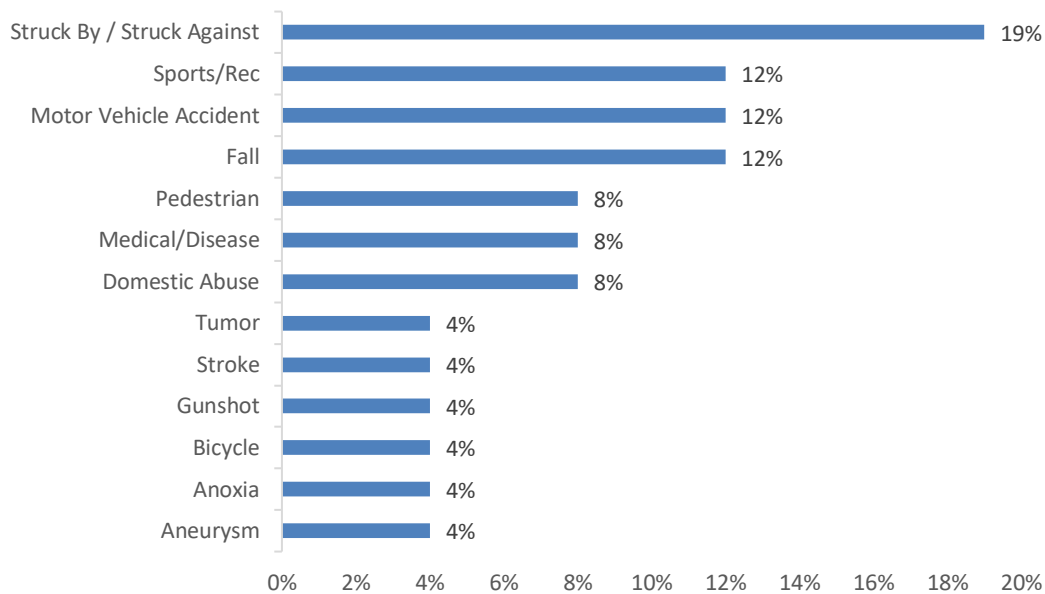
Service Participation

During FY20, education consultation clients were able to open a case, or start services, at any point during the academic year from August through May. All open cases were closed at the end of the academic year in May. As written in the contract, it was expected that a total of about 70 youth might be served by education consultation in FY21. In actuality, 37 clients (52.8% of estimate) accessed education consultation services, of which 21 (56.7%) were first-time clients.

Once a case is opened, one or more goals are created related to the client's needs. A total of 50 goals were created during the year, with an average of 1.35 goals per client. Well over half of the goals created were academic (68%), and the next largest category included BI education (14%). The remaining were related to behavior, hospital to school transitions, and connection to resources (*Figure 70*). [11]

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

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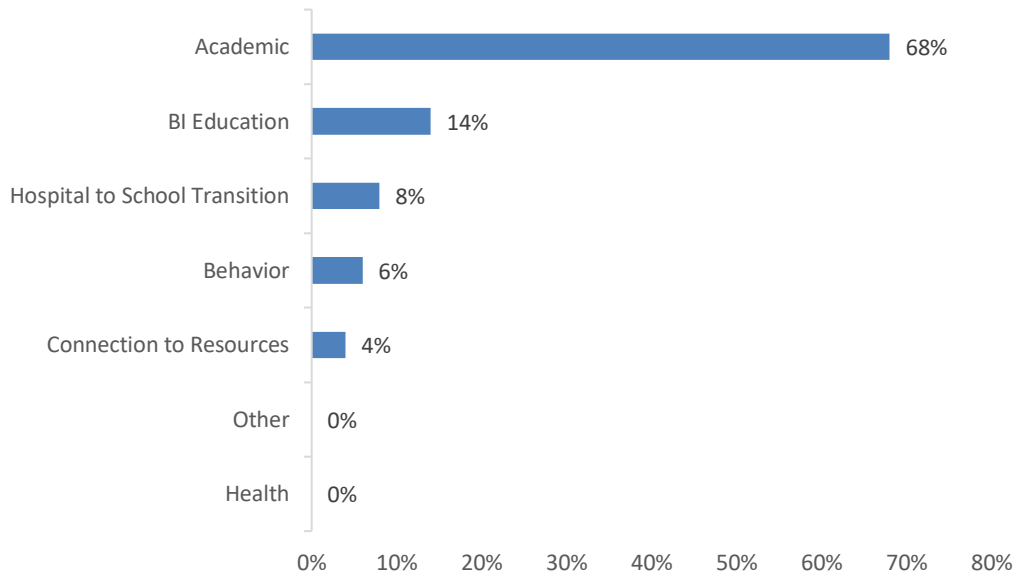
Evaluation

Satisfaction Surveys

Background & Objectives

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

Methodology

All 37 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. All clients had an email address on file and therefore received a SurveyMonkey webform provided as a link in an email from a BIAC staff member. All responses were automatically collected within SurveyMonkey when the client completed the survey online.[12]

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

To increase participation, reminder surveys were sent two weeks later to those who had not yet responded. The reminder surveys were sent as a SurveyMonkey webform provided as a link in an email in the client's preferred language.

The questionnaire used for this survey solicited both qualitative and quantitative data and used a combination of multiple-choice and open-ended questions to assess each respondent's satisfaction with the education consultation services they received. The full questionnaire is included in *Appendix G*: Youth Education Consultation Satisfaction Survey. Of the 37 surveys distributed, seven (18.9%) were completed. Of the 33 surveys distributed to those in urban areas, six were completed (16%); one of the four distributed to those in rural areas were completed (25%), and none were distributed or completed in frontier areas (*Figure 71*). By region, 16% (4) of Denver Metro region, 40% (2) of Southern region, and 33% (1) of Northern region clients completed the survey (*Figure 72*).

Figure 71 - Education Consultation Satisfaction Survey Response Rates by County Designation (n=32)
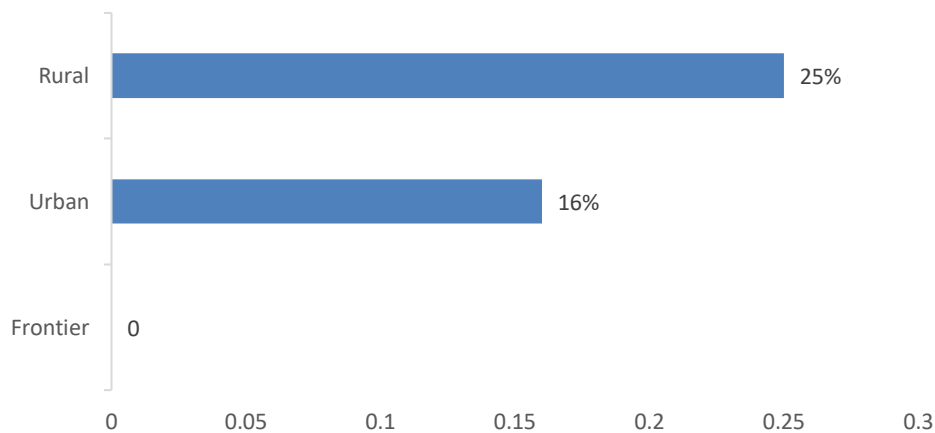
Figure 72 - Education Consultation Satisfaction Survey Response Rates by Region (n=32)
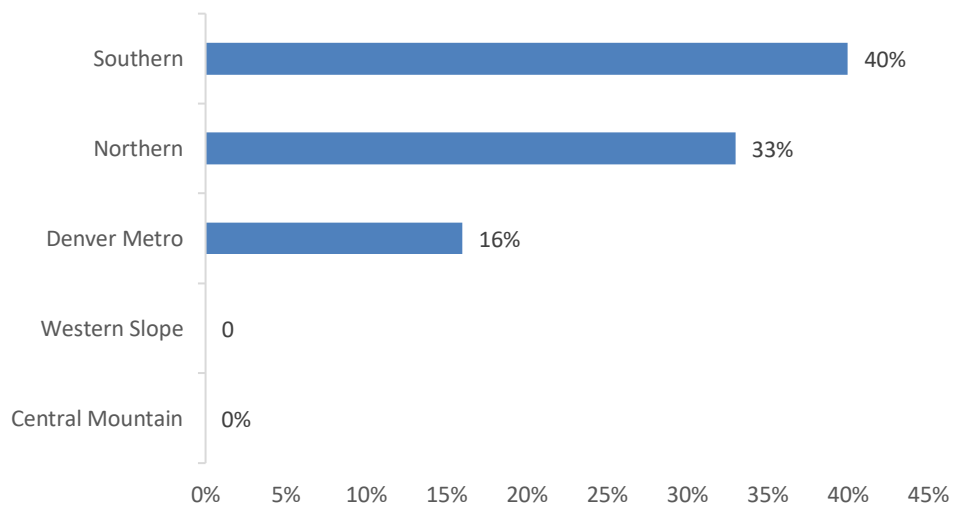
When asked, "Overall, how supported do you feel since you began receiving Education Consultation services from our Youth Education Liaison this school year?" 100 percent of respondents indicated they felt much more supported (71%) or more supported (29%) (*Figure 73*). [13]

Figure 73 - Education Consultation Satisfaction Survey, Question: Overall, how supported do you feel since you began receiving Education Consultation services from our Youth Services Coordinator this school year? (n=32)
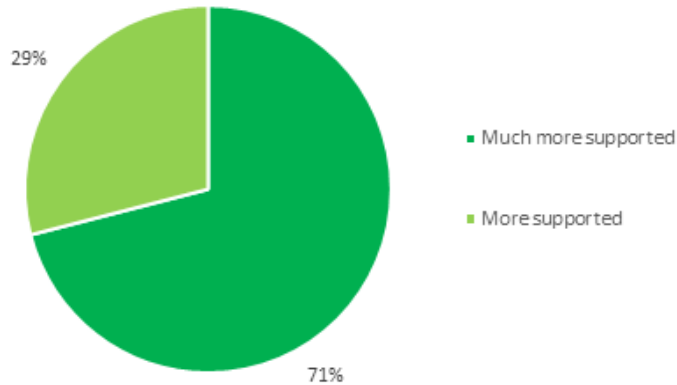
When asked which words describe the education consultation services, a majority of respondents selected high quality (71%), and over half selected worthwhile (57%) and easy to understand (57%). Under half (29%) selected met my needs (*Figure 74*). No respondents selected poor quality, not a good use of my time, did not meet my needs, or confusing to describe BIAC's education consultation services. [14]

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[13] Response options included: much more supported, more supported, about the same level of support, less supported, and much less supported.
[14] Response options included: high quality, worthwhile, met my needs, easy to understand, poor quality, not a good use of my time, did not meet my needs, confusing.

Figure 74 - Education Consultation Satisfaction Survey, Question: Which of the words below would you use to describe BIAC's education consultation services? Select all that apply. (n=7)
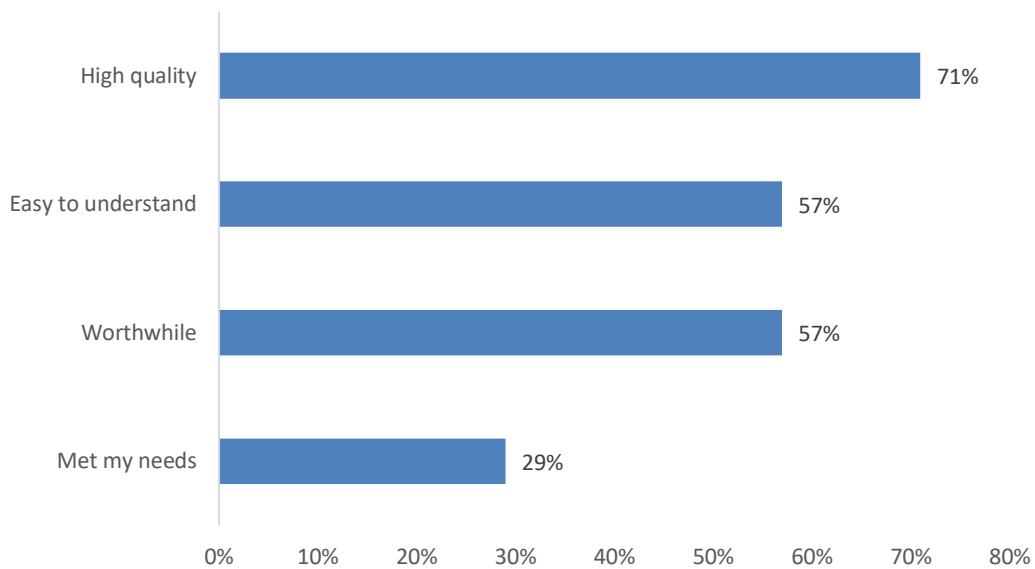
All respondents described their working relationship with their youth services coordinator as very positive. When asked which words describe their youth services coordinator, six out of seven (85.7%) selected encouraging, good listener, and caring. Five out of seven (71%) chose knowledgeable, and four out of seven (57%) chose creative. No respondents used the words discouraging, uncaring, poor listener, unknowledgeable, or uncreative to describe their youth services coordinator *(Figure 75)*.[15]

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

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

Word	Percentage
Good listener	85.7%
Caring	85.7%
Encouraging	85.7%
Knowledgeable	71.0%
Creative	57%
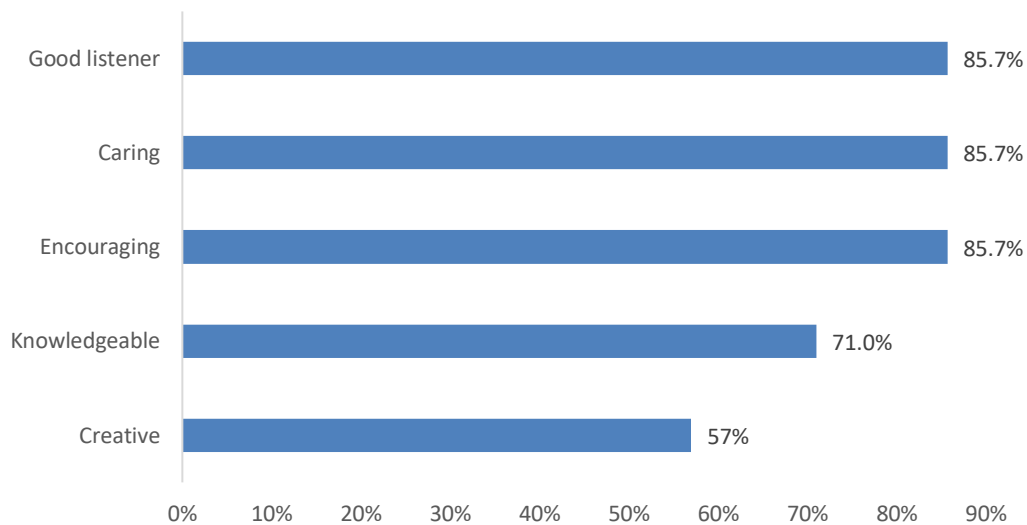
Similarly, all respondents said that BIAC's education consultation services either greatly exceeded (57%), exceeded (14%), or met (29%) their expectations (*Figure 76*). [16] A majority of respondents (71%) said they would recommend BIAC's education consultation services to others; the other two did not provide an answer to this question.

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

- The program greatly exceeded my expectations — 57%
- The program exceeded my expectations — 14%
- The program met my expectations — 29%

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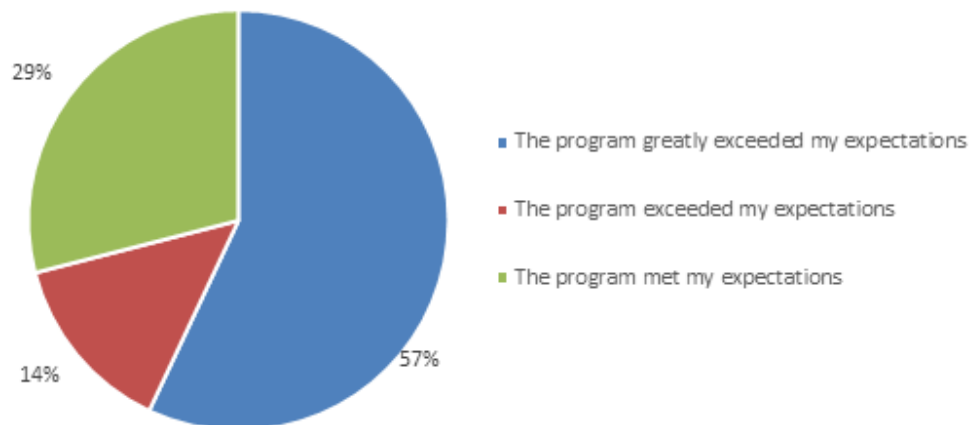
[16] Response options included the services greatly exceeded my expectations, the services exceeded my expectations, the services met my expectations, the services fell below my expectations, and the services fell far below my expectations.

Conclusions

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

Response rates were about the same in FY21 at 18.9% compared with FY20 at 18.8% (+0.1%), despite the additional effort of sending reminder surveys to those that did not respond to the initial survey. Anecdotally, it is suspected that challenges related to COVID-19, such as technology fatigue and changes within school systems, may be contributing factors to response rates in FY21. Additionally, since some clients engage heavily during a certain part of the school year, but all clients receive the satisfaction surveys at the end of the school year, there is potentially a long period of time between when clients are engaged and when they receive the survey. This may also contribute to the low percentage of responses.

Overall, feedback on education consultation services remained very positive in FY21. Respondents are feeling more supported or much more supported at consistent rates, with 100% of clients responding this way in FY20 and FY21. They are also reporting that the program exceeded their expectations, greatly exceeded their expectations, or met their expectations at a rate of 100% in FY21. A majority of respondents (71%) reported that they would recommend the program to others. Although this percentage is lower than in previous years, a couple of respondents did not provide an answer to this question, which brought down the percentage. No clients selected that they would not recommend the program. Finally, the program also reached all five regions of the state this year, which is an increase from FY20, when the program reached four out of five regions.

Testimonials

"YSC was very supportive for our family in many ways. One way where we feel the support was impactful was around the IEP. I feel that most of the school staff was more open to hear from and accept information and input from YSC. Without that support, I don't feel that we would have been heard or taken very seriously."

> – Parent of education consultation client

"Kate Fatica has been wonderful... She has been present for all meetings except the one she wasn't given a link to, and has always been available to chat about how things are going in the classroom... The Covid 2020-21 school year has been kind of a waste, so we look forward to a new start next year."

> – Parent of education consultation client

"Kate has been fantastic and such a help"

> – Parent of education consultation client

"It is very challenging to be in the role of a caretaker for a teen with a TBI and equally as challenging, I am sure for the teen with the TBI. We felt we could bring anything we were struggling with to YSC attention and she either had excellent and creative ideas and if she was not sure in that moment, she would look into it and get back to us. There were many frustrating moments dealing with the school and trying to get them to see things through a different prospective (brain injury) and our YSC always went above and beyond to help."

– Parent of education consultation client

"Kate was awesome!! She actually went out of her way to initiate contact pretty often to check on us. She also virtually attended all meetings with me and my son's school, no matter how unproductive the meeting seemed or turned out to be."

– Parent of education consultation client

"[What I liked best about the service was] Communication! She emailed or texted or called as much as necessary... As well as I liked the once a month parent support zoom call first Wednesday of the month."

– Parent of education consultation client

"Kate Fatica is amazing!"

– Parent of education consultation client

"All the support around educational needs and emotional support as well. Availability to attend school meetings, check ins, information and resources."

– Parent of education consultation client

"It's great talking to people that already know about brain injuries and the struggles that go with it, as opposed to having to explain things to new people."

– Parent of education consultation client

"There was nothing I did not like."

– Parent of education consultation client

Key Accomplishments

- Education consultation services reached five out of 5 regions in the state.
- Satisfaction survey responses and testimonials continue to demonstrate the value and need for this service. Survey responders reported they felt more supported or much more supported, consistent with results from FY20; that the program exceeded, greatly exceeded, or met their expectations; and provided positive descriptors about the education consultation program and liaison, with zero respondents choosing negative descriptors or feedback.
- Despite unexpected changes with staffing and COVID-19, education consultation continued to provide services remotely to youth clients and their families, ensuring continuity of support.

Goals for FY22

- Increase the number of families served to meet the or exceed the minimum threshold of 70. BIAC will work with MINDSOURCE to improve strategies for outreach and strive to further develop and deepen relationships with stakeholders, such as Children's Hospital and the Division of Youth Services.
- Review processes to identify possible barriers to service and to better understand how to most effectively support youth clients, their families, and providers.
- In FY22, the youth services coordinator will play a key role in developing and facilitating classes that are specifically designed to support youth clients and their families. Classes will be designed to accommodate for changes, precautions, or limitations due to COVID-19.
- Promote self-management program for eligible youth.
- Continue efforts to meet or exceed minimum survey response rates of 25% at the state, region, and county designation levels. Ensure that the youth services coordinator administers the surveys to clients using their preferred method of communication, identifies supports for completing the survey if needed, reminds clients of the importance of providing feedback to maintain, improve and grow the program, and systematically follows up with non-responders.
- Continue outreach efforts within the juvenile justice system to increase cases coming from this population.

Classes and Workshops

Program Overview

In FY21, BIAC had a total of 93 individual offerings of classes and workshops throughout Colorado to youth and adults living with a brain injury. Two unique classes and workshops were specific to youth survivors, and three of our virtual classes and workshops opened their participation to both youth and adults. The remaining were offered to adult survivors. All classes and workshops moved to a virtual setting, which was offered statewide for the majority of the year as we adapted to the COVID-19 pandemic and found ways to reach as many survivors as possible.

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

Service Participation

One hundred and eighteen unique individuals attended at least one class or workshop in FY21 with a total of 613 attendees. There were a total of 93 offerings of classes/workshops. On average, there were six attendees per class/workshop. Last fiscal year there were a total of 230 unique individual names but only five participants per class. Even though there was a decrease in overall unique individuals we had more consistency with clients attending classes or workshops more consistently. This year, all of BIAC's classes/workshops moved to a virtual platform using Zoom. This allowed us to hit all parts of the state by having survivors from almost every region join in a class or workshop.

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

Figure 77 - Classes and Workshops by Type (n=93)
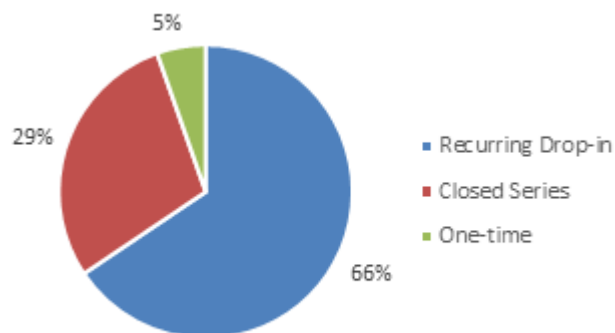
Recurring drop-in classes accounted for 66% of those offered in FY21. These are classes/workshops that are regularly offered weekly, biweekly, or monthly, allowing for many opportunities to participate. Closed series

classes accounted for 29% of offerings, which were four- to six-week series of classes. And 5% of offering were one-time workshops.

Figure 78 - Classes and Workshops, Adults and Youth (n=93)
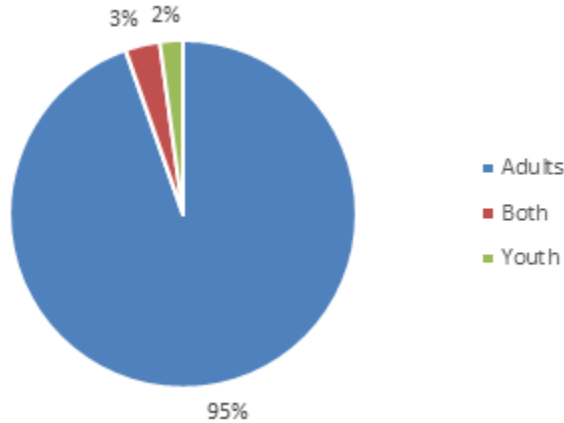
The main age group BIAC offered classes/workshops to was adults (95%). There were limited classes/workshops offered to youth or both (5% total) this past fiscal year, which will be an important factor to coordinate more services toward this population in FY22.

Figure 79 - Classes and Workshops Attendance by County Designation (n=613)
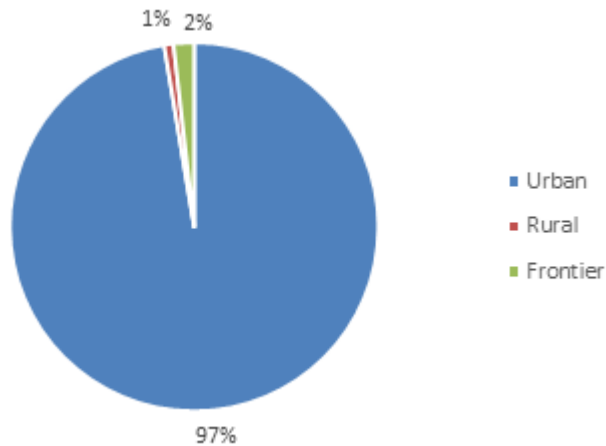
All classes/workshops offered this past year were held in the virtual setting and offered statewide, not area specific. The majority of attendees virtually were from the urban areas (97%). We did have an increase in participation in the frontier areas (2%) since last fiscal year we did not offer any classes/workshops in the frontier areas.

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Figure 80 - Classes and Workshops Attendance by Region (n=613)
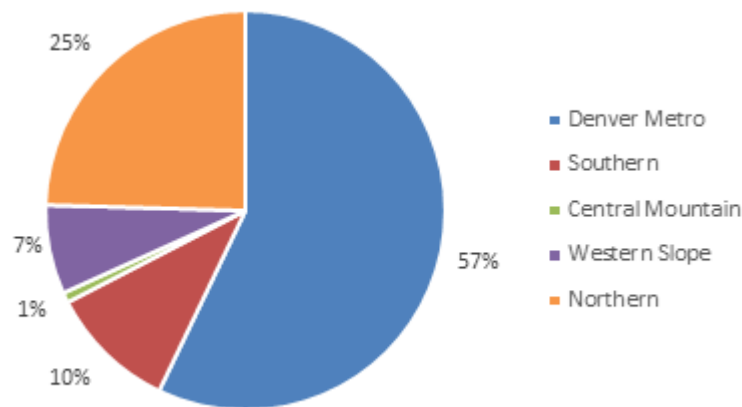
With classes/workshops offered statewide virtually, we tracked where participants were joining in from by region. The greatest attendance was in the Denver Metro region (57%), followed by the Northern region (25%). The Southern (10%), Western Slope (7%), and Central Mountain regions had the least amount of overall attendance but is an increase from previous years. We will look into continuing the virtual options for participants once in-person opportunities are allowed again so we can still hit all regions of the state.

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 who 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 an online survey emailed to them at the end of the virtual class or workshop. The platform BIAC used was SurveyMonkey, an online surveying platform. If a class or workshop participant was unable to complete the survey themselves, a caregiver or family member was invited to complete the survey on their behalf with as much participant involvement as possible. Feedback is automatically collected by the online platform once the participant has completed it for data analytic purposes.

Classes and workshops are offered primarily for and to survivors of brain injury; however, on occasion, professionals serving survivors of brain injury were permitted to attend alongside a client, or alone if space was available, based on approval by the class or workshop facilitator. Professionals were also invited to complete the survey, but their responses are not included in the summary below, nor is their attendance

tracked in the classes and workshops totals. The surveying schedule varied by the type of class or workshop and is detailed below (*Table 2*).

Table 2 - Class & Workshop Survey Schedule by Type

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

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

As anticipated, it is observed that in-person classes/workshops in the last fiscal year (FY20) had a higher response rate than the virtual classes offered this past fiscal year (FY21), when *Figure 81* and *Figure 82* are compared.

Figure 81 - Classes and Workshops Satisfaction Survey Response Rates by Class or Workshop (n=299)
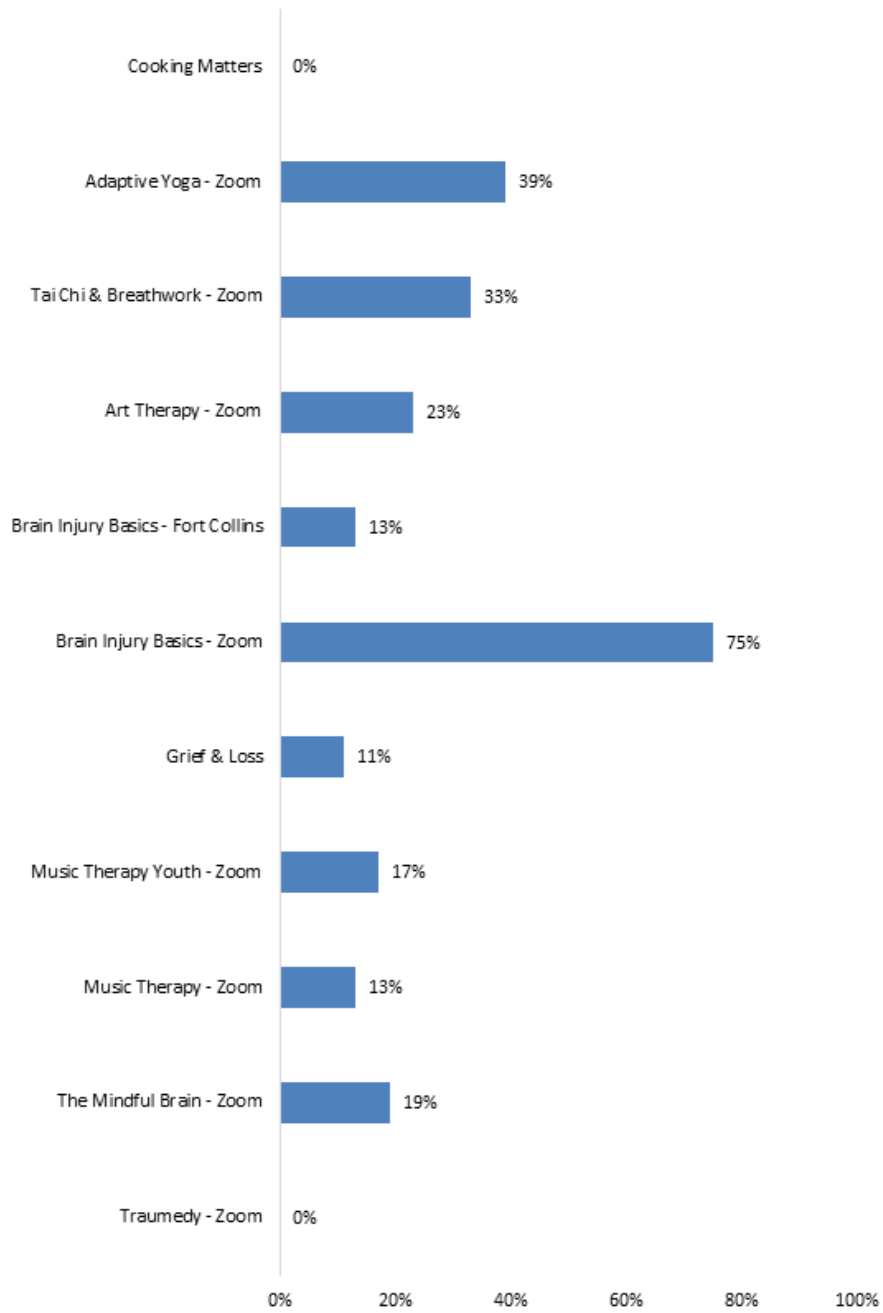
Figure 82 - Classes and Workshops, Number of Attendees per Class or Workshop with Survey Offered (n=299)

Class/Workshop	Value
The Mindful Brain - Zoom	16
The Mindful Brain - Zoom	14
The Mindful Brain - Zoom	13
The Mindful Brain - Zoom	9
The Mindful Brain - Zoom	11
The Mindful Brain - Zoom	10
Adaptive Yoga - Zoom	8
Adaptive Yoga - Zoom	7
Adaptive Yoga - Zoom	10
Adaptive Yoga - Zoom	12
Tai Chi & Breathwork - Zoom	6
Tai Chi & Breathwork - Zoom	5
Tai Chi & Breathwork - Zoom	6
Tai Chi & Breathwork - Zoom	4
Tai Chi & Breathwork - Zoom	6
Social Wellness - Zoom	6
Social Wellness - Zoom	3
Social Wellness - Zoom	5
Social Wellness - Zoom	8
Social Wellness - Zoom	11
Grief & Loss - Zoom	6
Grief & Loss - Zoom	3
Grief & Loss - Zoom	4
Grief & Loss - Zoom	3
Brain Injury Basics - Northern Zoom	8
Brain Injury Basics - Denver Zoom	12
Brain Injury Basics - Statewide Zoom	7
Music Therapy Youth - Zoom	3
Music Therapy Youth - Zoom	3
Art Therapy - Zoom	14
Art Therapy - Zoom	6
Art Therapy - Zoom	5
Music Therapy Adults - Zoom	7
Music Therapy Adults - Zoom	2
Music Therapy Adults - Zoom	7
Music Therapy Adults - Zoom	7
Music Therapy Adults - Zoom	5

Results

Across all classes and workshops, on a scale of 1 to 10, with 1 being "not at all satisfied" and 10 being "completely satisfied," average ratings were at or above 8.2, indicating that clients were mostly satisfied with their experience (*Figure 83*).
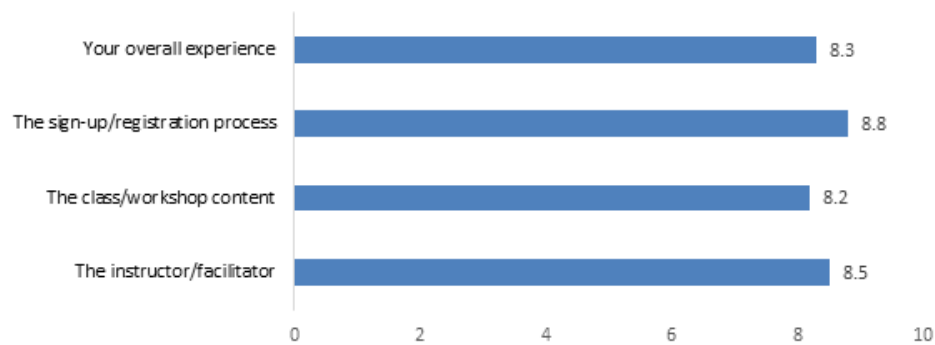
After all classes and workshops were switched to a virtual platform to accommodate for the pandemic, participants were asked if the physical space on virtual participation was inviting for people with brain injuries; 55% responded affirmatively and stated it was the best option they had. The other 45% of answers being "N/A" rather than "No", and comments stating, "It's as inviting as a screen can be.". These responses indicate that most were satisfied with the virtual setting given the pandemic circumstances with 5% or less stating "No" they did not find it inviting When asked if participants would recommend these classes/workshops to other survivors, 97% indicated they would recommend them to another survivor, showing the content is meaningful to participants.

Conclusions

Overall, classes and workshops offered this fiscal year were very highly rated in terms of process/logistics, content, and the facilitator/instructor used, 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 music therapy class said, "Continue the Zoom option even when able to meet in person. Travel is difficult for some of us," which BIAC is taking into account for FY22 opportunities. As new classes were piloted, the feedback from surveys administered informed their continuation as well any needed improvements these opportunities may require. This process creates a natural, ongoing feedback and improvement loop, which should help keep satisfaction ratings high over time.

This past fiscal year, with all classes/workshops provided in a virtual platform, we did not have any region-specific opportunities except for our Brain Injury Basics workshops. The change to a statewide virtual offering has changed how we categorize some of our analytic data by displaying the region of where attendees reside who are participating, rather than what region the class/workshop was offered. This will give a more detailed display of distribution of classes offered by showing who is participating and in which region of the state, even the more remote mountainous and rural regions.

Response rates overall were low, as anticipated after moving to a virtual platform and having surveys completed online at the participants' discretion rather than a hard copy handed to them right after an in-person class. When COVID-19 caused in-person sessions to cease, it in turn caused in-person survey administration to come to a halt as well. There was an observed decline in survey responses when sent out through email. These instances are difficult to predict and are irregular, meaning that steps may need to be taken retrospectively to solicit input in the future. With in-person opportunities beginning alongside virtual

ones, the administration of in-person surveys can be implemented once more for those who join in-person rather than virtually. 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

"I really like the idea of telehealth with my brain injury. I am uncomfortable being in the same room but on computer I am able to talk and listen without stress or anxiety"

> – Virtual mindful participant

"Quality time and conversations with other people who understand. I believe we could talk about any topic and this class would have value"

> – Virtual social wellness participant

"This class shows How to move your body after a head injury without making symptoms worse and to be understood and help the mind and body work together."

> – Virtual adaptive yoga participant

"This class is a class that helps my brain. It allows me to be creative. I also found that it helped me psychologically, the class gave me permission to stop, slow down, and use my creativity."

> – Virtual art therapy participant

"Again, the content Dr. Medina covers during class is so beneficial for me with my TBI and how to use it in my daily life."

> – Virtual mindful brain participant

Key Accomplishments

- Classes and workshops were offered in all five regions of the state with the use of Zoom as a virtual platform.
- Classes and workshops were offered statewide rather than region-specific with the transition to virtual sessions, which expanded services to more individuals.
- Continued partnerships with class/workshop facilitators were maintained to offer new recurring classes such as Tai Chi & Breathwork, adaptive yoga, social wellness, art therapy, and music therapy for youth.
- The start of youth specific classes such as music therapy for youth.

Goals for FY22

- The onset of the COVID-19 pandemic caused the discontinuation of in-person classes, but the transition to virtual classes/workshops allowed for survivors to still be reached. Due to the pandemic, all classes/workshops went to a virtual platform for all of FY21. BIAC will pilot the expansion of opportunities for classes and workshops by providing both in-person and virtual

sessions in FY22. Due to COVID-19, there will be criteria, release/liability waivers, and guidelines to ensure safe participation for participants, BIAC staff, and facilitators who decide to join in-person sessions. Benefits of this expansion of services would be:

- o The ability to provide services for clients who may have not had the means to participate previously due to not being able to leave their home (health issues, lack of transportation, no support/assistance, etc.).
- o Expansion of services across the state provides to more individuals with a brain injury.

- To improve response rate of virtual classes/workshops offered. It is an ongoing goal to solicit meaningful feedback from clients across program areas and service offerings. As such, 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 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. This process will evolve as BIAC collaborates with JVA to improve evaluation processes.
- Explore the expansion of services statewide and in non-urban areas as appropriate with public health guidelines by the end of FY22.
- Increase number of youth-focused classes and workshops to five or more opportunities by the end of FY22.

Administration

Activities

Staffing

In FY21, 19 positions were fully funded by MINDSOURCE (18.5 FTE), and two positions were partially funded by MINDSOURCE, one at .2 FTE and another at .7 FTE, for a total of 19.4 FTE. MINDSOURCE-funded positions comprised 68% of BIAC's total staff and 72% of BIAC's total FTE. Staff furloughs were necessary due to the state's deficit and started at the end FY20 on June 29th and lasted until August 10th. The following positions were furloughed: systems outreach coordinator – criminal justice (1 FTE), adaptive recreation/activities coordinator (.7 FTE), youth services coordinator (1 FTE), self-management coordinator (1 FTE), brain injury advisor- Southern Colorado (1 FTE), brain injury advisor-Denver (3 FTE), brain injury resource navigator (3.5 FTE), brain injury resource navigator- Southern Colorado (1 FTE), brain injury resource navigator and advisor – Western Slope & Central Mountain (1 FTE), and brain injury resource navigator and advisor – Northern Colorado (1 FTE). The following positions were not furloughed: brain injury resource navigation coordinator (2 FTE), brain injury resource navigator (1 FTE), director of professional programs (1 FTE), director of client programs (1 FTE), and chief executive officer (1 FTE). 71% of MINDSOURCE staff were furloughed (14.2 FTE).

Training & Professional Development

MINDSOURCE requires all MINDSOURCE-funded employees who 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 FY21, all eligible employees who were not yet certified completed 16 hours of training led by Jaime Horsfall, BIAC's director of professional programs, and all but one employee passed the exam to receive their certifications. The employee who did not pass will be taking the exam again in the fall. All staff who were already certified completed at least the minimum 10 continuing education credit hours necessary to maintain their certifications. Overall, 15 employees maintained their CBIS certification, four employees received their CBIS certification, and zero employees were not yet eligible for certification; 80% of eligible staff requiring certification are certified.

BIAC requires training and professional development annually for MINDSOURCE positions. *Table 3* summarizes those required of all client-facing MINDSOURCE positions in FY21:

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

Type	Topic(s)	Hours
Training	DVR 101	1.5
Training	Military Culture	2
Training	Dealing with Lack of Insight in TBI	1
Total		**4.5**

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, virtual lunch and learns, wellness and self-care activities, virtual networking events, trainings, and conferences. The topics of focus were similarly diverse and included, but were not limited to, cultural competency, inclusivity, housing and homelessness, trauma-informed care, suicide and brain injury, brain injury and behavioral health, benefits navigation, COVID-19-specific benefits navigation, and stress management.

In sum, MINDSOURCE-funded employees completed 1,154 hours of training and professional development during the year, which breaks down to an average of 60 hours per FTE.

Budget

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

INCOME	Budget	% of Total Budget	Actual	Over/Under Budget	% of Line Budget Spent	Notes
Total Income	$1,195,747.46	100.00%	$1,195,747.00	$-	100%	
EXPENSES	**Budget**	**% of Total Budget**	**Actual**	**Over/Under Budget**	**% of Line Budget Spent**	
PROGRAM EXPENSE	$2,020.00	0.17%	$2,794.00	$774.00	138.32%	Support Groups & ACBIS Training
EVENT EXPENSES	$7,000.00	0.59%	$6,483.55	$(516.45)	92.62%	Classes & Workshops
PROG MARKETING AND ADVERTISING	$3,800.00	0.32%	$1,833.00	$(1,967.00)	48.24%	Website, Printing, Newsletter
PROGRAM EXPENSE - OTHER	$2,500.00	0.21%	$770.00	$(1,730.00)	30.80%	Translation Services
SALARIES & WAGES	$868,086.00	72.60%	$851,758.00	$(16,328.00)	98.12%	Personnel Costs
PAYROLL TAXES & BENEFITS	$160,712.00	13.44%	$184,771.00	$24,059.00	114.97%	Personnel Costs

OTHER EMPLOYEE EXPENSES	$5,625.00	0.47%	$4,664.00	$(961.00)	82.92%	Training, Lodging, Meals, Hiring
OCCUPANCY EXPENSES	$63,529.00	5.31%	$64,117.00	$588.00	100.93%	Rent
OFFICE EXPENSES	$39,708.00	3.32%	$43,556.00	$3,848.00	109.69%	Supplies, Subscriptions, Internet, Phone, IT Hardware, Copier
CONTRACT & PROFESSIONAL SERVICE	$25,415.00	2.13%	$31,842.00	$6,427.00	125.29%	Accounting, Payroll, Admin, Database
TRANSPORTATION	$15,000.00	1.25%	$812.00	$(14,188.00)	5.41%	Mileage, Parking, Travel
TAXES, INSURANCE & INTEREST	$2,350.00	0.20%	$2,347.00	$(3.00)	99.87%	Liability Insurance
Total Expenses	$1,195,747.00	100.00%	$1,195,747.55	$-	100.00%	

Budget

The total budget for FY21 was $1,195,747, which was $217,570 or 15% less than the previous year's budget. This included all personnel costs as well as operating expenses. There were no cost-of-living increases or 401k match built in to the FY21 budget. At the end of the FY21 year, BIAC had been reimbursed $1,195,747, which is 100% of the budgeted amount.

Legislation

It was a busy legislative session for brain injury-related bills. BIAC was either the driving force or actively engaged in several bills.

HB21-1211 Regulation of Restrictive Housing in Jails prohibits local jails from performing restrictive housing placements unless certain situations occur. It creates requirements for restrictive housing placements, requires professional assessment for individuals placed in restrictive housing within 24 hours of placement, and requires records to be kept on restrictive housing placements and inmate mental health and submitted quarterly to the Department of Public Safety (DPS). Specifically, the bill was amended to exclude individuals who are "significantly neurocognitively impaired by a condition such as dementia or a traumatic brain injury" from being involuntarily placed in restrictive housing. **Passed.**

SB21-022 Notification Requirements for Health Care Policy and Financing Audit (HCPF) *(Support)* HCPF, which administers the state's Medicaid program, has a process for auditing Medicaid providers to ensure correct payment for services rendered. Current law requires the auditor to provide a written notice and records request at least 10 business days prior to commencing the audit. This bill requires the auditor to provide this notice through both email *and* certified mail. The bill was amended in committee to require three attempts at contact using different communication methods. Only after three failed attempts can HCPF proceed with the review or audit. In addition, the reviewer or auditor must provide

the provider with instructions, correspondence timetables, a department contact, and if applicable, information on the contractor being used to conduct the audit. We initiated this bill on behalf of BIAC and our Medicaid providers. **Passed.**

SB21-038 Expansion of Complementary and Alternative Medicine HCPF administers the Complimentary or Alternative Medicine Pilot Program, which allows Medicaid clients with spinal cord injuries (SCIs) to receive additional medical services not otherwise available to Medicaid clients. These services include acupuncture, chiropractic care, and massage therapy. The bill modifies eligibility for the program to include eligible individuals residing anywhere in the state. The bill also modifies eligibility for the program to include individuals with a primary condition of multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy, with the total inability for independent ambulation directly resulting from one of these diagnoses. **Passed.**

SB21-138 Improve Brain Injury Support in Criminal Justice System *(Support)* requires the Department of Corrections (DOC) to implement the Brain Injury Pilot Program to evaluate outcomes for individuals with a brain injury who received screening and support while in the criminal justice system. By January 1, 2022, and each year thereafter, the DOC must submit a report to the General Assembly regarding the implementation of the pilot program. The pilot program repeals June 30, 2026. The bill also establishes the Brain Injury Support in the Criminal Justice System Task Force in the Department of Human Services (DHS). The task force must develop a plan to integrate a model to identify and support individuals with a brain injury in the criminal justice system. **Passed.**

Key Accomplishments

- BIAC was able to fill open supervisory positions with talented and highly qualified current staff.
- Despite a furlough period of over a month, BIAC continued to provide seamless resource navigation to clients in need and referrals to other BIAC programs and services to start after furlough.
- MINDSOURCE-funded employees continue to grow the depth and diversity of their skills through ongoing training and professional development.

Changes for FY22

- Resource navigation for the Denver Metro region will consist of 5 FTE instead of 6 FTE.
- The following positions will be funded entirely or partially by MINDSOURCE: program manager – systems outreach (1 FTE), programs/executive assistant (.7 FTE), IT/database manager (.06 FTE), and director of human resources (.7 FTE).

Appendices

Appendix A: Resource Navigation Goal Category Explanations

Note: This is a "living" document that is maintained by resource navigation staff and supervisors

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

Appendix A: Resource Navigation Goal Category Explanations

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

Appendix A: Resource Navigation Goal Category Explanations

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

Appendix A: Resource Navigation Goal Category Explanations

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

Appendix A: Resource Navigation Goal Category Explanations

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

Appendix A: Resource Navigation Goal Category Explanations

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

Appendix A: Resource Navigation Goal Category Explanations

Category	What belongs in the category	What it sounds like / keywords (these are examples, not an exhaustive list)	What doesn't belong in the category
Substance Use	Assistance finding substance use treatment providers and related resources		
Technology (Acquisition)	Assistance finding assistive or other technologies, such as computers or cellphones		
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)	6	11	38	55	2.7%
Education (Continuing Education)	0	2	2	4	0.2%
Education (Higher Education)	0	1	4	5	0.2%
Education (Other)	1	2	7	10	0.5%
Education (Pre-K -12)	0	0	4	4	0.2%
Employment (Accommodations)	0	0	6	6	0.3%
Employment (Job Search / Modification / Maintenance / Development)	1	7	87	95	4.6%
Employment (Other)	1	0	6	7	0.3%
Financial	1	15	177	193	9.4%
Food / Nutrition	1	1	22	24	1.2%
Goal Development	0	1	17	18	0.9%
Health Insurance/Long Term Care	2	7	108	117	5.7%
Home (Furniture & Housewares)	0	0	14	14	0.7%
Home (Organization)	0	0	8	8	0.4%
Home (Other)	0	0	6	6	0.3%
Home (Repair / Modification / Maintenance)	0	1	12	13	0.6%
Housing (Financial Assistance)	0	1	35	36	1.8%
Housing (Other)	0		22	22	1.1%
Housing (Search)	1	5	124	130	6.3%

Appendix B: Resource Navigation Goal Categories by County Designation

Goal Category	Frontier	Rural	Urban	Grand Total	% of all Goal categories
Housing (Stability)	1	0	21	22	1.1%
Legal (Complaints / Appeals)	2	3	31	36	1.8%
Legal (Family / Guardianship / POA)	0	1	21	22	1.1%
Legal (Other)	3	8	63	74	3.6%
Medication	0	0	4	4	0.2%
Mental Health	4	9	122	135	6.6%
Paperwork	3	4	63	70	3.4%
Personal Support System (Family / Friends)	1	1	6	8	0.4%
Personal Support System (Professionals)	11	41	384	436	21.3%
Personal Support System (Service Animal / Pet)	0	0	11	11	0.5%
Personal Support System (Support Groups)	1	3	71	75	3.7%
Physical Health (Dental)	1	1	11	13	0.6%
Physical Health (Other)	2	6	25	33	1.6%
Physical Health (PCP / Specialist)	3	11	177	191	9.3%
Physical Health (Vision)	1	3	11	15	0.7%
Rec/Leisure	0	0	16	16	0.8%
Self-Care / Daily Routine	0	1	8	9	0.4%
Substance Use	0	0	4	4	0.2%

Appendix B: Resource Navigation Goal Categories by County Designation

Goal Category	Frontier	Rural	Urban	Grand Total	% of all Goal categories
Technology (Acquisition)	0	0	28	28	1.4%
Technology (Other)	0	0	5	5	0.2%
Technology (Setup / Troubleshooting)	0	0	7	7	0.3%
Technology (Training)	0	0	3	3	0.1%
Transportation	1	3	44	48	2.3%
Volunteering	0	0	2	2	0.1%
Other	0	1	16	17	0.8%
Grand Total	**48**	**150**	**1,853**	**2,051**	
% of goals across all county designations	**2.3%**	**7.31%**	**90.35%**		

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)	25	7	5	10	8	55	2.2%
Education (Continuing Education)	0	0	0	2	2	4	0.2%
Education (Higher Education)	2	0	0	2	1	5	0.2%
Education (Other)	3	1	1	2	3	10	0.4%
Education (Pre-K -12)	1	3	0	0	0	4	0.2%
Employment (Accommodations)	4	2	0	0	0	6	0.2%
Employment (Job Search / Modification / Maintenance / Development)	57	21	0	5	12	95	3.8%

Employment (Other)	6	0	0	1	0	7	0.3%
Financial	125	24	7	8	29	193	7.7%
Food / Nutrition	14	6	1	2	1	24	1.0%
Goal Development	7	7	1	0	3	18	0.7%
Health Insurance/Long Term Care	74	17	3	7	16	117	4.7%
Home (Furniture & Housewares)	10	2	0	0	2	14	0.6%
Home (Organization)	6	1	0	0	1	8	0.3%
Home (Other)	6	0	0	0		6	0.2%
Home (Repair / Modification / Maintenance)	8	0	0	1	4	13	0.5%
Housing (Financial Assistance)	28	1	0	2	5	36	1.4%
Housing (Other)	19	2	0	0	1	22	0.9%
Housing (Search)	94	19	4	2	11	130	5.2%
Housing (Stability)	18	0	2	1	1	22	0.9%

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)	18	3	1	2	12	36	1.4%
Legal (Family / Guardianship / POA)	11	8	0	0	3	22	0.9%
Legal (Other)	30	25	1	8	10	74	3.0%
Medication	3	0	0	0	1	4	0.2%
Mental Health	78	30	5	1	21	135	5.4%
Paperwork	36	19	3	3	9	70	2.8%
Personal Support System (Family / Friends)	4	1	0	2	1	8	0.3%

Appendix C: Resource Navigation Goal Categories by Region

Goal Category	Denver Metro	Southern	Central Mountain	Western Slope	Northern	Grand Total	% of all Goal categories
Personal Support System (Professionals)	206	151	16	21	42	436	17.4%
Personal Support System (Service Animal / Pet)	6	4	0	0	1	11	0.4%
Personal Support System (Support Groups)	35	25	0	2	13	75	3.0%
Physical Health (Dental)	5	5	0		3	13	0.5%
Physical Health (Other)	6	20	0	1	6	33	1.3%
Physical Health (PCP / Specialist)	130	14	4	1	42	191	7.6%
Physical Health (Vision)	3	3	2	1	6	15	0.6%
Rec/Leisure	10	3	0	0	3	16	0.6%
Self-Care / Daily Routine	5	2	0	1	1	9	0.4%
Substance Use	3	1	0	0	0	4	0.2%
Technology (Acquisition)	19	5	0	2	2	28	1.1%
Technology (Other)	3	0	0	1	1	5	0.2%
Technology (Setup / Troubleshooting)	7	0	0	0	0	7	0.3%
Technology (Training)	3	0	0	0	0	3	0.1%
Transportation	38	7	0	1	2	48	1.9%
Volunteering	1	0	0	1	0	2	0.1%
Other	12	1	0	0	4	17	0.7%
Grand Total	**1,179**	**440**	**56**	**93**	**283**	**2,501**	
% of goals across all regions	**57.48%**	**21.45%**	**2.73%**	**4.53%**	**13.80%**		

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 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

Did you feel listened to during 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...

	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.

Appendix F: Self-management Satisfaction Survey

Welcome to BIAC's Self Management Program Satisfaction Survey.

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

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

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

1. Region:

2. Geography:

3. Brain Injury Advisor Name:

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

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

○ much more self-sufficient

○ more self-sufficient

○ about the same level of self-sufficiency

○ less self-sufficient

○ much less self-sufficient

Optional Comment:

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

☐ high quality

☐ worthwhile

☐ met my needs

☐ easy to understand

☐ poor quality

☐ not a good use of my time

☐ did not meet my needs

☐ confusing

☐ Other, please specify:

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

☐ encouraging

☐ caring

☐ good listener

☐ knowledgeable

☐ creative

☐ discouraging

☐ uncaring

☐ poor listener

☐ unknowledgeable

☐ uncreative

☐ Other (please specify)

[   ]

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

○ very positive

○ somewhat positive

○ neutral

○ somewhat negative

○ very negative

Optional Comment:

[   ]

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

○ I met with my brain injury advisor on a regular basis

○ I met with my brain injury advisor, but there was no regular schedule

Optional Comment:

[ ]

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

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

○ I met with my brain injury advisor less than one hour per week on average (less than 4 hours per month)

Optional Comment:

[ ]

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

○ the program greatly exceeded my expectations

○ the program exceeded my expectations

○ the program met my expectations

○ the program fell below my expectations

○ the program fell far below my expectations

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

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

	very valuable	somewhat valuable	a little bit valuable	not at all valuable	does not apply to me
self-assessment of strengths	○	○	○	○	○
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:

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

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

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

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

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

◯ Yes

◯ No

Optional Comment:

[ ]

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

[ ]

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

First Name:	
Last Name:	
Date of Birth (mm/dd/yyyy):	
City:	
Phone Number:	
Email Address:	

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

BIAC's Education Consultation Satisfaction Survey for Families (TBI) 2020-2021

Welcome to BIAC's Education Consultation Satisfaction Survey for Families

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

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

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

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

BIAC's Education Consultation Satisfaction Survey for Families (TBI) 2020-2021

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

◯ much more supported

◯ more supported

◯ about the same level of support

◯ less supported

◯ much less supported

Optional Comment:

* 2. Which of the words below would you use to describe 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:

```



```

BIAC's Education Consultation Satisfaction Survey for Families (TBI) 2020-2021

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

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

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```

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

◯ Yes

◯ No

Optional Comment:

```


```

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

```
```

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

Parent/Guardian's First and Last Name:	
Child's First and Last Name:	
Child's Date of Birth (mm/dd/yyyy):	
City:	
Phone Number:	
Email Address:	

Appendix H: Classes & Workshops Satisfaction Survey

Brain Injury Alliance
COLORADO

Classes and Workshops Survey FY21

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?

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: FY21 Reporting Table

Classes and Workshops	Resource Navigation	Self-management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development
(Monthly) **Due by 7th of:** **July, August, Sept, Oct, Nov, Dec, Jan, Feb, Mar, April, May, June**					
• Number of classes offered • Total attendance	• 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		none
(Quarterly) **Due by 7th of:** **Oct, Jan, April, July**					
none	none	None	none	• Total # of JAG/JBC target site referrals received ○ % by referral source type (JAG vs JBC target sites) ○ Total # of referrals initiating a case (RN or SM) • Total # of JAG/JBC outreach	none

| | | | | activities & trainings delivered

   o Pre-post training scores for 1) increase in knowledge and 2) confidence with information, numbers of training attendees based on training rosters used at events
   o Amount of time spent
   o # of attendees
   o By target site

• Total number of goals established and achieved for SM/RN for JAG/JBC
   o Total number of goals established
   o pre-post GAS
   o pre-post perception of confidence for SM
   o Average satisfaction ratings for RN and SM | |

Appendix I: FY21 Reporting Table

Classes and Workshops	Resource Navigation	Self-Management	Education Consultation	Outreach / Training / Professional Consultation	Staff Training & Professional Development
(Semi-Annual) **Due by 14th of:** **Jan & July**					

• For 1/20 report, breakdown of demographics for classes and workshops is not requested due to staffing and vacancy issues. Will re-examine mid-year need for this reporting in 7/20 for the next FY reporting.	• Total # of unduplicated clients served to date in FY
	  ○ # 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
		• Total # of unduplicated clients served to date in FY
		  ○ # 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
			• Total # of unduplicated clients served to date in FY
			  ○ # and % By geog.
			  ○ # and % by region
			  ○ # and % by county
			  ○ # and % by city
			  ○ # and % by age
			  ○ # and % by gender
			  ○ # and % by race/ethnicity
			  ○ # and % by language
			  ○ avg # of goals per client
			• 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
			• # of appeals or grievances in the previous six months
			  ○ By type
				• Total # of referrals received
				  ○ % by referral source type (corrections – general, JBC, JAG, other community sites)
				• Total # of referrals who closed a case or who 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

	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) ● # of appeals or grievances in the previous six months ○ By type	○ By type			
Due by the last day of: July					
● 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 12months ● Average number	● Total # of clients who opened at least one case in the previous twelve months ○ # and % first-time ○ # and % youth ○ # and % adults ● Total # of unduplicated clients served to date in FY ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city ○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity	● 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 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 unduplicated clients receiving Ed. Cons. served to ○ # and % By geog. ○ # and % by region ○ # and % by county ○ # and % by city	● 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,	● 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

of classes attended per unique individual in previous 12 months	○ # 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. ■ 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	● 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 unduplicated clients served to date in FY ○ # 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	○ # and % by age ○ # and % by gender ○ # and % by race/ethnicity ○ # and % by language ○ avg # of goals per client ■ By geog. ■ By region ○ Parent/family satisfaction survey results ○ Parent/family satisfaction survey response rate (total received/texts sent) ■ By geog. ■ By region ● Total # of goals created in cases closed in the previous 12 months ○ # and % by type ■ By geog ■ By region ○ # and % by status ■ By geog ■ By Region **Injury "Landscape"** ● Total # of reported brain injuries ○ # and % by type of injury ● Avg number of brain injuries per client	annual survey results) ● Audience Response Data ● Testimonials	

	○ 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
		○ Avg. time 1 perception of confidence score
		  ■ By func. task
		  ■ By geog.
		  ■ By region
		○ Avg. time 2 perception of confidence score
		  ■ 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
			● Avg age of client at time of first brain injury
			● # and % of clients with two or more brain injuries		